
Communicable Diseases Exposure Control Plan

for Emergency Medical Services

**Contra Costa County
Risk Management – Loss Control
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Overview

Communicable Diseases are infectious diseases such as Blood Borne Pathogens (BBP), spread through contact with blood and other potentially infectious materials, Aerosol Transmissible Diseases (ATD) which are spread through respiratory secretions when exhaled or expelled through coughing, sneezing, etc., and other infectious diseases which are spread through body contact, contact with infected body fluids, or through other vectors and means. These infectious diseases are categorized by means of transmission:

- Those requiring direct contact precautions, such as hepatitis B virus, hepatitis C virus, and HIV/AIDS;
- Those requiring droplet precautions, such as pertussis, diphtheria, mumps and meningococcal disease; and
- Those requiring airborne infection isolation, such as tuberculosis, SARS, smallpox, and measles.

Contra Costa County employees who work in areas or on tasks which have a potential for exposure to Communicable Diseases are at increased risk for infection. Emergency Medical Services personnel work in environments where there is an elevated risk of contracting a communicable disease if protective measures are not instituted. These personnel diagnose, treat, transport and provide supportive care to persons who pose an elevated exposure risk for communicable diseases. For the purposes of this program and in compliance with the Cal/OSHA requirements, an “elevated” risk is a risk higher than what is considered ordinary for employees having direct contact with the general public.

Employers with high risk tasks and work environments which expose employees, vendors, and contractors to communicable diseases are required to implement an exposure control plan in order to protect personnel from those threats and to enable the personnel to continue to provide health care and other critical services without unreasonably jeopardizing their health.

Employers who are subject to this exposure control plan have operations that require more complex control measures because they:

- provide evaluation, diagnosis, treatment, and transportation of persons who are identified cases or suspected cases, and
- provide emergency medical care to injured or sick persons without engineering controls (isolation rooms); or
- decontaminate or manage persons or equipment who arrive from the site of an uncontrolled release of biological agents

This written program consolidates the requirements of California’s Blood Borne Pathogen standard, California’s Aerosol Transmissible Disease standard for high risk employers, NFPA 1581 Standard on Fire Department Infection Control, various California and Federal health and safety code requirements, CDC recommendations

related to EMS personnel and communicable diseases precautions, and Contra Costa County Policies.

The objective of this program is to outline the general and specific requirements and procedures for High Risk Employers within Contra Costa County to reduce the potential for exposure to communicable diseases by developing and implementing effective controls and procedures for facilities and employees who provide direct care to potential and identified cases. Employers covered by this program would be required to develop and implement effective procedures to diagnose, treat, transport, and provide supportive care for potential and identified cases.

References

This program was written based on the following:

- Ryan White Comprehensive AIDS Resources Emergency Act of 1990
- California Code of Regulations,
 - Title 8, Subchapter 7, Section 3203 – Injury and Illness Prevention Program
 - Title 8, Subchapter 7, Section 3204 – Access to Employee Exposure and Medical Records
 - Title 8, Subchapter 7, Section 5193 – Bloodborne Pathogens
 - Title 8, Subchapter 7, Section 5199 – Aerosol Transmissible Diseases Exposure Control Plan requirements for High Risk Employers
- California Health & Safety Codes,
 - Sections 1797.188 and 1797.189
 - Sections 117600 through 118360
 - Section 117705 – Medical Waste Management Act
 - Sections 120260 through 120263
- National Fire Protection Agency (NFPA) 1581 – Standard on Fire Department Infection Control Program, 2005 Edition
- Contra Costa EMS Policy #22
- CDC Guidelines and Recommendations
- National Response Plan for Pandemic Influenza

Policy

It is the policy of Contra Costa County and each County Department to provide a safe, healthy and secure workplace for all employees by implementing an effective safety program. This Communicable Diseases (CD) Exposure Control Plan applies to the control of exposures to CDs and applies to EMS Employers with work environments and job tasks having the potential for CD exposures.

This program does not address facilities, service categories, operations, etc. which are designated only to identify and refer individuals infected or potentially infected with CDs to isolation and treatment facilities.

Responsibility

A. Risk Management

- Assist County departments with developing a written program which complies with the requirements of the Cal/OSHA regulations.
- Assist with providing training tools to all affected employees and their supervisors on the risks and control procedures of communicable diseases, including how to recognize communicable disease symptoms and potential exposure risks, and proper response when they appear.
- Reviews and approve Departmental, contractor, and vendor programs to ensure they comply with the applicable Cal/OSHA regulations.
- Serves as an informational resource to assist with compliance with applicable Cal/OSHA regulations.

B. Department Head

- Provide the time and resources to develop and implement this Aerosol Transmissible Diseases Control Program.

C. Program Administrator

- Identify tasks and work in environments where potential communicable disease exposures could occur.
- Identify all employees, vendors, and contractors who are required to work on tasks or in areas where there is an increased risk of exposure to communicable diseases.
- Ensure effective processes and procedures are developed, implemented, and maintained in accordance with this Exposure Control Plan.
- Shall be knowledgeable in infection control principles as they apply specifically to their facilities, services, and/or operations, including for bioterrorism pathogens and emerging infectious diseases
- Develops and adopts department and division specific procedures and training to supplement this Communicable Diseases Exposure Control Plan.
- Identify a designated person or persons to serve as alternate Program Administrator(s) when the primary Program Administrator is not on-site or accessible.

- Maintain communication with the department physician, health and safety officer, infection control representatives at local health care facilities, and health care regulatory agencies.
- Work with the managers, supervisors, and non-managerial staff directly involved in patient care (and the Safety Committee if established) to audit this Program annually, or more frequently, to ensure this program is working properly. Collect and report audit findings and deficiencies to the Department senior management. These reviews include, but not limited to:
 - (a) Sharps controls and needle protection
 - (b) ATD Engineering controls
 - (c) Prohibited work practices

D. Department Managers and Supervisors

- Ensure that the requirements in this Exposure Control Plan are implemented.
- Assure that affected personnel are identified, trained, and following proper control procedures outlined in this Communicable Diseases Exposure Control Plan.
- Work with the Program Administrator and the Safety Committee to audit this Program annually, or more frequently, to ensure this program is working properly.

E. Affected Employees

- Comply with the provisions of this Communicable Diseases Exposure Control Plan.
- Attend and understand training on communicable diseases.

F. Affected Vendors and Contractors

- Comply with the provisions of 8 CCR 5193 & 5199, and this Aerosol Transmissible Diseases Program.

Program Requirements

The following sections describe required program elements for EMS Employers, who provide services to respond to, treat, and transport injured or ill persons, and who, through these services, expose their employees to an increased risk of exposure to communicable diseases (CDs). EMS employers are required to implement common infection control measures in order to protect personnel from those threats and to enable the personnel to continue to provide health care and other critical services without unreasonably jeopardizing their health.

High Risk Employers are required to document the methods of implementation, as they apply to their facility, service or work operation, in accordance with the cited regulations and standards in this control plan.

Each of the following sections lists the regulatory requirements and the associated attachment addressing the requirements.

A. Program Administrator

The Department shall designate a person as the administrator who will be responsible for the establishment, implementation and maintenance of effective written infection control procedures to control the risk of transmission of communicable diseases.

The administrator shall have the authority to perform this function and shall be knowledgeable in infection control principles as they apply specifically to the facility, service or operation.

When the program administrator is not on site, there shall be a designated person (or persons) with full authority to act on his or her behalf.

The administrator shall identify and list the following:

- All job classifications in which some or all employees have occupational exposure to ATDs and/or BBPs. (“Occupational exposure” is as defined in the CalOSHA BBP and ATD standards.)
- All high hazard procedures performed in the facility, service or operation, and the associated job classifications and operations in which employees are exposed to those procedures (for ATD exposures only)
- All tasks and procedures or groups of closely related tasks and procedures in which occupational exposure to BBPs occurs and that are performed by employees in job classifications listed with an occupational exposure
- All assignments, procedures, and tasks requiring personal or respiratory protection (for ATD exposures only)

These exposure assessments must be made without regard to use of personal protective equipment.

[Attachment Two \(ATT-2\)](#) contains the names of the program administrator, designated alternates, and job classifications and high hazard procedures in which employees have occupational exposure to ATDs or BBPs, all assignments or tasks requiring respiratory protection for ATDs, and an ATD implementation flow chart.

This section complies with the requirements of 8 CCR 5193 and 8 CCR 5199

B. ATD Source Control Procedures

The Department shall establish, implement, and maintain effective written ATD source control procedures. These procedures shall describe the measures to be implemented in the facility, service or operation, and should include:

- Procedures incorporating the recommendations contained in “Respiratory Hygiene/Cough Etiquette in Health Care Settings”, provided in [Attachment 3](#)
- Methods to inform individuals entering the facility, being transported by employees, or otherwise in close contact with employees, of the source control practices implemented by the facility

[Communicable Disease Procedure 1 \(CDP-1\)](#) outlines the department source control procedures for ATDs.

This section complies with the requirements 8 CCR 5199

C. ATD Screening, Isolation, and Transfer Procedures

The Department shall establish, implement and maintain effective written procedures to identify, temporarily isolate, and or refer or transfer Airborne Infectious Disease (AirID) cases or suspected cases to Airborne Infection Isolation (All) rooms, areas, or facilities, as appropriate.

NOTES:

The Department only treats patients at the incident scene and calls for transport or transports to a medical facility. The department has no All rooms or facilities for temporary isolation.

Airborne Infectious Disease (AirID) is defined as a known or suspected aerosol transmissible disease transmitted through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the disease agent for which All is recommended by the CDC or CDPH

Airborne Infection Isolation (All) control procedures are designed to reduce the risk of transmission of airborne infectious pathogens, and apply to patients known or suspected to be infected with epidemiologically important pathogens that can be transmitted by the airborne route

[CDP-1](#) contains the Department’s screening, isolation, and transfer procedures.

D. Transmission Control Procedures

The Department shall establish, implement and maintain effective written procedures to reduce the risk of transmission of aerosol transmissible disease and bloodborne pathogens, to the extent feasible, during the period the person (or patient) presenting an exposure risk or requiring isolation is in the facility or is in contact with employees. In addition to ATD source control measures listed in Section B, these procedures shall include:

- Applicable engineering controls for both ATDs and BBPs (such as use of ventilation or filtration in the isolation room, area, or vehicle, and controls for protection against needle sticks), and include:
 - An effective procedure for selection and use of appropriate needle protection and engineered sharps controls
 - An effective procedure for identifying, evaluating, and selecting currently available BBP engineering controls, where appropriate
 - An effective procedure for use by a licensed healthcare professional directly involved in a patient's care to determine and document if use of engineering controls will jeopardize a patient's safety or the success of medical or nursing procedure involving the patient
 - Emergency vehicles and Fire Department apparatus shall have engineering controls in accordance with the appropriate sections of NFPA 1581.6.
- Universal precautions and work practice controls to prevent exposure to ATDs, or contact with blood and other potentially infectious materials (OPIM) (such as treating all persons exhibiting flu-like symptoms as infectious, and treating all blood and body fluids as infectious), including:
 - Safe needle and sharps handling and disposal in accordance with
 - 8CCR5193(d)(3)(A) Needle and Sharp Systems
 - 8CCR5193(d)(3)(C) Handling Contaminated Sharps
 - 8CCR5193(d)(3)(D) & (E) Sharps Containers and Regulated Waste
 - Safe handling of blood or OPIM specimens in accordance with 8CCR5193(d)(3)(F)
 - Work practices shall be screened for Prohibited Practices listed in 8 CCR 5193(d)(3)(B)
 - Resuscitation equipment made available, when and where appropriate

- All procedures involving blood or OPIM shall be performed to minimize splashing, spraying, splattering, and generation of droplets of these substances
- Personal hygiene practices
- Personal protective equipment and respiratory protection requirements
- Cleaning and decontamination procedures of work areas, vehicles, and equipment that may become contaminated with BBPs and ATPs and pose an infection risk to employees (see [Section E](#))

Employee use of effective respiratory protection (such as a NIOSH approved N95 mask) shall meet the requirements listed in 8 CCR 5144, Respiratory Protection.

The Department shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls, and shall document the solicitation in this program.

The written procedures shall also meet the requirements listed in 8 CCR 5199(e) Engineering and Work Practice Controls, and Personal Protective Equipment, and be available at the worksite.

[CDP-1](#) contains the Department's transmission control procedures.

This section complies with the requirements of 8 CCR 5193, 8 CCR 5199, and NFPA 1581

E. Decontamination Procedures

The Department shall ensure that each worksite is maintained in a clean and sanitary condition. Employers shall determine and implement appropriate written methods and schedules for effective cleaning and decontamination of:

- PPE
- Structural fire-fighting protective equipment
- Station/work uniforms
- Other clothing, if utilized as PPE
- Emergency medical equipment
- Apparatus and vehicles

Decontamination procedures should consider all of the following:

- Location within the facility
- Type of surface or equipment to be treated
- Type of soil or contamination present

- Tasks or procedures being performed in the area

All equipment and environmental and work surfaces shall be cleaned and decontaminated as soon as feasible after when:

- Surfaces become overtly contaminated
- There is a spill of blood or OPIM
- There is exposure to a potential or identified AirID case
- Procedures are completed
- At the end of the work shift if the surface may have become contaminated since the last cleaning

The Department shall provide decontamination/disinfecting facilities for the cleaning and disinfecting of emergency medical equipment. Consider the criteria listed in NFPA 1581.5.8.

All cleaning materials and byproducts of cleaning must be disposed of in accordance with [Section F and CDP-5](#) of this program.

Contaminated personal protective equipment and laundry shall be handled as little as possible and bagged or containerized and prepared for decontamination. Contaminated PPE shall be decontaminated or disposed of in accordance with 8CCR5193(d)(3)(J) and 8CCR5193(d)(4).

All infectious or contaminated waste receptacles intended for reuse should be inspected for contamination and decontaminated prior to reuse, or immediately when obviously contaminated.

Protective coverings used to cover equipment and surfaces shall be removed and replaced when contaminated.

[CDP-3](#) contains the Department's equipment cleaning and decontamination procedures

[CDP-4](#) contains the Department's uniform cleaning procedures.

This section complies with the requirements of 8 CCR 5193, 8 CCR 5199, NFPA 1581

F. Medical Waste Disposal Procedures

Departments or facilities generating contaminated waste are required to handle, store, treat and dispose of all regulated waste in accordance with all applicable federal, state (including California's Medical Waste Management Act), and local regulations. Departments shall develop and implement effective procedures for the safe handling and disposal of regulated wastes.

The Medical Waste Management Act (MWMA), Section 117705 of the California Health and Safety Code, considers any person whose act or process produces medical waste to be a "medical waste generator" in California (e.g., a facility or

business that generates, and/or stores medical waste onsite). Medical waste generators shall register with their local enforcement agency.

Requirements for regulated waste containers

- All sharps containers for contaminated sharps shall be puncture resistant, leakproof on the sides and bottom, portable, if portability is necessary to ensure easy access by the user, and labeled in accordance with 8CCR5193(g)(1)(A)(2).
- Regulated waste not consisting of sharps shall be:
 - a) Disposed of in containers which are closable
 - b) Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping
 - c) Labeled and color-coded in accordance with 8CCR5193(g)(1)(A);
 - d) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
 - If the outside of the waste container is contaminated, it shall be placed inside a second container meeting all the requirements listed above
- Regulated waste containers shall be marked and labeled in accordance with all applicable Federal, state, and local regulations
- Potentially contaminated equipment and materials, and contaminated waste containers shall be stored in designated areas away from living and food handling and preparation areas

"Regulated Waste" means waste that is any of the following:

- Liquid or semi-liquid blood or OPIM
- Contaminated items that:
 - Contain liquid or semi-liquid blood, or are caked with dried blood or OPIM
 - Are capable of releasing these materials when handled or compressed
- Contaminated sharps
- Pathological and microbiological wastes containing blood or OPIM

[CDP-5](#) contains the Department's medical waste handling and disposal procedures.

This section complies with the requirements of 8 CCR 5193, 8 CCR 5199, Cal H&S Codes 117600 through 118360 (including MWMA in 117705), and NFPA 1581.

G. Surge Procedures

The Department shall develop and implement procedures for multi-casualty or surge events that include:

- Surge event work practices and procedures
- Decontamination procedures and facilities
- Appropriate PPE and respiratory protection requirements
- Procedures for stockpiling, accessing or procuring PPE and respiratory protection
- Processes describing how the facility or operation will interact with the local and regional emergency and surge plans

CDP-9 and Department Disaster Plan contains the Department's surge event procedures.

This section complies with the requirements of 8 CCR 5199, and the National Response Plan for Pandemic Influenza

H. Health, Housekeeping, and Hygiene Procedures

The Department shall implement and enforce effective policies and procedures to prevent the spread of illnesses within the Department, in accordance with State regulations, and County and Department policies. The Code of California Regulations, Title 8, section 3203, requires the Department to provide a safe and healthful work environment, and to develop a system for ensuring that employees comply with safe and healthy work practices. Sick employees can impact the effectiveness and readiness of the Department, and can transmit illnesses to otherwise healthy employees. These policies and procedures shall cover:

- Work policies and "stay at home" policies for employees with respiratory and dermal viral illnesses, presenting flu-like symptoms, and/or with open wounds
- Maintenance of department facilities in a healthy and clean condition to prevent the spread of illnesses, infections, and food borne illnesses.
- Consider design criteria of local health standards and NFPA 1581 sections 5.2 thru 5.5 for department facilities for:
 - Food preparation and storage areas
 - Sleeping areas, bathrooms, and laundry areas
- The department shall develop and implement good housekeeping procedures and personal hygiene practices to ensure:
 - Personal hygiene areas are cleaned after each use
 - Sleeping areas and bedding are cleaned and changed before each shift change

- Food preparation and eating areas are cleaned after each use, and before each shift change
- Exercise areas are cleaned after each use

CDP-7 contains the Department's health, housekeeping, and hygiene procedures.

This section complies with the requirements of 8 CCR 3203 and NFPA 1581.

I. Bite and Sting Prevention Procedures

The Department shall establish procedures and protocols for prevention and treatment of animal and insect bite and stings in accordance with CDC Guidelines and Recommendations. Animal and insect bites and stings can cause both physical injuries and communicate diseases and other illnesses. Procedures shall be developed to cover:

- Avoidance of handling animals and rodents, and their feces
- Rodent prevention in department facilities
- Protection from insect bites and stings
- Treatment of wounds from bites and stings, including preventive and post-incident prophylaxis for animal and insect borne diseases

CDP-8 contains the Department's bite and sting prevention procedures.

This section complies with CDC Guidelines and Recommendations.

J. Vaccination Procedures

The Department shall establish a system of medical services for employees which meets the following requirements:

- The Department shall establish, implement, and document the procedures to make available to all health care workers with occupational exposure:
 - All vaccinations recommended by the California Department of Public Health as listed in 8 CCR 5199 Appendix E (see [Attachment 1](#))
 - The hepatitis B vaccine and vaccination series
 - Vaccinations against seasonal influenza to all employees with potential for occupational exposure. Seasonal influenza vaccine shall be provided during the period designated by the Centers for Disease Control (CDC) for administration and need not be provided outside of those periods.
 - The tuberculosis (TB) test, at employment and annually thereafter
 - Pre-exposure screening tests for
 - Hepatitis C virus (baseline and following occupational exposure)

- HIV
- Vaccinations and screening tests shall be provided by a Physician or other Licensed Health Care Provider (PLHCP) at a reasonable time and place for the employee
- The Department shall also list procedures to document the lack of availability of a recommended vaccine
- The Department shall assure that employees who decline to accept hepatitis B vaccination or any other vaccinations offered by the Department sign a declination statement. Employees may recant their declination at any time and receive the offered vaccinations.

CDP-10 contains the Department's vaccination procedures.

This section complies with the requirements of 8 CCR 5193, 8 CCR 5199, and NFPA 1581.

K. Exposure Incident Procedures

- The Department shall develop, implement, and maintain effective written procedures for immediate actions following exposure incidents, including
 - Hygiene procedures for cleaning skin, mucus membranes, and other body parts exposed directly to BBPs and ATDs, including
 - Procedures for when running water is available
 - Procedures for when running water is not available
 - Reporting procedures, including use of standardized forms

CDP-2 contains the Department's exposure incident procedures.

This section complies with the requirements of NFPA 1581.

L. Exposure Monitoring Procedures

- The Department shall develop, implement, and maintain effective written procedures for exposure monitoring, including
 - Post exposure investigation procedures to collect information on the routes of exposure, circumstances of the exposure incident, and identification of the source individual, including
 - Methodology to determine which employees have had a significant exposure
 - Methodology used to evaluate each exposure incident, determine the cause, and to revise existing procedures to prevent future incidents

- Post-exposure evaluation, prophylaxis, and follow-ups for bloodborne pathogen and ATD exposures to all employees who have had an exposure incident
- Blood testing procedures for the source individual and exposed employee in accordance with 8CCR5193(f)(3) and
 - Test the source individual's blood as soon as feasible and after consent is obtained to determine HBV, HCV and HIV infectivity. When the source individual's consent is not required by law (see Cal H&S Code 120262 and the Ryan White Act), the source individual's blood, if available, shall be obtained, tested and the results documented in accordance with regulatory requirements.
 - Collect and test the exposed employee's blood
 - Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
 - Obtain and provide the employee a copy of the evaluating healthcare professional's written opinion within 15 days of completion of the evaluation.
- The Department shall establish and maintain a Sharps Injury Log (in accordance with 8CCR5193(c)(2)), which is a record of each exposure incident involving a sharp. Effective procedures shall be developed and implemented to:
 - Gather the information required by the Sharps Injury Log, and ensure it is entered onto the log within 14 working days of the date the incident was reported to the Department
 - Periodically determine the frequency of use of the types and brands of sharps involved in the exposure incidents documented on the Sharps Injury Log
- The Department shall establish, implement, and maintain an effective surveillance program for latent TB infections (LTBIs).

[CDP-6](#) contains the Department's employee post-incident investigation, monitoring and follow-up procedures.

This section complies with the requirements of 8 CCR 5193, 8 CCR 5199, and California Health and Safety Code, Section 120262, and the Ryan White Comprehensive AIDS Resources Emergency Act of 1990.

M. Communicable Disease Reporting and Communication

The Department shall establish, implement, and maintain effective written procedures to communicate with employees, other employers, and the local health

officer regarding exposure incidents. These communication procedures must include:

- Reporting procedures that ensures that all first aid incidents involving the presence of blood or OPIM shall be reported to the Department before the end of work shift during which the first aid incident occurred
- Reporting procedures that ensures all potential and actual exposures to suspected or confirmed AirlD cases are reported to the Department before the end of the work shift during which the exposure occurred
- Methods for providing or receiving notification to and from the health care providers about the disease status of the suspected or diagnosed infectious disease patient
 - Patient disease status communication to a potentially exposed or exposed emergency response employee's manager, or to a direct health care provider, related to exposures to HIV, shall conform to California Health and Safety Code section 11020 and the provisions of the Ryan White Comprehensive AIDS Resources Emergency Act of 1990

The employee communication procedures must also comply with California's Health and Safety Code sections 1797.188 and 1797.189, and Contra Costa EMS Policy #22, and make use of Contra County Health Services form EMS-6.

The Department must report and maintain records for any occupational injuries and illnesses resulting in loss work time in accordance with 8 CCR §§14000-14007

[CDP-6](#) contains the Department's employee post-incident investigation, monitoring and follow-up procedures.

This section complies with the requirements of 8 CCR 5193, 8 CCR 5199, 8 CCR 14000-14007, California's Health and Safety Code sections 1797.188 and 1797.189, Contra Costa EMS Policy #22, and the Ryan White Comprehensive AIDS Resources Emergency Act of 1990.

N. Training

Employers shall ensure that all employees with the potential for occupational exposure participate in a training program.

- Training shall be provided at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter.
- For existing employees, training shall be provided within 90 days (3 months) of implementation of this exposure control plan and at least annually thereafter.
- Additional training shall be provided when there are changes in the workplace or when there are changes in procedures that could affect worker exposure to ATPs.

The person conducting the training shall be knowledgeable in the subject matter covered by the training program as it relates to the workplace.

Levels of Training

Training shall be provided for employees working at locations or in tasks with increased risk factors for ATD exposure, as well as training for their respective supervisors.

Employees

Before being assigned to a task where there is an increased risk of exposure to ATDs, employees shall be trained in the following areas:

- 1) A copy and explanation of the Bloodborne Pathogen and Aerosol Transmissible Diseases regulations
- 2) The basic epidemiology, symptoms, and reproductive health risks of bloodborne diseases and ATDs
- 3) Employer's Exposure Control Plan and how to obtain a copy
- 4) Techniques for screening of suspected ATD cases
- 5) Risk identification methods for recognizing tasks that may involve exposure to blood and/or OPIM
- 6) ATD source control procedures
- 7) ATD & BBP transmission control procedures
 - (a) Engineering controls
 - (b) Universal precautions
 - (c) Personal Protective Equipment and Respiratory Protection
 - (d) Safe work practices
 - (e) Hygiene (personal and workplace)
 - (f) Decontamination procedures
 - (g) Waste disposal requirements and procedures
- 8) Isolation and transportation procedures for suspected ATD cases
- 9) Communication protocols and procedures
- 10) Surge event procedures and coordination with local and regional emergency response
- 11) Emergency and employee exposure procedures

- 12) Exposure surveillance and vaccination program, including information on efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge

Supervisors of Affected Employees

Supervisors or their designee are required to provide training on the following topics:

- 1) Information as detailed above in employee training requirements.
- 2) Procedures the supervisor shall follow to implement the provisions of this program.
- 3) Procedures the supervisor shall follow when an employee exhibits symptoms consistent with communicable disease exposure, including emergency response procedures.

[Attachment 4 \(ATT-4\)](#) contains a copy of the training material and completed training records.

This section complies with the requirements of 8 CCR 5193, 8 CCR 5199, and NFPA 1581.

O. Program and Procedures Review

The Department shall ensure that the infection control procedures, work practice controls, and engineering controls, are reviewed at least annually by the administrator and by employees regarding the effectiveness of the program in their respective work areas, and that deficiencies found are corrected.

Responsibility

The elements of the Communicable Diseases Program shall be audited by the Department Managers and Supervisors and the Department's Safety Committee. Risk Management shall be available to provide consultation when needed.

Frequency

The audit of the Communicable Diseases Exposure Control Plan shall be performed annually, or more often as necessary, to ensure that the program is working effectively.

Contents

The audit shall:

- Review the program to ensure that Communicable Diseases control procedures are in place according to the elements of this program and are being properly followed

- Review and evaluate exposure incidents which occurred since the previous update
- Review new or revised employee positions with occupational exposures
- Review new or revised tasks or procedures which affect occupational exposure
- Review and document considerations for new technology that reduce or eliminate exposures, to include implementation appropriate commercially available needleless systems and needle devices and sharps with engineered injury protection

The audit process and findings shall be certified in writing. Any deficiencies found shall be relayed to the Department Safety Committee and the Department Head.

[Attachment 5 \(ATT-5\)](#) provides a list of the last review dates and findings.

This section complies with the requirements of 8 CCR 5193 and 8 CCR 5199

P. Personal Protective Equipment

The department shall evaluate, identify, and provide personal protective and other equipment necessary to minimize employee exposure to BBPs and ATPs, in normal operations and in foreseeable emergencies.

Effective procedures shall be developed, implemented, and documented for

- Storage and availability of appropriate PPE in areas identified to have potential for occupational exposure (including emergency response vehicles)
- Proper use of PPE, and criteria for when to don PPE
- Proper handling of contaminated PPE

Procedures will be implemented to ensure an adequate supply of personal protective equipment and other identified equipment.

If the Department utilizes respirators, the Department shall maintain records of implementation of the Respiratory Protection Program in accordance with 8 CCR 5144 Respiratory Protection, and the department's respiratory protection program.

- Respiratory protection (if required) records are provided under the Department's Respiratory Protection Program.

[Attachment 2 \(ATT-2\)](#) lists personal protective equipment and other equipment to minimize employee exposure to BBPs and ATPs, and procedures to ensure an adequate supply of listed equipment.

This section complies with the requirements of 8 CCR 5193, 8 CCR 5199, and NFPA 1581

Q. Records

The Department shall establish and maintain training records, medical evaluation records, vaccination records, records of exposure incidents, Sharps Injury Logs, and records of inspection, testing, and maintenance of non-disposable engineering controls. All records prepared in association with the Communicable Diseases Program shall be managed in accordance with the requirements of 8 CCR 5193 and 8 CCR 5199, and the Department's record keeping procedures.

- Medical records shall be handled to ensure confidentiality and be retained for not less than 30 years
- Sharps Injury Logs shall be maintained for 5 years from the date the exposure incident occurred
- Training and audit records shall be retained for not less than 3 years

The Department shall ensure that employee medical records required by this program 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 8 CCR 5193 and 8 CCR 5199, or as may be required by law.

[CDP-11](#) includes recordkeeping access and retention scheme for all related communicable disease related documents and records.

This section complies with the requirements of 8 CCR 5193 and 8 CCR 5199

Attachments

- ATT-1 California Code of Regulations, Title 8, Section 5199
Aerosol Transmissible Diseases
<http://www.dir.ca.gov/Title8/5199.html>
- ATT-2 Designated Persons and Occupational Exposure Assessments
- ATT-3 Respiratory Hygiene-Cough Etiquette
- ATT-4 Training Roster
- ATT-5 Program Review Record
- ATT-6 PPE Resupply
- ATT-7 Medical Waste Transport Log

Communicable Disease Procedures (CDP)

- CDP-1 On Scene Procedure
- CDP-2 Exposure Incidents
- CDP-3 Clean and Disinfect Medical Equipment
- CDP-4 Clothing and Uniform Cleaning
- CDP-5 Medical Waste Handling
- CDP-6 Exposure Monitoring and Follow-up
- CDP-7 Health, Housekeeping and Hygiene
- CDP-8 Bite and Sting Prevention
- CDP-9 Surge Procedures
- CDP-10 Vaccinations
- CDP-11 Record keeping

ATT-02 Designated Persons and Occupational Assessments

Program Administrators

Program Administrator (or Designated Infection Control Officer)	Name: Phone: Phone:
Alternate Program Administrator	Name: Phone: Phone:
Alternate Program Administrator	Name: Phone: Phone:

Occupational Exposure Assessment

Personnel working in the following job classifications and assigned to duties involving direct patient care are at increased risk of occupational exposure to Communicable Diseases

Job Classification	BBP	ATD
Assistant Chief	Yes	Yes
Battalion Chief	Yes	Yes
Captain	Yes	Yes
Code Compliance Officer	No	No
Deputy Fire Marshal	No	No
Dispatcher	No	No
Division Chief/Fire Marshal	Yes	Yes
Division Chief/Training	Yes	Yes
EMS Officer	Yes	Yes
EMS QI Coordinator	Yes	Yes
Engineer	Yes	Yes
Executive Assistant	No	No
Finance Analyst	No	No
Finance Director	No	No
Fire Captain/Training	Yes	Yes
Fire Chief	Yes	Yes
Fire Prevention Specialist	No	No
Firefighter	Yes	Yes
Reserve Firefighter	Yes	Yes
Fleet Mechanic	No	No
GIS Analyst	No	No
Human Resources Director	No	No
Human Resources Generalist	No	No
Fire Inspector	No	No
Office Assistant	No	No
Sr. Office Assistant	No	No
Supervising Dispatcher	No	No
Technology Systems Manager	No	No
Other:		
Other:		

Other:		
Other:		

High Hazard Procedures

The following tasks are considered high hazard with an increased risk of an aerosolized exposure when performed on patients with known or suspected Airborne Infectious Disease (AirID):

- Suctioning
- Intubation
- nebulized medication
- BVM ventilation

Personal Protective Equipment Assessment

Task	Required PPE
Direct patient care involving visible blood, body fluids, or OPIM	Don gloves, eye protection, (optional: jacket or disposable gown)
Direct patient care involving flu-like symptoms or fever	N95 respirator (minimum) and eye protection
Direct care of a patient with a pertinent history but not exhibiting symptoms	Variable based upon potential exposures
Decontamination of contaminated equipment and uniforms	Gloves, eye protection, liquid resistant clothing/gown
Handling of medical waste	Gloves, eye protection
High hazard procedures (i.e. suctioning, intubation, nebulized medication, and BVM ventilaiton) of patients with known or suspected AirID	N100 or PAPR (minimum), eye protection, gloves

Resupply of Personal Protective Equipment

ATT-3 Respiratory Hygiene/Cough Etiquette in Healthcare Settings

To prevent the transmission of all respiratory infections in healthcare settings, including influenza, the following infection control measures should be implemented at the first point of contact with a potentially infected person. They should be incorporated into infection control practices as one component of Standard Precautions.

Visual Alerts

Post visual alerts (in appropriate languages) at the entrance to outpatient facilities (e.g., emergency departments, physician offices, outpatient clinics) instructing patients and persons who accompany them (e.g., family, friends) to inform healthcare personnel of symptoms of a respiratory infection when they first register for care and to practice Respiratory Hygiene/Cough Etiquette.

1. Notice to Patients to Report Flu Symptoms
<http://www.cdc.gov/ncidod/dhqp/pdf/Infdis/RespiratoryPoster.pdf>
Emphasizes covering coughs and sneezes and the cleaning of hands
2. Cover Your Cough
<http://www.cdc.gov/flu/protect/covercough.htm>
Tips to prevent the spread of germs from coughing
3. Information about Personal Protective Equipment
<http://www.cdc.gov/ncidod/dhqp/ppe.html>
Demonstrates the sequences for donning and removing personal protective equipment

Respiratory Hygiene/Cough Etiquette

The following measures to contain respiratory secretions are recommended for all individuals with signs and symptoms of a respiratory infection.

1. Cover the nose/mouth when coughing or sneezing;
2. Use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use;
3. Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic handwash) after having contact with respiratory secretions and contaminated objects/materials.

Healthcare facilities should ensure the availability of materials for adhering to Respiratory Hygiene/Cough Etiquette in waiting areas for patients and visitors.

1. Provide tissues and no-touch receptacles for used tissue disposal.
2. Provide conveniently located dispensers of alcohol-based hand rub; where sinks are available, ensure that supplies for hand washing (i.e., soap, disposable towels) are consistently available.

Masking and Separation of Persons with Respiratory Symptoms

During periods of increased respiratory infection activity in the community (e.g., when there is increased absenteeism in schools and work settings and increased medical office visits by persons complaining of respiratory illness), offer masks to persons who are coughing. Either procedure masks (i.e., with ear loops) or surgical masks (i.e., with ties) may be used to contain respiratory secretions (respirators such as N-95 or above are not necessary for this purpose). When space and

chair availability permit, encourage coughing persons to sit at least three feet away from others in common waiting areas. Some facilities may find it logistically easier to institute this recommendation year-round.

Droplet Precautions

Advise healthcare personnel to observe Droplet Precautions (i.e., wearing a surgical or procedure mask for close contact), in addition to Standard Precautions, when examining a patient with symptoms of a respiratory infection, particularly if fever is present. These precautions should be maintained until it is determined that the cause of symptoms is not an infectious agent that requires Droplet Precautions <http://www.cdc.gov/ncidod/dhqp/ppe.html>.

NOTE: These recommendations are based on the Draft Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. Recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC), CDC.

Source: Centers for Disease Control and Prevention, Respiratory Hygiene/Cough Etiquette in Healthcare Settings (Accessed July 15, 2009), <http://www.cdc.gov/flu/professionals/infectionControl/resphygiene.htm>.

Program Review Checklist

Annual review should include at least the following checks^[DAC1]. Document all identified gaps, issues, and discrepancies on the Program and Procedures Log on the previous page, along with appropriate corrective actions.

	Regulatory changes to references in the Program and update plan and procedures
	Occupational exposure assessments current (ATT-2)
	Tasks requiring respiratory protection (ATT-2)
	Designated and alternate program administrators current (ATT-2)
	ATD Engineering controls
	Sharps control review (including needle protection and engineered sharps controls)
	Review existing BBP controls, evaluate and select currently available BBP controls
	BBP and Sharps control review by non-managerial staff directly involved in patient care is documented
	Are ATD and BBP controls effective? (review injury logs)
	Prohibited work practices
	Sharps injury log
	Audit findings and deficiencies provided to Fire Department senior management
	Sharps controls and needle protection
	Training records (all personnel training records current)
	Review all Communicable Disease Procedures (CDP-01 thru CDP-11)
	PPE effective and adequately implemented (and available for use)
	Cleaning and decontamination locations appropriate and procedures effective
	List of cleaning and disinfection agents up to date
	Medical waste management equipment adequate, and procedures, written plan, and permits up to date
	Review County Surge Plan, Internal Surge Plan, and MOU and Mutual Aid agreements to ensure current with internal policies
	PPE stockpiles for surge events available
	Work policies and “stay at home” policies for employees up to date
	Vaccination procedures and forms current
	Exposure monitoring and follow-up processes, forms, and contact lists current
	Communicable Disease Training materials and records are current
	Significant exposure investigation reports for lessons learned
	Updated CDP policies, procedures, forms, etc. made available or distributed to all affected groups.

ATT-6 Personal Protective Equipment Resupply

Personal Protective Equipment (PPE)

The following protective equipment has been evaluated and identified for daily use.

Type	Brand	Make	Model	Use	# required on hand

The following protective equipment is required for use during surge events.

Type	Brand	Make	Model	Use	# required on hand

Resupply Procedures

PPE and other protective equipment will be inventoried every _____.

Missing equipment may be ordered through the following vendors.

Vendor	Contact Info

ATT-8 Medical Records Release and Authorization for Use

Please complete the following information:

Employee Name	Date
Address	Phone
I _____ hereby authorize use or release of the above named employee's <small>(name of employee or authorized representative)</small>	
health information as described below.	
The following individual or organization is authorized to release the information:	Name: Address:
The information may be released to and used by the following individuals or organizations	
Name and Address:	Designated Infection Control Officer, Fax:
Name and Address:	Name: Contra Costa County Department of Public Health, Fax:
Name and Address:	Name: Department Fax:

Information to be released:

Information to be released is required for continued medical care and Worker's Compensation.		
The type of medical information to be released includes: (please initial)		General medical/surgical care
		Communicable disease test results
		HIV test results
These records are for services provided on the following date(s): From _____ to _____		

Check only the desired records for release:

<input checked="" type="checkbox"/>	Pertinent information (includes history & physical, laboratory (excluding HIV) reports, pathology reports, consultations, and discharge summary.
<input type="checkbox"/>	History & physical exam
<input type="checkbox"/>	Discharge summary
<input type="checkbox"/>	Emergency room report
<input type="checkbox"/>	Laboratory reports
<input type="checkbox"/>	Pathology reports
<input type="checkbox"/>	Nurses' notes
<input type="checkbox"/>	Doctor's orders
<input type="checkbox"/>	Progress notes
<input type="checkbox"/>	HIV reports

I understand that after the custodian of records discloses my health information, it may no longer be protected by federal privacy laws. I further understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my ability to obtain treatment; receive payment; or eligibility for benefits unless allowed by law. By signing below I represent and warrant that I have authority to sign this document and authorize the use or disclosure of protected health information and that there are no claims or orders pending or in effect that would prohibit, limit, or otherwise restrict my ability to authorize the use or disclosure of this protected health information.

Signature of patient or representative

Date

This authorization shall expire 180 days after signature of this form.

CDP-01 On- Scene Communicable Disease Screening

Frequency

- All patient contacts

Equipment/Supplies

- PPE for responder
 - N95 and P100 masks
 - Gloves
 - Protective eyewear
 - Jacket or disposable gown (optional)
- Source Control Equipment (for apparatus or station as appropriate)
 - Cough Etiquette Signage or Pamphlets
 - Tissues
 - No-touch receptacles for used tissue disposal
 - Disinfectant hand rub
 - Procedure/surgical masks

Definitions

- Personal Protective Equipment (PPE) – Barriers such as disposable gloves, safety glasses, face shields, and disposable gowns that prevent cross-contamination.

Procedure

1. Pre-response/pre-patient contact
 - a. Ensure you have all supplies and equipment available.
 - i. Follow Department PPE resupply and stocking policies and/or procedures.
 - b. Ensure PPE and supplies and equipment are stored in designated locations on vehicles.
2. Initial Contact
 - a. Use universal precautions
 - b. Stand 6 feet from patient, assess, and don appropriate PPE:

Exposure Criteria	Required PPE
Visible blood, body fluids, or OPIM	Don gloves, eye protection, (optional: jacket or disposable gown)
Flu-like symptoms or fever	Don respirator and eye protection
Pertinent history	Variable based upon above two potential exposures

- c. When respiratory protection is required, follow this criteria:
 - i. Minimum respiratory protection for ATD exposure is N95 mask
 - ii. High hazard procedures for ATD exposure require P100 or better
- d. Offer masks to persons who are coughing or show flu-like symptoms
 - i. For most situations offer a surgical mask or N95
 - ii. Consider non-rebreather O₂ mask for patients requiring O₂

- e. Perform normal patient care procedures
 - i. Monitor to ensure the mask will not negatively impact the patient
 - ii. Avoid unnecessary aerosol producing procedures
 - iii. Utilize employee -recommended and selected needle protection and engineered sharps controls
 - iv. Perform safe handling and disposal of blood, OPIM, and sharps
 - v. Perform all procedures involving blood or OPIM to minimize splashing, spraying, splattering, and generation of droplets of these substances
 - f. Properly remove and dispose of contaminated PPE
 - g. Wash hands after removing PPE
3. Transport
- a. For patients with any of the following exposures:
 - i. Visible blood, body fluids, or OPIM
 - ii. Flu-like symptoms or fever
 - iii. Pertinent history indicating possibility of infection with BBP or ATD
 - b. Continue to wear appropriate PPE
 - c. If feasible, open windows and allow outdoor air ventilation
 - d. Avoid unnecessary aerosol producing procedures
4. Post Response Procedures
- a. Follow appropriate procedures

Situation	Procedures to follow
Potential ATD/BBP Exposure	CDP 2
Contaminated equipment/vehicle	CDP 3
Contaminated uniforms/clothing	CDP 4
Biohazardous waste	CDP 5

5. Walk-in Patients and Visitors
- a. When patients or visitors who have a known or potential communicable enter a station or facility use Initial Contact Procedures (see procedure 1 above)
 - i. Avoid allowing sick patients and visitors contacting living areas within the station (i.e. kitchen, office areas, sleeping quarters, etc.)
 - b. Move patient to an appropriate area within the station for assessment and transfer
 - c. Consider posting a sign or handing out a pamphlet asking visitors to use a mask or use Cough Etiquette (as appropriate)
 - i. Cover the nose/mouth when coughing or sneezing
 - ii. Use tissues to contain respiratory secretions and dispose of them in the provided receptacle after use
 - iii. Perform hand hygiene (with alcohol-based hand rub) after having contact with respiratory secretions and contaminated objects/materials

CDP-02 Exposure Incidents

Frequency:

- Immediately, upon exposure to blood, Air Transmissible Disease (ATD) or other potentially infectious materials (OPIM).

Equipment/Supplies:

- Communicable Disease Exposure and Notification Form (EMS6).

Definitions:

- **Available blood or patient sample:** Source patient blood, other tissue or material legally obtained in the course of providing health care services and in the possession of a physician or health care provider prior to the release of the source patient from the health care provider's facility.
- **Certifying Physician:** Any physician consulted by the exposed individual for the exposure incident.
- **Communicable Disease:** Any disease that is transferrable through an exposure incident, as determined by the certifying physician.
- **Exposed individual:** any health care provider, first responder or any other person, including paid and volunteer who is exposed within the scope of their employment to blood or other potentially infectious materials of a source patient.
- **Legal Representative:** A person capable of giving consent to communicable disease testing of the source patient.
- **Potentially Significant Exposure:** Direct contact with blood, ATD, or other potentially infectious materials (OPIM) in a manner that is capable of transmitting a communicable disease. (Examples include direct exposure to non-intact skin, mucus membranes, eyes, or mouth, and sharps and needle.) Final determination of significant exposures will be made by the Physician or other Licensed Health Care Provider (PLHCP).
- **Source Patient:** Any person receiving health care services whose blood or OPIM is the source of significant exposure to pre-hospital medical care personnel.

Procedure:

1. Hygiene Procedure
 - i. Remove contaminated clothing and equipment.
 - ii. Cleanse all exposed body areas thoroughly with antibacterial soap and water.
 1. Irrigate or flush eyes if contaminated.
 - iii. If soap and water are not available, cleanse all exposed body areas with antibacterial cleaner (gel, spray, towelette, etc.)
 - iv. Follow Decontamination and Disposal Procedures (CDP 3, 4, & 5) for clothing and equipment.

2. Reporting Procedure

- a. After conducting hygiene procedures follow your employer's post-exposure policy and complete an EMS6 Communicable Disease Exposure and Notification Form.
 - i. Pre-hospital care personnel with a potentially significant exposure should also seek immediate medical evaluation.
- b. You should receive written notification from a certifying physician within 72 hours after the physician receives the exposure notification. The written certification from the physician will include the nature and the extent of the exposure.
- c. If you were exposed, you will be offered counseling regarding the likelihood of acquiring a communicable disease based on the exposure, limitations on tests performed, if follow up tests are required, and any procedures you should follow regardless of the source patient test results.

Note: The costs for communicable disease testing and counseling of the exposed individual and/or the source patient shall be borne by the exposed individual's employer.

CDP-03 Clean and Disinfect Emergency Medical Equipment

Frequency:

- Conduct a daily initial inspection of the equipment and clean as necessary.
- Clean after any suspected or actual exposure or contact with blood, ATD, or OPIM.

Equipment/Supplies:

- For cleaning, use one of the following cleaning agents:
 - Soap and water
 - All Purpose Cleaner (sprays or wipes)
- For disinfection, use one of the following disinfectants (see table 1)
 - A 1:100 (or 1%) chlorine bleach solution. This can be prepared by diluting ¼ cup of household bleach in 1 gallon of water
 - Other approved virucidal/bactericidal/tuberculocidal agent (sprays or wipes) (See Table 3)
- Disposable towels
- Biohazard waste bags – use double bags and dispose in accordance with Biohazard Waste Handling Procedures

Definitions:

- Gross Decontamination: the removal of bulk contamination in preparation for cleaning
- Cleaning: the removal of contamination and dirt
- Disinfection: the destruction of microbial life

Procedure:

1. Put on Personal Protective Equipment, including as appropriate:
 - a. Disposable gloves, safety glasses, liquid resistant clothing/gown
2. Handle the contaminated materials/equipment as little as possible.
 - a. Bag contaminated materials (as appropriate) to avoid secondary contamination
3. Move the equipment to a designated decontamination location (see table 2)
4. Dispose of all contaminated disposable materials into approved biohazard waste containers.
5. Clean off gross contamination using disposable paper towels and dispose into approved biohazard waste container.
6. Clean the equipment using a cleaning agent (see table 1 for equipment specific cleaning information)
7. Disinfect the equipment in accordance with manufacturer's recommendations (see table 1 for equipment specific disinfection info)
8. Dispose of contaminated cleaning materials into approved biohazard waste containers (see CDP 5).
9. Properly remove and dispose of contaminated PPE (see CDP 5)
10. Wash hands after removing PPE

Table 1: Equipment Specific Information

Equipment	Cleaning	Decontamination
Patient areas, cab, frequently touched surfaces, gurneys, non-disposable waste containers, etc.	<ul style="list-style-type: none"> • Clean with All Purpose Cleaner 	<ul style="list-style-type: none"> • Wiped down with disinfectant agent and air dry
Backboards, scoops, BP cuffs, stethoscope, drug boxes/ bags, non-disposable splints, prescription safety glasses, etc.	<ul style="list-style-type: none"> • Clean with soap and water • Wipe down second time with clean water 	<ul style="list-style-type: none"> • Wiped down with disinfectant agent and air dry
Laryngoscopy equipment, scissors	<ul style="list-style-type: none"> • Clean with soap and water • Wipe down second time with clean water 	<ul style="list-style-type: none"> • Soak in disinfectant in accordance with manufacturer's recommendations
Electronic equipment (portable suction equipment, monitoring equipment, radios, cell phones, laptops, etc.)	<ul style="list-style-type: none"> • Follow manufacturer's recommendations 	<ul style="list-style-type: none"> • Follow manufacturer's recommendations
Clothing and Uniforms	<ul style="list-style-type: none"> • See Clothing and Laundry Procedures 	

Table 2: Designated Decontamination Locations

Station	Decon Location

Table 3: Other approved virucidal/bactericidal/tuberculocidal agent

Type	Brand & Cleaner Name	Concentration/Dillution	Surface	Other

CDP-04 Cleaning of Clothing and Uniforms

Frequency:

- Conduct a daily inspection of clothing and uniforms and clean as necessary.
- Clean after any suspected or actual exposure or contact with blood, ATD, or OPIM.

Equipment/Supplies:

- For cleaning, use an approved cleaner. Examples of standard cleaning agents:
 - Soap and hot water
 - All Purpose Cleaner
 - Virucidal/bactericidal/tuberculocidal agent
- Tub or designated decontamination sink connected to sanitary sewer system
- Personal Protective Equipment (PPE) including disposable gloves, safety glasses, and disposable gowns--when necessary to prevent cross contamination

Definitions:

- Gross Decontamination: the removal of bulk contamination in preparation for cleaning
- Cleaning: the removal of contamination and dirt
- Contamination: blood, OPIM, products of combustion, or any other material which soils the uniform
- Saturated: when decontamination is not possible, such as when blood or OPIM is soaked through the uniform
- Uniforms include duty uniforms and boots, structural firefighting turnouts, and medical jackets

Procedures:

NOTE: Contaminated clothing is not to be taken home or to a public laundry.

1. Go to an approved uniform cleaning location
2. Put on PPE
3. Follow local cleaning policy and manufacturer's instructions
4. Place contaminated uniforms into an appropriate container for cleaning service or refer to cleaning procedures in Table 1
5. Properly remove and dispose of contaminated PPE
6. Wash hands after removing PPE

Table 1: Cleaning Procedures

<p>Gross Decontamination Removal</p> <ol style="list-style-type: none">1. If saturated with blood or OPIM dispose of uniform<ol style="list-style-type: none">a. Follow “Medical Waste Handling Procedure”2. If uniform is contaminated with blood, OPIM, or products of combustion:<ol style="list-style-type: none">a. Rinse with water and brush off gross contaminationb. Treat with an approved virucidal/bactericidal/tuberculocidal agentc. Follow uniform and boot cleaning procedures below
<p>Uniforms: Hand cleaning</p> <ol style="list-style-type: none">1. Clean clothing and/or uniforms in approved sink or stand-alone tub.2. Handle the contaminated materials as little as possible.3. Clean off gross contaminants using hard bristle brush.4. Rinse thoroughly with hot water.5. Ring out excess water.6. Dry clothing/materials using a dryer, extractor, or by hanging or placing on rack out of direct sunlight7. If using a stand-alone tub, the rinsate is to be disposed of in a designated decontamination sink connected to sanitary sewer system.
<p>Uniforms: Machine cleaning</p> <ol style="list-style-type: none">1. Load uniforms into approved washing machine2. Add approved detergent or cleaner3. Dry clothing/materials using a dryer, extractor, or by hanging or placing on rack out of direct sunlight
<p>Boots</p> <ol style="list-style-type: none">1. Brush with soft brush and approved cleaner2. Rinse with clean cold water3. Air dry

CDP-05 Handling and Disposal of Regulated Medical Waste

Frequency:

- After any operation generating Regulated Medical Waste
- When uniforms are saturated with Regulated Medical Waste

Equipment/Supplies:

- Biohazard containers (drums, bags) (see container requirements in Table3)
- Sharps containers (see container requirements in Table 3)
- Biohazard labels (if not pre-labeled)
- Personal Protective Equipment (PPE) including disposable gloves, safety glasses, and disposable gowns--when necessary to prevent cross contamination

Definitions:

- Regulated Medical Waste includes biohazard waste Sharps, and, trauma scene waste (per HSC 117705 Medical Waste Management Act) contaminated with:
 - Liquid or semi-liquid blood or Other Potentially Infected Material (OPIM)
 - Contaminated items that:
 - contain liquid blood or semi-liquid blood, or caked with dried blood or OPIM
 - capable of releasing these materials when handled or compressed
 - Contaminated sharps
- Regulated Medical Waste does not include urine, feces, saliva, sputum, nasal secretions, sweat, tears, vomitus unless it contains blood or OPIM

Procedures:

1. Handling
 - a. Put on PPE
 - b. Handle the contaminated waste as little as possible
 - i. If broken glass, use brush and dustpan, tongs, or forceps
 - c. Place contaminated waste materials into an approved biohazard waste container
 - i. Sharps
 1. Close any engineering controls on the individual sharps (if applicable)
 2. Place all sharps waste into an approved sharps container
 3. When $\frac{3}{4}$ full, tape closed or close tight fitting lid
 - ii. Saturated or dripping materials
 1. Place into a bag or leak proof container
 2. Contaminated waste bags must be placed into a leak proof container
 - d. Close the container when done disposing of contaminated materials
 - i. Bags shall be tied securely to prevent leakage or expulsion of contents
 - e. If a container becomes contaminated on the outside, place this container into a secondary container
 - f. Properly remove and dispose of contaminated PPE
 - g. Wash hands after removing PPE

2. Storage
 - a. Store medical waste only in designated storage locations (see table 2)
 - i. Medical and sharps waste may not exceed the onsite storage times outlined in HSC 118280(d)
 - b. Lock or secure the storage area when done disposing of medical waste
3. Transportation
 - a. FPD Vehicles transporting regulated medical waste must carry a log sheet (see attached Medical Waste Transport Log)
 - b. Vehicles may not transport more than 20 pounds of regulated medical waste
4. Disposal
 - a. When approaching storage time limits contact your approved medical waste hauler for pickup
5. Recordkeeping
 - a. Maintain medical waste pickup and disposal records in accordance with the Recording Keeping Procedure

Table 1: Designated Biohazard Waste Storage Locations

Station	Storage Location

Table 2: Container Requirements

1. Containers
 - a. Shall be leak resistant, have tight-fitting covers, and be kept clean and in good repair.
 - b. Sharps containers must also be puncture resistant
 - c. Bags shall be placed for storage, handling, or transport in a rigid container which may be disposable, reusable, or recyclable.
2. Labeling
 - a. Containers may be of any color and shall be labeled with the words “Biohazardous Waste” or with the international biohazard symbol and the word “BIOHAZARD” on the lid and on the sides so as to be visible from any lateral direction
 - b. Sharps containers must have the words “sharps waste” and/or the international biohazard symbol and the word “BIOHAZARD”
3. Onsite storage may not exceed the temperatures and time limits outlined in HSC 118280(d).

CDP-06 Exposure Monitoring and Follow Up

Frequency:

- After all potentially significant exposures.

Equipment/Supplies:

- Exposure Incident Follow-up Packet, including:
 - Communicable Disease Exposure and Notification Form (EMS-6)
 - Response to Report of Possible Communicable Disease Exposure (EMS-7)
 - Medical Records Release Form (ATT-8)
 - EMS Policy 22 Communicable Disease Exposure Management

Definitions:

- **Exposed individual:** any person who is exposed (as defined in EMS Policy 22) within the scope of their employment to blood, ATD, or other potentially infectious materials (OPIM) of a source patient.
- **Potentially Significant Exposure:** Direct contact with blood, ATD, or OPIM in a manner that is capable of transmitting a communicable disease. See EMS Policy 22 for a full definition.
- **Source Patient:** Any person receiving health care services whose blood or OPIM is the source of significant exposure to pre-hospital medical care personnel.

Procedures:

Exposure Incidents involving Department Employees

1. Exposed Employee Procedure
 - a) Go to the receiving facility where the source patient is transported.
 - b) Notify the receiving facility of the potential exposure when the source patient arrives
 - c) Complete a Medical Records Release Form and provide to the receiving facility.
 - d) Notify the Designated Infection Control Officer (DICO) immediately of the potential exposure
 - e) Complete an EMS-6 form and notify County Health Services-Public Health Division of the exposure incident in accordance with EMS Policy 22.
 - f) Complete and submit any required WORKMEN'S COMPENSATION claim forms
Note: for county employees use DWC1 Worker's Compensation Claim Form
 - g) Receive a post-exposure medical evaluation by a PLHCP as soon as feasible after determination of a significant exposure.
 - i) Provide to the PLHCP all information in Table 1.
 - ii) Employee shall follow treatment and monitoring as prescribed by the PLHCP
2. Designated Infection Control Officer (DICO) Procedure
 - a) Upon notification of an exposure incident determine if the exposure incident is a "Significant Exposure" within a timeframe that is reasonable for the specific disease, but not more than 72 hours of notification of the incident, and retain the exposure analysis for future reference.

- b) Ensure the exposed employee has notified County Health Services-Public Health Division of the exposure incident in accordance with EMS Policy 22.
 - c) Contact the receiving hospital to follow-up regarding the employee's involvement in a potential exposure incident.
 - Start with Infection Control RN/MD. Then try the ED Charge Nurse.
 - You may request ATD and/or BBP testing of the source patient and exposed individual in accordance with Ryan White Act requirements and County Policies.
 - d) Determine if a court order is needed for source patient testing. Contact Public Health if a court order is required for source patient testing. Ensure the exposed employee receives a copy of the EMS7 form from County Health Services-Public Health Division within 72 hours.
 - DICO also receives copy of EMS7 from Public Health
3. Exposed Employee's Manager Procedure
- a) If notified of a significant exposure, complete and submit any required WORKMAN'S COMPENSATION forms (use online F-150 form)
 - b) Ensure the employee has received the PLHCP recommendations regarding precautionary removal from duties/work and a written opinion within 15 days of completion of all medical evaluations..

Notes:

- The Department shall provide for post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;
- The Department shall provide for counseling and evaluation of reported illnesses.
- Public Health receives the patient disease status and notifies potentially exposed employee of potential exposure status.

Exposure incidents involving employees from other employers:

1. DICO shall determine whether personnel from any other employers may have been exposed.
2. DICO or representative shall notify these other employers within a time frame that is reasonable for the specific disease, but in no case later than 72 hours of becoming aware of the exposure incident of the nature, date, and time of the exposure,
3. DICO shall provide the contact information for the diagnosing PLHCP.
4. DICO shall not provide the identity of the source patient to other employers.

TB Exposure Incidents

1. If the exposure incident involves a known or suspected TB exposure:
 - a. The Department shall provide the PLHCP with a copy of this standard and the exposed employee's TB test records. If the Department has determined the

source of the infection, the Department shall also provide any available diagnostic test results including drug susceptibility patterns relating to the source patient.

- b. The Department shall request that the PLHCP, with the exposed employee's consent, perform any necessary diagnostic tests and inform the employee about appropriate treatment options.
- c. The Department shall request that the PLHCP determine if the exposed employee is a TB case or suspected case. If the PLHCP determines the employee is a case or suspected case, the PLHCP shall:
 - i. Inform the employee and the local health officer in accordance with Title 17.
 - ii. Consult with the local health officer and inform the Department of any infection control recommendations related to the employee's activity in the workplace.
 - iii. Make a recommendation to the Department regarding precautionary removal due to suspect active disease, and provide the Department with a written opinion.
- d. Ongoing Monitoring
 - i. Assess for Latent TB Infection at least annually (as determined by PLHCP)

Required info for PLHCP post-incident medical evaluations

The Department shall ensure that the PLHCP who evaluates an employee after an exposure incident is provided the following information:

- A copy of 8 CCR 5193 Bloodborne Pathogen Standard or 8 CCR 5199 ATD Standard
- A description of the exposed employee's duties as they relate to the exposure incident;
- The circumstances under which the exposure incident occurred;
- Any available diagnostic test results, including drug susceptibility pattern or other information relating to the source of exposure that could assist in the medical management of the employee; and
- All of the employer's medical records for the employee that are relevant to the management of the employee, including tuberculin skin test results and other relevant tests for ATP infections, vaccination status, and determinations of immunity.

CDP-07 Health, Housekeeping, and Hygiene

Frequency:

- Conduct daily inspection of facilities and vehicles and clean and disinfect as necessary.
- Clean and/or disinfect any facilities after each use (cooking, personal hygiene, exercising, etc.).

Equipment/Supplies:

- For cleaning, use of the following cleaning agents:
 - Soap and hot water
 - All Purpose Cleaner (sprays or wipes)
- For disinfection, use one of the following disinfectants (see table 1)
 - A 1:100 (or 1%) chlorine bleach solution. This can be prepared by diluting ¼ cup of household bleach in 1 gallon of water
 - Other approved virucidal/bactericidal/tuberculocidal agent (sprays or wipes)
- Disposable towels
- Biohazard waste bags – use double bags and dispose in accordance with Biohazard Waste Handling Procedures
- Personal Protective Equipment (PPE) including disposable gloves, safety glasses, and disposable gowns--when necessary to prevent cross contamination

Definitions:

- Cleaning: the removal of gross decontamination
- Disinfection: the destruction of microbial life

Procedures:

1. Employee Illnesses
 - a. Follow department policy if you begin to exhibit symptoms of an illness when:
 - i. Off duty
 - ii. On shift
 - b. Symptoms include: fever, cough, malaise, etc.
2. If contamination is a potential blood borne pathogen, follow CDP 3, 4, and 5.
3. Cleaning Procedure (for all cleaning other than BBP)
 - a. Put on PPE
 - b. Clean off gross contamination using disposable paper towels.
 - c. Clean contaminated areas using a cleaning agent. (See Table 1 for equipment specific cleaning information)
 - d. Disinfect in accordance with manufacturer's recommendations.
 - e. Dispose of contaminated cleaning materials in approved biohazard waste containers (see CDP 5).

Table 1: Equipment Specific Information

Facilities	Cleaning	Disinfecting
Office, living areas, locker rooms, bathrooms, kitchens, workshops, public access areas, etc.	<ul style="list-style-type: none">• Clean with All Purpose Cleaner	<ul style="list-style-type: none">• Wiped down with disinfectant agent and air dry
Electronic equipment (keyboards, laptops, cell phones, lighting, telephones, portable radios, etc.)	<ul style="list-style-type: none">• Clean with All Purpose Cleaner in accordance with manufacturer's recommendations	<ul style="list-style-type: none">• Wiped down with disinfectant agent and air dry in accordance with manufacturer's recommendations

CDP-08 Bite and Sting Prevention

Frequency

- All calls or training events

Equipment/Supplies

- Insect repellent (30% DEET solution)
- Permethrin

Procedure

1. Insect Bite Prevention
 - a. Wear insect repellent and permethrin (when appropriate)
 - b. Wear light colored long sleeve shirts, long pants, socks and hat (cover bare skin)
 - c. On wildfire calls, check for ticks and spider bites at end of each day or incident
2. Animal Bite Prevention
 - a. Do not approach or disturb animals, unless required as part of the response incident
3. Bite and Sting Incidents
 - a. Report all animal bites or tick exposures to manager or supervisor
 - b. Follow exposure incident procedure (CDP 2)

CDP-09 Surge Procedure

Frequency:

- Upon County Health Officer directive (per County Interim Health Care Surge Plan)

Equipment/Supplies:

- Variable based upon the nature of the surge
 - PPE
 - N95 or better masks
 - Gloves
 - Gowns
 - Protective eyewear
 - Apparatus

Definitions:

- Surge capacity – when the ability of hospitals and other health care providers to evaluate and care for a markedly increased volume of patients

Procedure:

1. Initial Surge
 - a. Review and follow
 - i. County Surge Plan
 - ii. Internal Surge Plan
 - iii. MOU and Mutual Aid agreements
 - b. Activate additional personnel and equipment (as appropriate for level of surge)
 - c. Assign liaison to County Health Department (if requested)
 - d. Assist with identification of alternate care sites (if requested)
 - e. PPE resupply will be coordinated through internal, county and state stockpiles (as needed)
2. Ongoing Surge
 - a. EMS personal safety comes first therefore if resources are short triage procedures will be used to determine priority of patient care
 - b. Shortages of equipment and supplies that can impact patient care shall be reported to the County Health Officer or designee
3. Post Surge
 - a. Conduct post incident review

CDP-10 Vaccinations

Frequency:

- Within 10 working days of initial assignment to a job classification with identified risk for occupational exposure (See ATT-2)
- Within 10 working days of when a declination is recanted and an employee requests vaccination
- Within 120 days of issuance of new CDC or CDPH recommendations for vaccination
- Periodically or during annual health exams or when recommended to comply with CDC and California Department of Public Health recommendations for each vaccine or disease (see 8 CCR 5199 Appendix E)
- When recommended, to protect employees during a deployment, assignment, outbreak, or surge

Equipment/Supplies:

- Vaccination declination form
- Unavailable Vaccine Form
- Vaccination records

Procedure:

1. Personnel will complete a physical health exam and complete a communicable disease health history, including a review of documented vaccinations.
2. For personnel with occupational risk exposures, the PLHCP shall offer missing or expired vaccinations at no cost to the employee. (See 8 CCR 5199 Appendix E for a list of recommended vaccinations.)
 - a. For Hepatitis B, vaccination is offered within 10 days of hire or assignment to a position with occupational risk of exposure.
3. If a recommended vaccine is not available, the PLHCP shall document the unavailability of the vaccine on the Unavailable Vaccine Form.
4. Personnel may either accept and receive the vaccination, or decline the vaccination.
 - a. Personnel will be offered educational materials and explanation on the benefits and risks of receiving and not receiving the vaccinations.
 - b. Personnel who accept the offered vaccinations may be required to complete a Consent Form. This form is available through the PLHCP or employer.
 - c. Personnel may decline any or all offered vaccinations by completing a Declination Form. This form is available through the PLHCP or employer.
5. Personnel who decline vaccinations will be offered counseling, education, or training on the risks associated with the declination.
 - a. Personnel may recant their declination at any time and receive the offered vaccinations at no cost to the employee. Employees who recant their declination may be required to complete a Consent Form.
6. Vaccination records, consent forms, declination forms, and unavailable vaccine forms shall be retained in accordance with the regulations and CDP 11 (Recordkeeping Procedure).
7. Personnel shall be offered copies of vaccination records, declination forms, consent forms, and other vaccine related training or educational materials.

Unavailable Vaccine Form

Name of Employee: _____

Name of unavailable vaccine(s)	Date determined not available	Expected date of availability

Name of person who determined the vaccine is unavailable	
Name and affiliation of person providing the availability information	Name: _____ Organization: _____

Distribution:

1 copy to employee

1 copy to employer

Vaccination Declination Statement

Name	
Date	
Position	

Write your initials next to each offered vaccination you wish to decline.

Declined (Initials)	Offered (Y/N)	Disease or Pathogen
		Seasonal influenza
		Tuberculosis (TB)
		Hepatitis B
		MMR
		Varicella
		TDaP
		Other: _____
		Other: _____
		Other: _____

I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring infection with (see declined diseases or pathogens above). I have been given the opportunity to be vaccinated against this disease or pathogen at no charge to me. However, I decline this vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring (see declined diseases or pathogens above), a serious disease. If in the future I continue to have occupational exposure to aerosol transmissible diseases and want to be vaccinated, I can receive the vaccination at no charge to me.

For seasonal influenza: I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring seasonal influenza. I have been given the opportunity to be vaccinated against this infection at no charge to me. However, I decline this vaccination at this time. I understand that by declining this vaccine, I continue to be at increased risk of acquiring influenza. If, during the season for which the CDC recommends administration of the influenza vaccine, I continue to have occupational exposure to aerosol transmissible diseases and want to be vaccinated, I can receive the vaccination at no charge to me.

Employee Name

Employee Signature

Date

Distribution:
1 copy to employee
1 copy to employer

CDP-11 Record Keeping

Frequency:

- Ongoing. File retention scheme in accordance with procedure below and with State and Federal regulations and the employer's record keeping requirements.

Equipment/Supplies:

- ATD and BBP related Employee Medical Records

Definitions:

- **Access:** the right and opportunity to examine and copy.
- **Designated Representative:** Any individual or organization to which an employee gives written authorization to exercise a right of access.
- **Employee:** Any current employee, a former employee or an employed being assigned or transferred to work where there will be exposure to toxic substances or harmful agents.
- **Employee Medical Record:** A record concerning the health status of an employee regardless of the form or process by which it is maintained (e.g., paper document, microfiche, xray film, electronic data)

Confidentiality

- The employer shall ensure that all employee medical records including exposure records are kept confidential and;
- Not disclosed or reported without the employee's expressed written consent to any person within or outside the workplace except as permitted by Federal/State regulations, or as may be required by law.

Access to Employee Medical Records

- Employee medical record access shall be provided upon request to the employee, designated representative, the local health officer and OSHA representative.

Recordkeeping Retention Scheme:

Record	Retention Time	Contents
Exposure Incident Investigation Documents	Duration of employment, plus 30 years	<ul style="list-style-type: none">• The date of the exposure incident.• The name(s), and any other employee identifiers, who were included in the exposure evaluation.• The disease or pathogen to which employees may have been exposed.• The name and job title of the person performing the exposure evaluation.• The date of the exposure evaluation• The identity of any local health officer, physician or other licensed health care professional consulted.• The date of contact and any contact information for anyone who either notified the employer or was notified by the employer regarding the employee exposure.

Record	Retention Time	Contents
Sharps Injury Logs	5 years from exposure incident	
Medical Records	Duration of employment, plus 30 years	<ul style="list-style-type: none"> • The name and social security number of the employee • The employee's vaccination status for all the vaccines required by the Air Transmissible Disease Standard (8CCR 5199 attachment 1) including: <ul style="list-style-type: none"> • Information provided by a physician or health care professional. • Any vaccine record provided by the employee. And any records relative to the employee's ability to receive vaccinations. • For the seasonal flu vaccination, only the most recent declination form is required. • Any signed declination forms. • A copy of the employee's hepatitis B vaccination status • The results of all tuberculosis assessments. • A copy of the information regarding an exposure incident that was provided to a physician or other licensed health care professional.
Sharps Control Program Review	3 years	<ul style="list-style-type: none"> • Includes review of identification, evaluation, and selection of effective engineering and work practice controls • Must include documented participation from non-managerial employees responsible for direct patient care and are potentially exposed to injuries from contaminated sharps.
ATD Plan – Annual Review Records	3 years	<ul style="list-style-type: none"> • The name(s) of the person conducting the review. • The dates the review was conducted and completed. • The name(s) and work area(s) of employees involved. • Summary of conclusions.
Unavailability of Vaccines	3 years	<ul style="list-style-type: none"> • The name of the person who determined the vaccine was unavailable. • The name and affiliation of the person providing the availability information. • The date of contact or date when the vaccine unavailability was determined.
Respiratory Protection Fit Tests	2 years	<ul style="list-style-type: none"> • Date and time of fit test • Make, model, and size of respirator tested • Method of testing
Engineering control inspections, testing, and maintenance	5 years	<ul style="list-style-type: none"> • Includes Ventilation systems, containment equipment, waste management, etc
Medical waste disposal records	3 years	<ul style="list-style-type: none"> • Waste pickup form • Waste destruction documentation

Notes:

- The medical record for the Air Transmissible Disease Standard (CCR 5199) and the Bloodborne Pathogen Standard (CCR 5193) can be combined.
- Medical records including exposure records may not be combined with non-medical personnel records.