

CHAPTER 11

COMMUNICABLE DISEASE EXPOSURE/PREVENTION AND HUMAN IMMUNODEFICIENCY VIRUS MANAGEMENT

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CHAPTER 11

COMMUNICABLE DISEASE EXPOSURE/PREVENTION

1. PURPOSE. The purpose of this chapter is to provide departmental employees with guidelines for the management of incidents involving possible exposure to communicable diseases as well as guidelines for annual tuberculosis (TB) screening and influenza (flu) vaccinations.

2. POLICY.

a. All departmental employees shall be made aware of the risk of exposure to communicable diseases and receive training on prevention and post-exposure follow-up. All uniformed employees shall also be made aware of the availability of appropriate occupational-related screening and vaccine services. Commanders shall ensure all employees, with special emphasis on managers and supervisors, are informed and knowledgeable regarding communicable disease exposure, risk prevention, and follow-up procedures (refer to Annex A).

b. A Communicable Disease Subcommittee to the Departmental Occupational Safety Board (DOSB) has been established to provide a structured forum for the gathering and consideration of facts relating to the issue of communicable disease in the departmental work environment. The committee will recommend to the DOSB specific courses of action on communicable disease-related topics.

(1) The subcommittee shall consist of the following members:

- (a) Assistant Commissioner, Staff.
- (b) Medical Director.
- (c) Two Area commanders.
- (d) Academy, Emergency Medical Services (EMS) Unit supervisor.
- (e) A representative from the California Association of Highway Patrolmen.
- (f) Departmental occupational safety coordinator.

(2) Meetings will be scheduled as necessary by the chairperson.

c. Per Title 8, Section 5199 of the California Code of Regulations (CCR), the Department's Medical Director shall serve as the program administrator for the

Department's annual TB screening and flu vaccination program. The administrator shall be responsible for the establishment, implementation, and maintenance of written procedures for infection control. The administrator shall also establish a designee for each Area where the risk of occupational exposure exists.

d. The Area designee shall be, at a minimum, the rank of sergeant. Initial designee training shall be facilitated by the Academy, EMS Unit, and shall include training in infection control procedures and post-exposure cleaning; and disinfection of work areas, vehicles, and equipment that may become contaminated with known pathogens posing an infection risk to employees. Training shall also include administrative procedures and collection/retention procedures for declination statements and will be available on SharePoint, under Training/Online Training.

e. To ensure program continuity, it shall be the responsibility of each command to ensure every sergeant completes this training annually.

f. The Medical Director shall also serve as the advisor on matters relating to all communicable diseases and will act as the primary liaison with the medical profession.

3. DEFINITIONS.

a. Body Fluids. Fluids identified by the federal agency Centers for Disease Control and Prevention (CDC) as those for which precautions to prevent exposure should be taken, which include blood, semen, cervical secretions, cerebral spinal fluid, amniotic fluid, and saliva.

b. Communicable Disease. A disease that may be transmitted directly or indirectly from one individual to another. Communicable diseases may be transmitted through contact with blood, semen, sputum, other body fluids, and inhalation of bacteria (e.g., TB) from an infected person or direct contact with the infected individual and objects handled by them.

c. Exposure. Broken skin, mucous membrane, eye, or parenteral contact (piercing the skin, as with a needle stick) with the body fluids, as defined, of another individual. Exposure is also defined as "high-risk" activity (e.g., unprotected sexual contact or intravenous drug use) with an infected individual.

d. Asymptomatic. Demonstrating no evidence of disease or illness.

e. Hepatitis. Inflammation of the liver.

f. Hepatitis B Vaccine. Vaccine prepared directly from baker's yeast. It is used to vaccinate persons who have a high risk of occupational exposure to persons who are carriers of hepatitis B, or with blood or fluids from such individuals.

g. Human Immunodeficiency Virus. Disease organism transmitted through the introduction of a carrier's infected body fluids into the body of another person.

h. Human Immunodeficiency Virus Disease. The spectrum of the human immunodeficiency virus (HIV) disease is that one or all of the conditions listed below may develop. Individuals in any state of HIV disease may transmit HIV to another individual.

(1) Generalized Lymphadenopathy. A dysfunction of an individual's lymph system that results in chronic fatigue with generalized swelling of the lymph nodes.

(2) Central Nervous System Involvement. Deterioration of the intellectual faculties with accompanying emotional disturbance, resulting from HIV infection of the brain tissue.

(3) Acquired Immunodeficiency Syndrome. A diagnosis of acquired immunodeficiency syndrome (AIDS) can only be made by a physician when an individual infected by HIV meets certain criteria established by the CDC. The criteria include a diagnosis of certain opportunistic infections, such as *Pneumocystis carinii* pneumonia or Kaposi's sarcoma, a type of cancer. Acquired immunodeficiency syndrome is a disease for which no cure is presently known; however, there are medicines that can control HIV and prevent complications.

(4) Human Immunodeficiency Virus Transmission. Human immunodeficiency virus is usually transmitted from one individual to another through intimate sexual contact, needle-sharing drug activity, and to babies born to infected mothers. There is also a **remote** possibility of transmission occurring through contact between an infected person's body fluids (as defined in paragraph 3.a.) and another person's mucous membranes, eyes, or open wounds or sores.

i. Human Immunodeficiency Virus—Positive. A condition where an individual has tested positive for antibodies developed in response to infection by HIV. An individual who is HIV-positive may not exhibit any symptoms of disease but may transmit HIV to another individual. Human immunodeficiency virus-positive individuals may progress into HIV disease and to AIDS.

j. Chemoprophylaxis. Prevention of infectious disease by the use of chemical agents.

k. Tuberculosis. An airborne infectious disease that generally infects the lungs, but can infect other body systems (e.g., lymphatic system, bones, joints, and central nervous system). Close, unprotected proximity for a prolonged period of time presents the highest risk of becoming infected.

l. Latent Tuberculosis Infection. Infection with TB in which bacteria are present in the body but are inactive. Persons who have latent tuberculosis infection (LTBI) do not have TB disease, are asymptomatic (without symptoms), do not feel sick, and **CANNOT** spread TB to other persons. Current CDC treatment guidelines for LTBI recommend the use of antibacterial medications to eradicate TB bacterium.

4. PROCEDURES.

a. Training.

(1) All cadets shall receive initial training during the Academy's Public Safety First Aid (PSFA) course.

(2) All uniformed employees shall receive initial and recurrent Aerosol Transmittable Diseases (ATD) training annually.

(3) All ATD training for uniformed personnel shall be recorded in the Employee Training Records System.

(4) Nonuniformed employees shall receive training at the Area, section, or Division level on the information applicable to their specific duty assignments.

(5) Training videos, as needed, will be developed by the Academy, EMS Unit, or the DOSB Communicable Disease Subcommittee and the Office of Community Outreach, Marketing, and Recruitment, Television Unit. All ATD material shall be disseminated to all commands. Viewing shall be mandatory for uniformed employees. Nonuniformed employees shall be provided the opportunity to view the videos.

b. Precautionary Field Procedures.

(1) Disposable Gloves.

(a) Gloves **shall** be worn by uniformed employees in situations where contact with another person's body fluids, particularly blood, is likely to occur.

(b) Uniformed employees should identify and wear their proper disposable glove size. Gloves which are too small for the wearer may tear

when putting them on or during use. Gloves which are too large will fit loosely and adversely affect finger dexterity and grasping abilities. The following sizes are available from Business Services Section (BSS), Supply Services Unit (SSU):

- 1 Small (Catalog Number 08-091-20).
- 2 Medium (Catalog Number 08-091-21).
- 3 Large (Catalog Number 08-091-22).
- 4 X-Large (Catalog Number 08-091-23).

(c) Because of the tendency for the gloves to tear during use, it is recommended uniformed employees carry an extra pair.

(d) After use, contaminated gloves shall be turned inside out, placed in a sealed plastic zip-lock bag (Catalog Number 08-030-00), and disposed of as biological waste. Locations with receptacles designated for biological refuse can be identified by contacting local hospitals or ambulance personnel, or by calling the county health officer.

(2) One-Way Valve Cardiopulmonary Resuscitation Masks.

(a) The departmentally issued cardiopulmonary resuscitation (CPR) pocket masks (Catalog Number 04-230-05), which include a one-way valve, **shall** be readily available while on duty.

(b) After use, the mask should be placed in a sealed plastic zip-lock bag and disposed of as biological waste.

(3) Storage of Hypodermic Needles.

(a) Hypodermic needles found by Department personnel shall be placed in a labeled, closable, puncture-proof and splatter-proof container. A container designed for this purpose is available from BSS, SSU (Catalog Number 08-033-04A).

(b) Needles shall not be recapped, bent, broken, removed from disposable syringes, or otherwise manipulated by hand. All employees are advised to take precautions for reducing the possibility of needle sticks during searches or when handling hypodermic needles.

(4) Disposable Eye Shields/Face Masks.

(a) The use of a mask (Catalog Number 04-049-01) to cover the employee's mouth and nose is optional. The mask **may** be used in situations likely to result in contact with another person's body fluids, particularly blood. Masks may be worn in other situations such as arrests, public services, etc.

(b) Employees who may come in contact with a patient or arrestee exhibiting the signs and symptoms of any communicable disease should wear a disposable N-95 mask. The mask shall, if available, also be placed on the patient and/or arrestee, if their injuries allow.

(c) In conjunction with the use of a disposable N-95 mask, employees should transport any patient or arrestee with the patrol vehicle windows rolled down and the ventilation system running.

(d) After use, contaminated masks shall be placed in a sealed plastic zip-lock bag and disposed of as biological refuse.

(5) Disposable Glasses. In situations likely to result in body fluid contact, disposable glasses (Catalog Number 08-091-02) **may** be worn at the officer's discretion. When the glasses are exposed to body fluids, they may be washed with soap and water, soaked in a solution of nine parts water and one part bleach for at least 30 seconds, rinsed with water, air dried, and reused.

(6) Bandaging. Employees who may be exposed to another person's body fluids during the scope of their duties should bandage and tape over open wounds or sores to reduce the possibility of infection entering their body.

(7) Post-Exposure Cleanup.

(a) When personnel or equipment come into contact with another person's body fluids, particularly blood, simple and rapid cleanup measures are effective and important in reducing any risk of communicable disease transmission. Employees who have come into contact with body fluids shall thoroughly wash the exposed area as soon as possible with soap and water. The solution for irrigation (Catalog Number 04-244-05A) carried in patrol vehicles is appropriate for this purpose if lavatory facilities are not readily available.

(b) In the event immediate washing with soap and water is not feasible, disposable antiseptic towelettes (Catalog Number 04-005-50) and/or waterless hand cleaner (Catalog Number 04-242-05) shall be used promptly to clean the exposed area.

(c) Upon return to the Area office, patrol vehicles used to transport patients or subjects suspected of having an ATD shall have the vehicle's interior surface areas decontaminated with a solution of nine parts water and one part bleach. Under the supervision of the Area's designee for infection control procedures, personnel assigned to post-exposure cleanup shall take proper exposure precautions, utilizing gloves and masks.

c. Hepatitis B Vaccine. The hepatitis B vaccine will be provided, as available, to all uniformed personnel who are at risk of exposure to the body fluids of another person. All uniformed employees shall read and sign a copy of CHP 233E, Consent for Hepatitis B Vaccines (refer to Annex B). Uniformed employees may obtain the series of vaccine injections from their private physician. All uniformed employees shall sign the consent form whether they have already obtained the vaccine, will be obtaining it, or declined the immunization.

d. Exposure Reporting. Reporting of exposure to another person's body fluids or a communicable disease shall be accomplished as indicated below.

(1) Injury Sustained.

(a) In accordance with the existing policy in Highway Patrol Manual (HPM) 10.7, Injury and Illness Case Management Manual, Chapter 5, Documentation; a CHP 121, Employer's Report of Occupational Injury or Illness, shall be completed in every instance in which an actual injury was incurred while acting in the course and scope of duty. In the event the injury involves the possible exchange of the specified body fluids (e.g., blood) of another person (e.g., needle sticks, bites, cuts, scratches) or ATD, the CHP 121 shall include the notation that a communicable disease transmission was possible. The pertinent facts shall be included in the CHP 121 in the "Remarks" section. Such CHP 121 forms will receive normal distribution and routing.

1 The employee should obtain an expedited evaluation by a local emergency room physician or a private physician for consideration of wound treatment and post-exposure chemoprophylaxis.

2 If post-exposure chemoprophylaxis is deemed necessary, it should be initiated within 24 hours.

3 If ATD exposure is suspected, physician evaluation and consideration for a TB skin test are deemed necessary and useful in establishing a baseline TB status.

(b) The CHP 342, Blood and Body Fluid Exposure Report Form, (refer to Annex D) shall be completed and routed confidentially to the Academy, EMS Unit, within 14 days of the incident.

(2) No Injury Sustained. Mere contact with the body fluids of another person who is known to carry HIV or another nonairborne communicable disease is not an injury and shall be documented on a CHP 121E, Supervisor's Incident Report - Record Only.

(3) Documentation Retention.

(a) Personnel Files Services shall retain all CHP 121, CHP 121E, and previously required CHP 51, Memorandum, reports relating to possible HIV or communicable disease exposure for 30 years beyond the involved employee's date of separation from the Department. This procedure is the same as what is currently in place for exposure to hazardous materials. All other CHP 121, CHP 121E, and CHP 51 reports relating to possible exposure to communicable diseases shall be retained as specified in the Records Retention Schedule located on the Department's Administrative Services Division Intranet website.

1 The Academy, EMS Unit, shall maintain a Form 091-401, Bloodborne Exposure Log (refer to Annex E) and a Form 091-402, Sharps Injury Log (refer to Annex F).

(4) Employee Medical Treatment. Preventive treatment for tetanus and hepatitis shall be made available at departmental expense for employees injured and/or exposed to another person's body fluids, if deemed necessary by a physician (refer to HPM 10.3, Personnel Transactions Manual, Chapter 20, Injury/Medical Procedures and Benefits).

(5) Medical Director Assistance. The Medical Director may be contacted for consultation with all issues regarding possible exposure to communicable diseases. This includes consultation by departmental personnel regarding the determination of a possible exposure and consultation with outside healthcare providers on behalf of departmental personnel, when requested to do so.

(6) Consultation with the Medical Director does not constitute a formal medical evaluation and should not delay the employee's immediate formal evaluation by a healthcare professional. Contact with the Department's Medical Director may be made through the Academy, EMS Unit.

(a) Nothing in this section shall be construed to mean the source patient's identity may be divulged.

(b) Additionally, this section does not preclude the employee from submitting the required exposure reporting forms, CHP 121 or CHP 121E.

e. Blood Testing Procedures.

(1) Employee Testing.

(a) In every instance in which a CHP 121 or CHP 121E is prepared to document the exposure to the body fluids of another individual, the involved employee shall be offered an immediate formal medical evaluation, which includes consideration of baseline testing for communicable disease exposure, including HIV and hepatitis blood antibodies, as well as TB.

(b) Testing of the employee is not mandatory and shall be conducted only with the consent of the employee. Section 120990 of the California Health and Safety Code (HSC) prohibits the testing of an individual's blood for HIV antibodies without the person's signed written consent.

1 It is the responsibility of the medical facility conducting the test to obtain the required signed consent from the employee.

2 An employee desiring to have testing administered by their personal physician may do so at the Department's expense (refer to HPM 10.3, Chapter 20).

(c) If a test for communicable diseases is conducted, a memorandum indicating that fact shall be completed by a supervisor. The memorandum shall include the name, address, and telephone number of the testing facility. Should the employee choose not to have a test for communicable diseases, this shall also be documented on a memorandum by a supervisor. The memorandum shall be attached to the CHP 121 which documents an exposure involving an injury, or to the CHP 121E which records an exposure with no related injury.

(2) Source Patient Testing. The person involved in the injury and/or exposure to the employee shall be questioned by a supervisor regarding the presence of HIV, hepatitis, or other communicable diseases, and may be requested to submit to a test for HIV, hepatitis antibodies (two separate blood samples are necessary), or other communicable diseases.

(a) A consent form authorizing the test for HIV antibodies is required by law (Section 120990 HSC) and shall be signed by the subject prior to the

test. It is the responsibility of the medical facility conducting the test to obtain the required signed consent.

(b) Except when permitted by law (Section 121060 HSC, and Sections 1524.1 and 7510 of the California Penal Code [PC]), Department employees shall not request or cause any person or entity to test a person's blood for HIV antibodies unless the test subject has provided signed written consent for the test.

(3) Information concerning the communicable disease testing of the subject shall be included within the memorandum prepared by a supervisor to document the communicable disease testing of the employee. The memorandum shall include the name, address, and telephone number of the medical facility conducting the test. Should the subject refuse to authorize a test for communicable diseases and/or the release of test results, the refusal shall be documented on the memorandum.

(4) When a source patient is transported to a medical facility, information included in any medical records which indicates the officer has been exposed to a communicable disease is subject to release. Refer to Medical Director Assistance, paragraph 4.d.(5) of this chapter.

(5) Persons who refuse to authorize an HIV antibody test may be subsequently required by the court or county health officer to submit to an HIV antibody test as indicated below.

(a) Section 121060 of the Health and Safety Code. Personnel who are exposed to an arrestee's blood or bodily fluids shall have a licensed health care provider notify the arrestee of the bloodborne pathogen exposure and make a good faith effort to obtain the voluntary informed consent of the arrestee or the arrestee's authorized legal representative to perform a test for HIV, hepatitis B, and hepatitis C. The voluntary informed consent shall be in writing. Once consent is given in writing, the arrestee shall provide three specimens of blood for testing. If voluntary informed consent is not given in writing, the affected individual may petition, ex parte, the court for an order requiring testing. The petition shall include a written certification by a health care professional that an exposure, including the nature and extent of the exposure, has occurred. The fact that the arrestee's blood/body fluids were transferred to the officer's skin/membranes must be articulated in the arrest report and the criminal complaint to support the officer's petition. A CHP 233A, Petition for Order to Test Accused's Blood, available on the CHP Intranet

website under the CHP Forms tab, shall be used to petition the court for a mandatory HIV test authorized by Section 121060 HSC.

(b) Section 1524.1 of the California Penal Code. An employee who is the victim of a crime (e.g., 242 PC, Battery; 245 PC, Assault) where there is a probable cause to believe that blood has been transferred from the accused to the employee may petition the court to issue a search warrant for an HIV antibody test of the accused. The CHP 233B, Request for Search Warrant to Test Accused's Blood, available on the CHP Intranet website under the CHP Forms tab, shall be used to petition the court for a mandatory HIV test authorized by Section 1524.1 PC.

(c) Section 7510 of the California Penal Code. An officer who believes they have come into contact with the body fluids (e.g., accidental needle stick, providing medical aid) of either an inmate of a correctional institution; a person who has been arrested or taken into custody whether or not the person has been charged with a crime, including persons detained for or charged with an offense for which they may be made a ward of the court under Section 602 of the Welfare and Institutions Code; or a person on probation or parole due to conviction of a crime shall report the incident through completion of California Department of Public Health form CDPH 8459, Report of Request and Decision for HIV, Hep B, and/or Hep C Testing (cdph.ca.gov).

1 Section 7510 PC is not applicable when Section 121060 HSC (interfering with official duties of a peace officer) or Section 1524.1 PC (employee is the victim of a crime, such as assault) more specifically applies to the exposure incident.

2 The CDPH 8459 form shall be submitted by the officer by the end of the shift during which the incident occurred or, if not practical, no longer than two days after the incident, and shall be immediately forwarded to the county health officer for review.

3 The CDPH 8459 form is available through the local county health services office and the CDPH website.

4 The officer shall assist with the investigation of the incident, as requested by the county health officer.

5 The county health officer may require HIV antibody testing of the individual after a review of the incident.

(d) Commanders shall contact the local court and county health officer to discuss HIV testing procedures permitted by Section 121060 HSC and Sections 1524.1 and 7510 PC.

1 An agreement or Memorandum of Understanding should be reached with the local district attorney's office prior to the need to petition for a court order.

2 If appropriate, field Divisions may negotiate this agreement for all commands within a county.

(e) Notwithstanding the ability to request mandatory HIV antibody testing, the preferred method of obtaining HIV antibody test results is through a request by departmental supervisory personnel for the source patient to voluntarily submit to testing.

(f) If the person involved in the injury and/or exposure to the employee does not fall under the requirement of Section 121060 HSC or Sections 1524.1 or 7510 PC, the Department will assume responsibility for payment for testing the person for communicable diseases.

(6) Disclosure of Human Immunodeficiency Virus Antibody Test Results.

(a) Unauthorized Disclosure of Human Immunodeficiency Virus Antibody Test Results. Unauthorized disclosure of HIV antibody test results may result in a \$2,500 to \$25,000 fine and/or possible imprisonment (Section 120980 HSC). Each unauthorized disclosure can result in a separate penalty.

(b) Disclosure of Employee's Human Immunodeficiency Virus Antibody Test Results. The employee's HIV antibody test results are for the personal information of the employee and shall not be submitted to the Department. If the employee subsequently files a worker's compensation or disability retirement claim for an HIV-related condition, the State Compensation Insurance Fund and/or the California Public Employees' Retirement System will need the employee's written authorization to obtain the HIV antibody test results and to waive confidentiality of the test results. The authorization and waiver are for purposes of processing the disability claim.

(c) Disclosure of Nonemployee's Human Immunodeficiency Virus Antibody Test Results.

1 Persons who consent to blood testing for HIV antibodies, or if their HIV status is already known, shall be requested to authorize the disclosure of the test results to the departmental employee and to the Medical Director. The disclosure of the test results to the Medical Director is to ensure the employee receives the proper notification of the test results.

2 California law (Section 120980 HSC) prohibits the disclosure of HIV antibody test results without the individual's written authorization.

3 A separate authorization shall be completed and signed for each disclosure of HIV antibody test results.

a A CHP 233C, Disclosure of HIV Antibody Test Results (PERS), shall be completed for disclosure of HIV antibody test results to the departmental employee.

b A CHP 233D, Disclosure of HIV Antibody Test Results (County), shall be completed for disclosure of HIV antibody test results to the county health officer.

4 There is a narrow exception for first responders who have experienced a significant exposure to the blood or other potentially infectious materials of a patient to learn of the communicable disease infection status of the patient (Section 120260 HSC).

a Section 120262 HSC outlines the due diligence required in obtaining consent from a source patient for both testing of samples and notifications to an exposed person. If the source patient refuses to consent, and blood or a tissue sample has already been collected for medical purposes, the sample may be tested, and the exposed person notified of that test result.

b Section 120263 HSC states no healthcare provider shall be subjected to civil liability or disciplinary action for disclosing the communicable disease status to an exposed individual, or an attending physician of the exposed individual, if the provider acted in good faith in complying with Section 120260 HSC et al.

(7) Document Distribution. Commands shall make at least two copies of the CHP 233A, CHP 233B, CHP 233C, and CHP 233D, and three copies of the CHP 233E. The forms shall be distributed as follows:

(a) CHP 233A and CHP 233B (original, plus two copies).

- 1 Original to be attached with the original report.
- 2 Copy to be forwarded to the appropriate court.
- 3 Copy of original report to be forwarded to the appropriate Division.

(b) CHP 233C and CHP 233D (original, plus two copies).

- 1 Original attached to the medical facility consent form (signed by the individual to authorize the HIV antibody test).
- 2 Copy to be attached to either the original CHP 121 or CHP 121E completed to document the exposure, forwarded to the appropriate Division, then to the Injury and Illness Case Management Unit.
- 3 Copy to the involved employee.

(c) CHP 233E (original, plus three copies).

- 1 Original to be sent to the Academy.
- 2 Copy to Human Resources Section, Personnel Files Services.
- 3 Copy placed in the individual's personnel field folder.
- 4 Copy to individual.

(8) Documentation Retention. Commands shall retain all CHP 233A and CHP 233B reports with the original report. A copy of the CHP 233E shall be retained in the local personnel field folder. Personnel Files Services shall retain all CHP 233A, CHP 233B, CHP 233C, CHP 233D, and CHP 233E reports relating to communicable disease exposure for 30 years beyond the involved employee's date of separation from the Department. Original CHP 233F, Tuberculosis/Influenza Declination Statement, documents shall be retained for the current year, plus three years, in the employee's Area medical file. (Refer to the Department's Records Retention Schedule for appropriate retention and disposition of forms.)

(9) Blood Testing Facility Arrangements.

(a) Commanders shall make prior arrangements for conducting the communicable disease test and for disclosure of the test results with a medical facility to ensure a test is available and the disclosure procedures are acceptable should an employee be exposed.

(b) The need for such arrangements should be thoroughly discussed with the county health officer and other local officials as necessary to ensure around-the-clock consent test availability. Those local discussions will dictate the procedures to be followed on a county-by-county basis.

(c) In all matters relating to source patient testing, the importance of preestablishing sound working relationships with county health officers cannot be overemphasized.

f. Invoice Payment. Invoices for any preventative treatment provided or blood testing expenses incurred from exposure to communicable diseases shall be marked approved and routed to Fiscal Management Section, Accounts Payable Unit.

(1) Vaccination invoices for hepatitis B vaccines shall be labeled "Preventative Hepatitis Injection," reviewed and approved by Division, then routed to Accounts Payable Unit for payment. These invoices are not required to be routed to Disability and Retirement Unit. In the event the physician will not bill the Department, the employee shall utilize the California Automated Travel Expense Reimbursement System (CalATERS Global). All invoices should be in compliance with HPM 11.1, Administrative Procedures Manual, Chapter 24, Payment of Invoices.

(2) Invoices for testing of persons responsible for exposure of employees to communicable disease, not incidental to an arrest, should be marked "approved." A CHP 51 explaining the incident is to be sent by the commander, with the original billing, to the Accounts Payable Unit for payment.

g. Scheduling of Medical Appointments. (Refer to HPM 10.3, Chapter 20.)

(1) Appointments for a hepatitis B vaccine may be scheduled to take place during an employee's regular work hours.

(2) Appointments for medical treatment or communicable disease antibody testing should be scheduled to take place during an employee's regular work hours. When the appointment is scheduled to take place during regular work hours, the employee will receive straight-time compensation for those hours.

(3) If unavoidable circumstances require the appointment be scheduled to take place during a time other than the employee's regular work hours, the employee will attend on a leave of absence with pay.

(4) In no event will an employee earn overtime compensation for the appointment.

h. Employee Notification of Exposure.

(1) Notwithstanding the HIV antibody testing of a source patient's body fluids to which a departmental employee has been exposed, Sections 1797.188 and 1797.189 HSC make provisions for the notification by the county health officer of a peace officer's exposure to a "reportable disease or conditions," including HIV, under specified conditions. This legal provision shall be discussed with county health officers at the local level and procedures developed to ensure officers are afforded the best possible degree of notification.

(2) The notification procedure does not include exposure to persons who have only tested positive for HIV antibodies or have an AIDS-related complex. The name of the individual diagnosed as having AIDS or another reportable disease will not be released to the peace officer.

i. Employee Counseling. Employees who have or may have been exposed to communicable diseases should be encouraged to receive counseling to discuss any concerns they may have as a result of the exposure. Counseling is available as outlined in the Memorandum of Understanding and HPM 10.5, Employee Assistance Manual. Commanders who want to discuss the issues of employee counseling or other concerns relating to communicable disease exposure may contact the Medical Director.

5. ANNUAL TUBERCULOSIS SCREENING/INFLUENZA VACCINATIONS.

a. Screening/Vaccination Period. As required by Title 8, Section 5199 CCR, annual screening for TB and flu vaccinations shall be made available to all uniformed employees with or without current occupational exposure. Tuberculosis screening and flu vaccinations shall be conducted from September 1 through November 30 of each year in accordance with CDC guidelines. Adherence to these guidelines ensures the most current and effective flu vaccine for the current season.

b. Invoice Payment. Uniformed employees shall access their own healthcare provider or established noncontract Area vendor for all screening tests and vaccinations during the designated period. All screening, vaccinations, and subsequent follow-up care shall be conducted during the employee's regularly scheduled work shift. If unavoidable circumstances require the appointment be scheduled at a time other than the employee's regular work hours, the employee will be allowed to attend on a leave of absence with pay. In no event will an employee earn overtime or mileage compensation for any appointment. Reimbursement requests for all out-of-pocket screening and vaccination expenses shall be submitted utilizing CalATERS Global. All claims shall be submitted no later

than December 31 of the current year and shall include the following verbiage in the notes section of CalATERS Global: "Tuberculosis screening/influenza vaccination required per HPM 70.2, Chapter 11."

c. Exposure Reporting. Upon follow-up examination, any uniformed employee having a positive TB screening test shall immediately notify an on-duty Area supervisor prior to leaving their healthcare provider's office. If practicable, a supervisor shall respond to the provider's facility to confirm the medical status of the employee. If unable to respond, the supervisor shall, at a minimum, speak with the treating provider to confirm the employee's status and determine if the employee may return to work. Refer to Exposure Reporting for documentation procedures (paragraph 4.d. of this chapter).

d. Prior Exposure Procedure. In the event a uniformed employee indicates they have a prior positive TB screening history that has or has not been treated, a TB screening test will not be required. The employee shall then have the opportunity to consult with a physician to determine by verbal screening their current TB status or the need for treatment.

e. Tuberculosis/Influenza Declination Statement. All uniformed employees shall be required to indicate their declination to participate in the annual TB screening and flu vaccination program. It is the responsibility of the assigned designee to ensure all declining employees in their command complete a CHP 233F (refer to Annex C) during the screening and vaccination period. Employees may decline either or both services and shall indicate their choice on the CHP 233F. In the event an employee chooses not to sign the CHP 233F, the Area designee shall print the employee's name on the top right corner of the document, indicate the date and write "Declined to Sign" within the signature block. The Area designee shall also sign their name and write their identification number, as a witness, below the signature block. All completed CHP 233F documents shall be filed and retained for the current year, plus three years, in the employee's Area medical file.

6. CONFIDENTIALITY. All medical information made available to the Department is confidential. Managers and supervisors shall take all reasonable steps to ensure the confidentiality of medical records.

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ANNEX A

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

Bloodborne Pathogen Exposure Control Plan: Employees Designated to Provide First Aid as a Collateral Duty for California Highway Patrol

The effective implementation of this Exposure Control Plan (ECP) will eliminate or minimize employee exposure to bloodborne pathogens when employees provide first aid and cleanup-related spills of blood or other potentially infectious materials (OPIM), as a collateral duty in our workplace. The ECP will be made available to employees and their designated representative through the intranet, Highway Patrol Manual 70.2, Emergency Medical Services Manual, Chapter 11, Communicable Disease Exposure/Prevention.

Our organization has reviewed the applicable subsections (d) through (h) of California Code of Regulations (CCR), Title 8, Section (§) 5193, and determined which subsections apply to our organization. This ECP documents and addresses the required procedures accordingly.

Authority and Responsibility

Area commanders have overall authority and responsibility for:

- Implementing the provisions of this ECP in our workplace.
- Reviewing and updating this ECP annually, or sooner.
- Maintaining all necessary personal protective equipment (PPE) and ensuring it is readily available to first aid providers.
- Ensuring first aid providers receive training equal to that of the American Red Cross or the Mine Safety and Health Administration.
- Ensuring employee bloodborne pathogen training.
- Ensuring there is active involvement of employees in reviewing and updating the ECP with respect to the procedures performed by the first aid providers. This will be accomplished by **ensuring personnel review the policy annually.**

In addition, all managers and supervisors are responsible for implementing and maintaining the ECP in their assigned work areas and for ensuring employees receive answers to questions about the plan in a language they understand.

Employees responsible for providing first aid and cleaning up blood or OPIM must do so in accordance with their training and must follow the requirements of this ECP.

Exposure Determination

This ECP only addresses the occupational exposure of employees who provide first aid and cleanup-related spills of blood or OPIM as a collateral duty. The following tasks and procedures entail occupational exposure:

- Providing pressure to a wound to stop bleeding.
- Cleaning or bandaging a wound.
- Transporting or otherwise assisting an employee who has an open wound or is bleeding.
- Administering cardiopulmonary resuscitation.
- Handling broken glass or other sharp items that may be contaminated with blood or OPIM.
- **Cleaning or handling of items that are contaminated with blood.**

The following employees have been designated to provide first aid and cleanup-related spills of blood or OPIM:

Job Classification
Uniformed Personnel
Professional Staff

Exposure determinations are made without regard to the use of PPE or other types of protection.

Exposure Control

Employees must observe universal precautions when they provide first aid, or clean up blood, OPIM, or any other body fluids that are difficult or impossible to identify,

Handwashing Facilities

Employees will wash hands and any other potentially contaminated skin immediately, or as soon as feasible, and after removal of PPE or other types of protection. Such facilities will always be readily accessible, where feasible, and meet T8CCR, Article 9, Sanitation, requirements.

When readily available handwashing facilities are not feasible, either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes will be provided. When antiseptic hand cleansers or towelettes are used, hands must be washed afterward with soap and running water as soon as feasible.

Work Practice Controls

All procedures will be done in a manner that minimizes splashing, spraying, splattering, and generation of droplets of blood or OPIM. These control measures will be evaluated and updated on a regular basis.

First Aid/Cleanup Task	Work Practice Control
Cleanup of sharp or broken objects	Shovel/scoop or other reasonable tool
First Aid	Gloves, mask, gown, pocket mask, bag-valve-mask (BVM), as needed

Employees will not be using needles/needleless devices or systems, or non-needle sharps such as scalpels, when rendering first aid.

There will be no eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses while providing first aid and cleaning up blood or OPIM, and only after employees have removed all PPE and properly washed their hands and potentially contaminated skin.

Personal Protective Equipment

All PPE used at this facility, such as gloves, gowns, laboratory coats, face shields or masks, and eye protection, are provided at no cost to employees and will be chosen based on the anticipated exposure to blood or OPIM. The PPE will be provided in appropriate sizes and will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration the protective equipment will be used.

The PPE will be provided to employees in the following manner:

Employees will have access to PPE at their Area office. It is incumbent upon employees to obtain PPE as needed, and immediately notify a supervisor if they are unable to access PPE in serviceable condition.

The following tasks require the use of the listed PPE and other protective equipment:

Task	Required Protection
Rendering first aid	Gloves, mask, gown, pocket mask/BVM as needed
Cleanup of sharp or broken objects	Shovel/scoop or other reasonable tool
Handling blood-saturated items	Gloves, mask, gown as needed Appropriate biohazard disposal

Employee bloodborne pathogen training will include information on what PPE is appropriate for providing first aid and cleaning up blood and OPIM.

All garments that are penetrated by blood or OPIM will be removed immediately, or as soon as feasible. All PPE will be removed before leaving the work area. **Garments saturated in blood should be placed in a red biohazard bag and sealed. Ensure any portion of your body is properly decontaminated if blood contacts your skin. Notify your supervisor as soon as practical.**

Disposable gloves used at this facility are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated, or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Cleaning and Decontamination of the Workplace

Decontamination of areas and equipment that have been contaminated with blood or other potentially infectious materials will be done immediately, or as soon as feasible.

- The methods for cleaning and decontamination that are appropriate for the type of surface or equipment, and type of contamination present.
- Environmental Protection Agency registered tuberculocidal disinfectants and solutions of 5.25% sodium hypochlorite (household bleach) diluted between 1:10 and 1:100 with water is considered appropriate for this purpose. While soap and water may be appropriate for general cleaning purposes, it is not appropriate for decontamination of blood or OPIM. Other commercially available disinfectants can be used, utilizing the manufacturers' recommended amounts.

Sharp Objects (Sharps) and Regulated Waste

The following exposure controls will be implemented:

- Broken glass and other sharp objects (sharps) that may be contaminated will not be picked up directly with the hands. Only mechanical means, such as a brush and dustpan, tongs, or forceps, will be used.
- This material will be immediately, or as soon as possible, placed in a sharps container meeting the requirements of T8CCR § 5193(d)(3)(D).
- Suitable sharps containers will be readily accessible by including them as a component of the first aid kits employees use to provide first aid.
- The contents of sharps containers will not be accessed unless properly reprocessed or decontaminated. Sharps containers will not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of a sharps injury.
- Non-sharps waste will be placed in non-sharps containers meeting the requirements of T8CCR § 5193(d)(3)(E)(3).

Handling, storage, treatment, and disposal of all regulated waste will be in accordance with Health and Safety Code, Chapter 6.1, Sections 117600 through 118360, and other applicable regulations of the United States (U.S.), the state, and political subdivisions of the state. Disposal of sharps and non-sharps containers will follow T8CCR § 5193(d)(3)(E) requirements.

Vaccination and Post-Exposure Evaluation Follow-up

All medical evaluations, procedures, hepatitis B virus (HBV) vaccinations, and prophylaxis are:

- Made available at no cost to the employee.
- Made available to the employee at a reasonable time and place.
- Performed by or under the supervision of a licensed physician or other licensed healthcare professional.
- Provided according to current recommendations of the U.S. Public Health Service.

HBV Vaccination

The California Highway Patrol Academy has elected to offer first aid providers the HBV vaccination within ten days of their initial assignment. This will be done after the first aid provider has received the required training addressing the safety, benefits, efficacy, method of administration, and availability of the vaccine, unless one of the following applies:

1. The employee has previously received the complete HBV vaccination series.
2. Antibody testing shows the employee to be immune.
3. The vaccine cannot be given for medical reasons.

Employees are not expected to participate in a prescreening program as a prerequisite for receiving HBV vaccinations.

Employees who decline the HBV vaccine will sign a **Hepatitis B Vaccine Declination** (Annex B). This documentation is **maintained within each employee's personnel folder**.

Employees who initially decline the vaccine, but who later wish to be vaccinated, will be provided the vaccine at that time.

Vaccinations will be provided by the **Academy, Emergency Medical Services (EMS) Unit staff**, unless personnel refuse and sign the **Hepatitis B Vaccine Declination**.

Post-Exposure Evaluation and Follow-up

An employee who has an exposure incident must complete the **First Aid Incident Report** form (Annex D) and provide it to **their immediate supervisor** before the end of the shift. The route of exposure and the circumstances related to the incident will be documented. **Upon a potential bloodborne exposure event occurring, the Academy, EMS Unit, shall be notified as soon as practical.** Supervision at the Area office shall ensure the exposed employee is immediately transported to the appropriate medical facility for treatment and evaluation. The Academy, EMS Unit, will ensure the departmental Medical Director is notified of the incident and will coordinate with local healthcare personnel as needed. The Academy, EMS Unit, will maintain the Sharps Injury Log, which will be documented within 14 days of the incident.

Follow-up will include the following elements:

- The identification of the source individual and, if possible, the person's human immunodeficiency virus (HIV)/HBV/hepatitis C virus (HCV) status.
- As soon as feasible, and after consent is obtained, the source individual will be tested for HIV/HBV/HCV infectivity, if not already established.

The employee will be offered, as soon as possible, the option of having their blood collected for testing to determine HIV/HBV/HCV serological status. If the employee initially declines HIV testing, the blood sample will be preserved for at least **90 days** to allow the employee to have the blood tested at a later date.

The information required by T8CCR § 5193(f)(4) will be provided to the healthcare professional. The healthcare professional's written opinion will be obtained and provided to the exposed employee within 15 days of completion of the evaluation, according to T8CCR § 5193(f)(5) requirements.

The employee will be offered post-exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service. Counseling and evaluation of reported illnesses will be provided to the employee.

Employee Training

All employees assigned to provide first aid and clean up blood or OPIM will participate in a training program, at no cost to the employees and during working hours. The training will be provided as follows:

- At the time of initial assignment to provide first aid.
- At least annually.
- As needed when there are changes in procedures, or when new exposure hazards are identified.
- By trainers who are knowledgeable in the subject matter covered by the training as it relates to the workplace.

The training material used will be appropriate in content and vocabulary to the educational level, literacy, and language of the employees and contain, at a minimum, the following elements:

1. An accessible copy of the regulatory text of this standard and an explanation of its contents.
2. A general explanation of the epidemiology and symptoms of bloodborne diseases.

3. An explanation of the modes of transmission of bloodborne pathogens.
4. An explanation of the ECP and how the employee can obtain a copy of the written plan.
5. An explanation of how to recognize tasks and other activities that may involve exposure to blood and OPIM.
6. An explanation of the use and limitations of methods that will prevent or reduce exposure, including appropriate engineering controls, administrative or work practice controls, and PPE.
7. Information on the types, proper use, location, removal, handling, decontamination, and disposal of PPE.
8. An explanation of the basis for the selection of PPE.
9. Information on the HBV vaccine, including its efficacy, safety, and method of administration; the benefits of being vaccinated; and that the vaccine and vaccination are provided free of charge.
10. Information on the appropriate actions to take, and persons to contact, in an emergency involving blood or OPIM.
11. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available, and the procedure for recording the incident on the Sharps Injury Log.
12. Information on the post-exposure evaluation and follow-up required to be provided for the employee following an exposure incident.
13. An explanation of the signs and labels and/or color coding required by T8CCR § 5193(g)(1).
14. An opportunity for interactive questions and answers with the person conducting the training session.

Recordkeeping

Medical, training, and Sharps Injury Log information will be maintained by **the Academy, EMS Unit**, in accordance with T8CCR § 5193(h) requirements. **Area commanders will ensure the appropriate documentation is forwarded to the Academy, EMS Unit, within 14 days of occurrence.**

All records will be made available in accordance with T8CCR § 5193(h)(4) requirements.

S. A. DURYEE
Commissioner
California Highway Patrol

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ANNEX C

CHP 233F, TUBERCULOSIS/INFLUENZA DECLINATION STATEMENT

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL TUBERCULOSIS/INFLUENZA DECLINATION STATEMENT CHP 233F (Rev. 12-12) OPI 091	
Tuberculosis Screening Declinations Statement (Mandatory)	
The Department shall ensure that employees who decline to accept the recommended tuberculosis screening offered by the Department sign and date the following statement.	
I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring infection with tuberculosis (TB). I have been given the opportunity to receive TB screening for the pathogen at no charge to me. However, I decline TB screening at this time. If, in the future and during the Department mandated screening period, I continue to have occupational exposure to this aerosol transmissible disease and choose to receive TB screening, I can receive the screening at no charge to me.	
EMPLOYEE SIGNATURE _____	DATE _____
John Smith PRINTED NAME	45608 ID NO.
Seasonal Influenza Vaccination Declinations Statement (Mandatory)	
The Department shall ensure that employees who decline to accept the seasonal influenza vaccination offered by the Department sign and date the following statement.	
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 Center for Disease Control recommends administration of the influenza vaccine (Sept. 1st - Nov. 30th), 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 SIGNATURE _____	DATE _____
John Smith PRINTED NAME	45608 ID NO.
<i>Safety, Service, and Security</i>	
<small>Chp233F_1212.pdf</small>	

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ANNEX D

CHP 342, BLOOD AND BODY FLUID EXPOSURE REPORT FORM

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL			EXPOSURE EVENT NUMBER
BLOOD AND BODY FLUID EXPOSURE REPORT FORM			001
CHP 342 (New 6-24) OPI 091			
NAME OF EXPOSED EMPLOYEE (Last, First)	I.D. NUMBER	DATE OF EXPOSURE	TIME OF EXPOSURE
Smith, John	45608	08/30/2024	08:25
JOB TITLE	LOCATION CODE	LOCATION WHERE EXPOSURE OCCURED	
Officer	091		
NAME AND I.D. NUMBER OF PERSON COMPLETING FORM			
Section I. Type of Exposure (Check all that apply.)			
<input type="checkbox"/> Needle or sharp object that was in contact with blood or body fluids (Complete Sections II, III, IV, and V) <input type="checkbox"/> Check below <u>and</u> complete Sections III, IV, and VI. <input type="checkbox"/> Mucous Membrane <input type="checkbox"/> Skin <input type="checkbox"/> Bite (Complete Sections III, IV, and VI) <input type="checkbox"/> Other (Describe): _____			
Section II. Needle/Sharp Device Information (If exposure was from a needle, provide the following information about the device involved.)			
NAME OF DEVICE			<input type="checkbox"/> Unknown/Unable to determine
BRAND/MANUFACTURER			<input type="checkbox"/> Unknown/Unable to determine
DID THE DEVICE HAVE A SHARPS INJURY PREVENTION FEATURE, I.E., A "SAFETY DEVICE"?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unable to determine			
IF YES, WHEN DID THE INJURY OCCUR?			
<input type="checkbox"/> Before activation of safety feature was appropriate. <input type="checkbox"/> Safety feature failed after activation. <input type="checkbox"/> During activation of the safety feature. <input type="checkbox"/> Safety feature not activated. <input type="checkbox"/> Safety feature improperly activated. <input type="checkbox"/> Other: _____			
DESCRIBE WHAT HAPPENED WITH THE SAFETY FEATURE, E.G., WHY IT FAILED OR WHY IT WAS NOT ACTIVATED:			
Section III. Employee Narrative (Optional.)			
DESCRIBE HOW THE EXPOSURE OCCURRED AND HOW IT MIGHT HAVE BEEN PREVENTED:			
<hr/> <div style="display: flex; justify-content: space-between; font-size: small;"> Page 1 of 2 Note: This is not a CDC or Cal/OSHA form. Procedures for maintaining employee confidentiality must be followed. Chp342_0724.pdf </div>			

BLOOD AND BODY FLUID EXPOSURE REPORT FORM

CHP 342 (New 6-24) OPI 091

EXPOSURE EVENT NUMBER

001

Section IV. Exposure and Source Information

A. Exposure Details: (Check all that apply.)

1. Type of fluid or material. (For body fluid exposures only, check which fluid in adjacent box.)

- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> Blood/blood products | <input type="checkbox"/> Urine | <input type="checkbox"/> Sputum |
| <input type="checkbox"/> Visibly bloody body fluid* | <input type="checkbox"/> Amniotic | <input type="checkbox"/> Feces/Stool |
| <input type="checkbox"/> Non-visibly bloody body fluid* | <input type="checkbox"/> Saliva | <input type="checkbox"/> Semen/Vaginal |
| <input type="checkbox"/> Visibly bloody solution (e.g., water used to clean a blood spill) | | |

*Identify which body fluid

2. Body site of exposure. (Check all that apply.)

- | | | | |
|--------------------------------------|------------------------------|--|-------------------------------|
| <input type="checkbox"/> Hand/finger | <input type="checkbox"/> Eye | <input type="checkbox"/> Mouth/nose | <input type="checkbox"/> Face |
| <input type="checkbox"/> Arm | <input type="checkbox"/> Leg | <input type="checkbox"/> Other (Describe): _____ | |

3. If needle exposure:

Depth of injury (Check only one.)

- Superficial (e.g., scratch, no or little blood)
 Moderate (e.g., penetrated through skin, wound bled)
 Deep (e.g., intramuscular penetration)
 Unsure/Unknown

Was blood visible on device before exposure? Yes No Unsure/Unknown

4. If mucous membrane or skin exposure: (Check only one.)

Approximate volume of material

- Small (e.g., few drops)
 Large (e.g., major blood splash)

If skin exposure, was skin intact? Yes No Unsure/Unknown

B. Source Information

1. Was the source individual identified? Yes No Unsure/Unknown

Section V. Sharps Injury Circumstances

A. What device or item caused the injury?

- | | |
|--|---|
| <input type="checkbox"/> Needle | Other sharp objects |
| Glass | <input type="checkbox"/> Bone chip/chipped tooth |
| <input type="checkbox"/> Capillary tube | <input type="checkbox"/> Lancet |
| <input type="checkbox"/> Pipette (glass) | <input type="checkbox"/> Razor |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Scissors |
| Other device or item | <input type="checkbox"/> Other type of sharp object |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Sharp object, type unknown |

Section VI. Mucous Membrane Exposures Circumstances

A. What barriers were used by worker at the time of the exposure? (Check all that apply.)

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Gloves | <input type="checkbox"/> Goggles |
| <input type="checkbox"/> Eyeglasses | <input type="checkbox"/> Face Shield |
| <input type="checkbox"/> Mask | <input type="checkbox"/> Gown |
| <input type="checkbox"/> Other (Describe): _____ | |

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