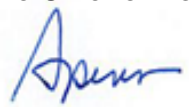




## ARLINGTON COUNTY POLICE DEPARTMENT DIRECTIVE MANUAL

<b>Chapter: 5</b> Procedures	<b>Effective Date:</b> October 6, 2017	<b>Amends/Supersedes:</b> March 1, 2005	<b>By Authority of the Chief of Police</b>   Charles A. Penn
<b>Accreditation Standard(s):</b> OPR.07.06, OPR.08.06, PER.10.01			

### 533.07 Exposure Control Plan

#### I. Policy

All employees of the Arlington County Police Department who may be exposed to bloodborne pathogens in the course of their assignments are required to follow the provision of the Exposure Control Plan. The Exposure Control Plan shall be reviewed and updated as necessary to reflect significant changes in tasks or procedures.

#### II. Definitions

- A. Blood - Human blood, human blood components, and products made from human blood.
- B. Bloodborne Pathogens - Pathogenic microorganisms that are present in the human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
- C. Clinical Laboratory - A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
- D. Contaminated Laundry - Laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.
- E. Contaminated Sharps - Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
- F. Decontamination - The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or items to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
- G. Engineering Control - Controls (e.g., sharp disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogen hazard from the workplace.
- H. Exposure Incident - A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.
- I. Handwashing Facilities - A facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machine.

- J. Licensed Healthcare Professional - A person whose legally permitted scope of practice allows him or her to independently perform the activities required by hepatitis B vaccination and post-exposure evaluation and follow-up.
- K. HBV - Hepatitis B virus.
- L. HIV - Human immunodeficiency virus.
- M. Occupational Exposure - Reasonable anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material that may result from the performance of an employee's duties.
- N. Other Potentially Infectious Materials - The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; Any unfixed tissue or organ (other than intact skin) from a human (living or dead) and; HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV- containing culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV or HBV.
- O. Parenteral - Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.
- P. Personal Protective Equipment - Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard, are not considered to be personal protective equipment.
- Q. Production Facility - A facility engaged in industrial-scale, large-volume or high-concentration production of HIV or HBV.
- R. Regulated Waste - Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharp; and pathological and microbiological waste containing blood or other potentially infectious materials.
- S. Source Individual - Any individual, living or dead, whose blood or other potentially infectious material may be a source of occupational exposure to the employee. Examples included, but are not limited to hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drugs and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.
- T. Sterilize - The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

- U. Universal Precautions - An approach to infection control. According to the concept of universal precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
- V. Work Practice Controls - Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

### III. Procedure

- A. Exposure Determination – As required by the Code of Federal Regulations (CFR) Title 29 - Labor [§1910.1030 Bloodborne Pathogens](#) the following jobs are classified by the police department as having occupational exposure to blood or other potentially infectious materials:
  - 1. Police Officers - Searching suspects and/or vehicles; transporting and booking suspects; CPR; handling of evidence or property that may contain infectious bodily fluids; accident investigations; crime scene investigation and processing; dealing with combative subjects. **(Applies to all sworn employees.)**
  - 2. Warehouse Technicians - Handling recovered evidence or property that may contain infectious bodily fluids.
  - 3. Public Service Aides – Dealing with combative subjects; searching impounded vehicles; handling recovered property or evidence that may contain infectious bodily fluids.
- B. Potential exposure includes but may not be limited to:
  - 1. Contaminated needle stick injury.
  - 2. Blood and/or fluid contact with rescuer's mucous, membrane of eyes, nose, mouth, or skin.
  - 3. Blood and/or body fluid in contact with open skin (non-intact skin).
  - 4. Cuts with sharp instruments covered with blood and/or body fluid.
  - 5. Any injury sustained while cleaning contaminated equipment.

**★ Contact limited to merely being in the presence of a person suspected of having a communicable disease requires no special action.**
- C. Exposure Response - The following actions should be taken in the event of a possible exposure incident:
  - 1. Whenever there is contact with potentially infectious blood or body fluids through open wounds, mucous membranes, or parenteral routes, cleanse affected area. The employee should report the incident to the supervisor and request a consultation with the health care provider designated by the County. As soon as possible after a potential exposure to bloodborne pathogens the employee's supervisor must complete the County

Bloodborne Illness Exposure Report and at their discretion a Supervisor's Incident/Accident Report so that the health care provider can evaluate the incident and make a recommendation accordingly (see Attachment A).

2. If the infectivity status of the source individual is unknown, the employee's blood will be tested as soon as feasible after consent is obtained, if required. If the source individual's blood is available, and the source's consent is not required by law, the blood shall be tested and the results documented. Identification and testing of the source individual will be in accordance with the Code of Virginia, [§32.1-45.1](#). *Deemed consent to testing and release of the test results related to infection with human immunodeficiency virus or hepatitis B or C viruses.*, and [§32.1-45.2](#). *Public safety employees; testing for blood-borne pathogens; procedure available for certain citizens; definitions.*
3. The exposed employee's blood shall be collected as soon as feasible after consent is obtained, and tested for HBV, HCV and HIV serological status. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the samples shall be preserved for at least (90) days. If, within (90) days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
4. The exposed employee will be offered post-exposure prophylaxis as recommended by a County health care professional (see Attachment A). The exposed employee will be offered counseling and medical evaluation for any reported illnesses.
5. The following information will be provided to the healthcare professional evaluating an employee after an exposure:
  - a. A copy of [29 CFR §1910.1030](#) bloodborne pathogens standard.
  - b. A description of the exposed employee's duties as they relate to the exposure incident.
  - c. Documentation of the routes of exposure and circumstances under which exposure occurred.
  - d. Results of the source individual's blood testing, if available.
  - e. All medical records relevant to the appropriate treatment of the employee including vaccination status.
6. Arlington County Occupational Health shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within (15) days of the completion of the evaluation. The written opinion will be limited to the following information:
  - a. The employee has been informed of the results of the evaluation.
  - b. The employee has been told about any medical condition resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment.

All other findings shall remain confidential and shall not be included in the written report. Employees who decline post exposure evaluation and follow-up, offered by the County, must sign a Post Exposure Evaluation and Follow-up Declination form. (See Attachment B)

- D. Medical Surveillance - All evaluations, procedures, vaccinations and post-exposure management shall be provided to the employee at a reasonable time and place, according to standard recommendations for medical practice.
- E. Methods of Compliance - Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious material.
  - 1. Engineering and Work Practice Control shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used. Engineering controls should include the use of devices such as, but not limited to, sharps containers, biologic safety cabinets, self-sheathing needles, etc.
  - 2. Engineering and Work Practice Controls will be maintained or replaced on a regular schedule. The review of the effectiveness of the controls should be conducted at least annually by the department safety/accident review committee.
  - 3. Handwashing is a primary infection control measure which is protective of both the employee and patient. Appropriate hand washing must be diligently practiced. Employees shall wash hands thoroughly using soap and water whenever hands become contaminated and as soon as possible after removing gloves or other personal protective equipment. When other skin areas or mucous membranes come in contact with blood or other potentially infectious materials, the skin shall be washed with soap and water, and the mucus membrane shall be flushed with water as soon as possible. In circumstances where handwashing facilities are not feasible, alternative hand cleansing protocols; such as antiseptic hand cleansing protocols; such as antiseptic hand cleanser used in conjunction with clean cloth/paper towels, or antiseptic towelettes are appropriate. When an alternative is used, hands shall be washed with soap and running water as soon as feasible.
  - 4. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials.
  - 5. Food and drink shall not be kept in refrigerators, freezers, shelves, and cabinets or on countertops or benchtops where blood or other potentially infectious materials are present. Mouth pipetting/suctioning of blood or other potentially infectious material is prohibited.

6. Employees shall use appropriate techniques to minimize splashing, spraying, spattering, and generation of droplets during procedures involving blood or other potentially infectious materials.
  7. Used/contaminated needles and other sharp objects shall not be sheared, bent, broken, recapped, or resheathed by hand. Used needles shall not be removed from disposable syringes.
  8. Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping. The container must be closed before being stored, transported or shipped.
  9. Containers must be labeled/colored-coded if they go out of the facility (labeling must also be used in house if all specimens are not handled using universal precautions).
  10. If outside contamination of the primary container occurs, or if the specimen could puncture the primary container, the primary container shall be placed within a secondary container which prevents leakage, and/or resists puncture during handling, processing, storage, transport, or shipping.
  11. Assess equipment for contamination, and decontaminate, if possible, before serving or shipping. Equipment which has not been fully decontaminated must have label attached with information about which parts remain contaminated.
- F. Hazard Communications - Employees will be informed of hazards through a system of labeling or color-coding, as determined by the department, as well as a training program.
1. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials; and other containers used to store, transport or ship blood or other potentially infectious materials. Contaminated equipment shall also be labeled in this manner. Information about the portions of the equipment that remain contaminated shall be added to the label.
  2. Labels shall be fluorescent orange or orange-red with lettering or symbols in a contrasting color. The label is either to be an integral part of the container or affixed as close as feasible to the container by the method which prevents loss or unintentional removal of the label. The label shall have the biohazard symbol and the text Biohazard. Red bags or red containers may be substituted for the warning label.
  3. The labels/color-coding described here are not required in the following instances:
    - a. When containers of blood, blood components, or blood products are labeled as to their contents and have been released for transfusion or other clinical use.

- b. When individual containers of blood or other potentially infectious materials are placed in labeled containers during storage, transport, shipment or disposal.
    - c. When regulated waste has been decontaminated.
  - 4. Warning labels, including the orange or orange-red biohazard symbol, must be affixed to containers of the regulated waste refrigerators and freezers, and other containers which are used to store or transport blood or other potentially infectious materials. Red bags or red containers may be used instead of labeling. Labeling is not required:
    - a. Within a facility which uses universal precautions in its handling of all specimens.
    - b. When regulated waste has been decontaminated.
    - c. When all laundry is handled with universal precautions.
- G. Personal Protective Equipment - The department shall provide and ensure that employees use appropriate personal protection equipment such as, but not limited to, gloves, mask, and eye protection, resuscitation bags, pocket masks, and other ventilation devices. However, employees may temporarily and briefly decline to use personal protective equipment when, under rare and extraordinary circumstances, it is the employee's professional judgment that in the specific instance its use would prevent the delivery of health care or public safety services or would pose an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstance shall be investigated by the employee's immediate supervisor and documented in order to determine whether changes can be instituted to prevent such circumstances in the future.

Personal protective equipment, in the appropriate sizes, shall be readily accessible at the worksite, or will be issued to the employee. Examples of procedures which require personal protective equipment and the type of protection to be used are listed in Attachment C.

If a garment is penetrated by blood or other potentially infectious material, the garment shall be removed as soon as possible and placed in a designated container for laundering or disposal. All personal protective equipment shall be removed before leaving the work area; it shall be placed in assigned containers for storage, washing, decontamination or disposal.

- 1. Protection for Hands - Gloves shall be worn in the following situations:
  - a. When it can be reasonably anticipated that hands will contact blood or other potentially infectious materials, mucous membranes, and non-intact skin.
  - b. When performing vascular access procedures (only exception is for phlebotomists in volunteer blood donation centers).
  - c. When handling or touching contaminated items or surfaces. For examples of procedures in which gloves are required refer to Attachment C.

Disposable gloves shall be replaced as soon as feasible when contaminated, torn or punctured, or when their ability to function as a barrier is compromised. Do not wash or decontaminate single use gloves for re-use.

Utility gloves may be decontaminated for re-use if the gloves are in good condition. Discard when gloves are cracked, peeled, torn, punctured or show other signs of deterioration (whenever their ability to act as a barrier is compromised.)

2. Protection for Eyes/Nose/Mouth - Employees shall wear masks in combination with eye protection devices (goggles or glasses with solid side shields or masks with attached eye shields) or chin-length face shields whenever splashes, spray, spatter, or droplets or blood or other potentially infectious material may be generated and eyes, nose, or mouth contamination can be reasonably anticipated.
3. Protection for the Body - A variety of garments including gowns, aprons, lab coats and clinic jackets are to be worn in occupational exposure situations. Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated.

#### H. Housekeeping

1. Equipment and Environmental and Working Surfaces - Clean contaminated work surfaces with appropriate disinfectant:
  - a. After completing procedures.
  - b. Immediately or as soon as feasible when overtly contaminated or after any spill of blood or OPIM.
  - c. At the end of the work shift if the surface may have become contaminated since the last cleaning.

Remove and replace protective covering (e.g. plastic wrap, aluminum foil, etc.) over equipment and environmental surfaces as soon as feasible when overly contaminated or at the end of the work shift if they may have become contaminated.

Regularly inspect/decontaminate all reusable bins, pails, cans, and similar receptacles which may become contaminated with blood or OPIM. If these articles become visibly contaminated, they should be decontaminated immediately or as soon as feasible. Supervisors must establish the frequency of inspection and decontamination.

2. Special Sharp Precautions - Clean up broken glass which may be contaminated using mechanical means such as a brush and dustpan, tongs, or forceps. Do not pick up directly with the hands.



Reusable containers are not to be opened, emptied or cleaned manually or in any other manner which will expose employees to the risk of percutaneous injury. Do not reach by hand into a container which stores reusable contaminated sharps.

3. Waste Containers - Containers will be identified either by a biohazard label or the color red will be used. If a label is used it must be fluorescent orange or orange-red with the biohazard warning and symbol in a contrasting color. The label must be either an integral part of the container or attached as close as is feasible to the container by string, wire, adhesive or other method that prevents its loss or unintentional removal. Regulated waste that has been decontaminated need not be labeled or color-coded.

Containers must be closed prior to moving/removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. If the outside of the container becomes contaminated, it is to be placed in a second container which must have the same characteristic as the initial container as discussed above. Waste containers are to be disposed of in accordance with the Virginia Department of Environmental Quality, [Regulated Medical Waste Management Regulations](#).

4. Laundry - Employees who handle contaminated laundry are to wear protective gloves and other appropriate personal protective equipment.

Contaminated laundry shall be handled as little as possible with a minimum of agitation. Do not sort/rinse laundry in location of use. Place in container/bag where it is used. Wet contaminated laundry that may soak through or cause leakage from bag or container will be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

Bags/containers will identify by a biohazard label or the color red will be used. If the facility utilizes universal precautions in the handling of all soiled laundry, alternative labeling or color-coding is acceptable if it permits all employees to recognize the containers as requiring compliance with universal precautions.

Each department must specify where laundry will be cleaned. When contaminated laundry is shipped off site to a second facility which does not use universal precautions, the bags or containers must be labeled with biohazard label or be color-coded in red.

- I. Cleaning and Disinfection - The department shall repair or replace personal protective equipment as needed to maintain its effectiveness or provide for the cleaning, laundering or disposal of required personal protective equipment and determine and implement a written schedule for cleaning of equipment and methods of disinfecting, based on the location, type of surface to be cleaned, type of soil present, and tasks or procedure being performed.

- J. Hepatitis B Vaccination - Arlington County shall make available Hepatitis B vaccinations and boosters to all employees who have a potential for occupational exposure. This shall be done after training and within (10) working days of their assignment to a job which may involve occupational exposures and at no cost to the employee. In addition, the employee will be offered post-exposure evaluation and follow-up at no cost should they experience an exposure incident on the job. Employees who decline Hepatitis B Vaccination, offered by the County, must sign the statement of declination (see Attachment D).

All medical evaluations and procedures including Hepatitis B vaccination series, whether prophylactic or post-exposure, will be made available to the employee at a reasonable time and place. This medical care will be performed by or under the supervision of a licensed physician, physician's assistant, or nurse practitioner. Medical care and vaccination series will be according to the most current recommendations of the U.S. Public Health Service. A copy of the bloodborne pathogens standard will be provided to the healthcare professional responsible for the employee's hepatitis B vaccination.

All laboratory tests will be conducted by an accredited laboratory at no cost to the employee.

1. Hepatitis B Vaccination Procedure - The vaccination is a series of three injections. The second injection is given one month from the initial injection. The final dose is given six months from the initial dose. At this time a routine booster dose is not recommended, but if the Center for Disease Control, at some future date recommends a booster, it will also be made available to exposed employees at no cost.

The vaccination will be made available to employees after they have attended training on bloodborne pathogens and within (10) working days of initial assignment to a job category with exposure. The vaccination series will not be made available to employees who have previously received the complete Hepatitis B vaccination series; to any employee who has immunity as demonstrated through antibody testing; or to any employee for whom the medically contraindicated.

2. Training Requirements - All Arlington County employees who are at risk for occupational exposure must participate in the training program. Arlington County employees who are not at risk for occupational exposure may participate in the training at their request.

Training shall be provided at the time of initial assignment and at least annually thereafter. The person(s) conducting the training shall be knowledgeable in the subject matter covered. The trainer(s) must have expertise in the area of occupational health and the transmission of bloodborne pathogens. The trainer must be familiar with the manner in which the elements in the training program relate to the particular workplace.

Training shall consist of explanations of bloodborne diseases and their modes of transmission. Training must include a discussion of the Exposure Control Plan, how to handle exposure incidents, engineering and work practice controls, personal protective equipment use, the vaccination and follow-up program and the labeling and sign system. The following content will be included:

- a. Explanation of the bloodborne pathogens standard.
- b. General explanation of the epidemiology, modes of transmission and symptoms of bloodborne diseases.
- c. Explanation of this exposure control plan and how it will be implemented.
- d. Procedures which may expose employees to blood or other potentially infectious material.
- e. Control methods that will be used at this facility to prevent/reduce the risk of exposure to or other potentially infectious material.
- f. Explanation of the basis for selection of personal protective equipment.
- g. Information on the Hepatitis B vaccination program including the benefits and safety of vaccination.
- h. Information on procedures to use in an emergency involving blood or other potentially infectious materials.
- i. What procedures to follow if an exposure incident occurs.
- j. Explanation of post-exposure evaluation and follow-up procedures.
- k. An explanation of warning labels and/or color-coding.

- K. Recordkeeping - The evaluating health care professional shall establish and maintain accurate records for each employee having an occupational exposure(s) for at least the duration of employment plus (30) years. Should the healthcare professional change, they are obligated to maintain the records for the appropriate length of time or transfer records to the next provider. Any records received by Arlington County Occupational Health and Wellness are maintained according to OSHA guidelines.

All employees medical records shall be kept confidential and are not reported to any person within or outside the workplace, except as required by law.

All training records shall comply with [29 CFR 1910.20](#) and shall be maintained for (3) years.

## Attachment A

### PROCEDURE FOR POTENTIAL EXPOSURE

#### Post Exposure Evaluation and Follow-Up

1. A potential exposure occurs.
2. Clean exposed area.
3. Notify supervisor.
4. Notify County contract healthcare professional (HCP).
5. The employee and supervisor complete the County Bloodborne Illness Exposure report form. Supervisor calls Alexis.
6. The HCP will evaluate and determine whether or not an exposure has occurred. The HCP will make arrangements for blood tests for the exposed if it is determined that an exposure has taken place and makes recommendations regarding source testing.

An employee may have blood drawn but may refuse baseline testing at that time. The blood sample will be held for a period of ninety days by the CHP and the employee may elect, at any time during the ninety days, to have the baseline testing completed. If the employee refuses to have blood drawn, the employee must sign the Post Exposure Evaluation and Follow-up Letter of Declination. The HCP will advise the employee that without a baseline HBV, HVC, or HIV status further compensation may be jeopardized.

If the source individual will not consent to blood testing, the HCP must notify the County Safety Officer and County Attorney on the next day so that applicable portions of the Code of Virginia relative to informed consent may be invoked.

7. No exposure – the employee is so advised and the paper work is forwarded. The CHP submits a copy of the Confidential Physician Follow-up report to the County Occupational Health Unit within five working days.
8. If an exposure has occurred – the HCP will advise the employee of recommended testing and treatment and explain the benefits and side effects of taking post exposure prophylaxis (PEP) and HBV vaccine.
9. The employee will make the decision to use or not use PEP or HBV vaccine.
  - a. YES – If the employee does not have an established immunity or previous vaccination for HBV, the HCP will administer the initial HBV vaccine and immune globulin and the first dose of PEP, as appropriate

The HCP will provide sufficient dosage of PEP for three days. The remaining dosage may be obtained from the HCP at a more convenient time which still ensures the continuity of treatment.

The HCP will submit the report of exposure to the County Occupational Health Unit within five working days

- b. NO – The employee completes the Post Exposure Evaluation and Follow-up Letter of Declination and the HCP will advise the employee that possible, future compensation could be jeopardized without baseline BHV, HCV, HIV testing. The HCP will forward the letter of declination, exposure reporting form and Confidential Physician Follow-up report to the County Occupational Health Unit within five working days.

The letter of declination will be placed in the employee's medical records.

- 10. The HCP will provide the Occupational Health Unit and the employee with a copy of the HCP's evaluation. The Occupational Health Unit will assist the HCP in notifying the employee if necessary.
  - a. The HCP's written opinion shall be limited to whether or not Hepatitis B vaccine is indicated for the employee, and if the employee has received such vaccination.
  - b. That the employee has been informed of the results of the evaluation; and
  - c. That the employee has been informed of the results of the source individual's evaluation.
  - d. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
  - e. All other findings or diagnoses shall remain confidential and shall not be included in the written report.
- 11. The cost of evaluation and treatment shall be the responsibility of Arlington County and shall be provided at no cost to the employee.

## Attachment B

### POST EXPOSURE EVALUATION AND FOLLOW-UP DECLINATION (MANDATORY)

I understand that I may be at risk for acquiring serious disease(s) due to my occupational exposure to blood or other potentially infectious materials. I have been given the opportunity for post exposure evaluation and follow-up, at no charge to myself. I understand that effective prophylactic treatment must be initiated as soon as possible after the exposure incident. Any delay in the initiation of prophylactic treatment may render such treatment ineffective. I decline these services at this time: (please check the appropriate boxes).

- ☐ I decline HIV Post Exposure Prophylaxis.
- ☐ I decline HBV vaccination.
- ☐ I decline baseline blood testing.
- ☐ I consent to have my blood, drawn but not tested at this time.

If I consent to a blood sampling without testing of the sample, I may, within the following ninety (90) days, request that the sample be tested and receive evaluation and follow-up at no cost to myself. After ninety days the sample will be disposed of. I understand that by declining these services, I continue to be at risk of acquiring a serious disease(s). If in the future I have an occupational exposure to blood or other potentially infectious materials and I want to receive a post exposure evaluation and follow-up, I can receive these services at no charge to me.

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EMPLOYEE'S SIGNATURE

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DATE

## Attachment C

### EXAMPLE OF RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT

Source publication - *Guidelines for Prevention of Transmission of HIV and HBV to Health Care and Public-Safety Workers*. Reprinted from DHHS (NIOSH) Centers for Disease Control, 1989, HHS Publications #89-107, Table 4. *Examples of Recommended Personal Protective Equipment for Worker Protection Against HIV and HBV Transmission in Prehospital Settings*.

<b><u>Task or Activity</u></b>	<b><u>Disposable Gloves</u></b>	<b><u>Gown</u></b>	<b><u>Mask</u></b>	<b><u>Protective Eyewear</u></b>
Bleeding control with spurting blood	Yes	Yes	Yes	Yes
Bleeding control with minimal bleeding	Yes	Yes	No	No
Emergency childbirth	Yes	Yes	Yes, if splashing is likely	Yes, if splashing is likely
Blood drawing	Yes	No	No	No
Starting an intravenous (IV) line	Yes	No	No	No
Endotracheal intubation, Esophageal obturator use	Yes	No	Yes	Yes
Oral/nasal suctioning, manually cleaning airway	Yes	No	Yes	Yes
Handling and cleaning Instruments with microbial Contamination	Yes	No, unless soiling is likely	No	No
Measuring blood Pressure	No	No	No	No
Measuring temperature	No	No	No	No
Giving an injection	No	No	No	No

## ATTACHMENT D

### LETTER OF DECLINATION: HEPATITIS B VACCINE

#### HEPATITIS B VACCINE DECLINATION (MANDATORY)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. I decline hepatitis B vaccination at this time. I understand that by declining the vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

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EMPLOYEE'S SIGNATURE

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DATE