

MACOMB COUNTY COMMUNITY MENTAL HEALTH

BLOODBORNE PATHOGENS


EXPOSURE CONTROL PLAN

APPROVED BY:


  
Medical Director

5/12/11  
Date

ANNUAL REVIEW:

  
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7/3/12  
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6/6/14  
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COPY TO MACOMB COUNTY RISK MANAGEMENT

**MACOMB COUNTY COMMUNITY MENTAL HEALTH  
EXPOSURE CONTROL PLAN  
BLOODBORNE INFECTIOUS DISEASES**

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## **I. PURPOSE**

Macomb County Community Mental Health (MCCMH) is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to blood borne pathogens in accordance with Rule 4 of the Michigan Department of Consumer and Industry Services, Michigan Occupational Safety and Health Administration (MIOSHA) - Division of Occupational Health 325.70001-70018 BLOODBORNE INFECTIOUS DISEASES STANDARD (hereafter referred to as the Standard).

The ECP describes methods of compliance with applicable requirements of the Standard and includes:

- Risk Assessment
- Determination of staff exposure
- Implementation of various methods of exposure control, including:
  - Standard (including Universal) precautions;
  - Engineering and work practice controls;
  - Personal protective equipment;
  - Housekeeping;
  - Hepatitis B vaccination;
  - Post-exposure evaluation and follow-up;
  - Communication of hazards and training to employees, volunteers, independent contractors and interns;
  - Record keeping;
  - Procedures for evaluating circumstances surrounding an exposure incident

## **II. RISK ASSESSMENT**

MCCMH provides services for individuals with mental illnesses and developmental disabilities. Maintenance of safe and “normalized” therapeutic environment are essential components of treatment programs. These services and settings differ significantly from those of acute care hospitals where services are primarily medical and surgical.

The degree of risk for exposure to bloodborne diseases in the behavioral health setting is generally less than at an acute hospital. There are minimal work practices involving direct contact. Primary work activities include outpatient therapy, case management, and psychosocial rehabilitation.

There are situations, events, and procedures that occur where the risk is similar and procedures have been adapted to maintain an effective risk management program.

## **III. PROGRAM ADMINISTRATION**

Macomb County Community Mental Health is responsible for the implementation of the ECP and, in conjunction with the Macomb County Human Resources and Labor Relations Department, will maintain, review, and update the plan at least annually and whenever necessary to include new or modified tasks and procedures. Employees responsible for direct patient care and who are at risk of potential exposure to bloodborne pathogens will be included in the review process.

The employees who are determined to be at risk of occupational exposure to blood and other potentially infectious materials **MUST** comply with the procedures and work practices outlined in this ECP.

Macomb County Community Mental Health (MCCMH) will maintain and provide all necessary personal protective equipment, engineering controls, labels, and red bags as required by the MIOSHA Bloodborne Infectious Diseases Standard.

#### **IV. ACCESSIBILITY OF THE EXPOSURE CONTROL PLAN**

Employees, independent contractors, volunteers, and interns of MCCMH may examine this ECP during the individual's regular working hours or at such other times as is reasonable. Employees, volunteers, and interns covered by the bloodborne infectious disease standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual update training.

MIOSHA standards afford individuals the right of access to the ECP, their own medical and exposure records, and to information on the handling, storage and disposal of hazardous materials in the workplace. With the exception of the individual's medical and exposure records which must be kept confidential, the above materials are maintained and located in each direct service unit at the First Aid site to allow each individual easy access.

#### **V. REVIEW**

This ECP shall be reviewed at least annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised staff positions. Such a review shall consider changes in the individual's tasks and procedures and the latest information from the Centers for Disease Control or the Michigan Department of Consumer and Industry Services.

In the event that the requirements of this ECP or the compliance requirements of the Standard should conflict with established infection control procedures, the more protective procedure will be followed to obtain the maximum protection for the consumer and the worker.

#### **VI. MCCMH EXPOSURE DETERMINATION OF EMPLOYEES, VOLUNTEERS, AND INTERNS**

"Exposure" means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an individual's duties. This definition excludes incidental exposures that may take place on the job, and that are neither reasonably nor routinely expected and that the worker is not required to incur in the normal course of employment.

The list of job classifications in which all individuals in the class "whose job functions define tasks of direct health care associated with consumer contact which subsequently may put them at risk of occupational exposure to bloodborne pathogens or other potentially infectious material." All category A individuals are required to comply with this

ECP and with the requirements of the Standard. Any failure to comply may be cause for disciplinary action.

NOTE: The standard requires MCCMH to evaluate routine and reasonably anticipated tasks and procedures to determine whether there is actual or reasonably anticipated exposure to blood or other potentially infectious material. Based on this evaluation, all individuals shall be categorized into category A or B, as the following table outlines. An individual with a job classification that falls outside of category A may be held to category A compliance requirements on a case by case basis.

<i>CATEGORY A</i>	<i>CATEGORY B</i>
Category A consists of occupations that require procedures or other occupation-related tasks that involve exposure or reasonably anticipated exposure to blood or other potentially infectious material or that involve a likelihood for spills or splashes of blood or other potentially infectious material. This includes procedures or tasks conducted in non-routine situations as a condition of employment or contract.	Category B consists of occupations that do not require tasks that involve exposure to blood or other potentially infectious material on a routine or non-routine basis as a condition of employment. MCCMH employees, independent contractors, volunteers, and interns in Category B occupations do not typically perform or assist in emergency care or first aid and are not reasonably anticipated to be exposed in any other way.
Therapist II	Executive Director
Therapist III	Deputy Director
MI Adult ACT Caseworker II	Medical Director
MI Children's Single Entry Therapist	Director
Case Manager II	Administrative Secretary
Case Manager III	Typist I
Program Supervisor	Typist II
Occupational Therapist-Registered	Typist III
Psychologist	Typist IV
Registered Nurse	Administrative Assistant I
Specialist I	Administrative Assistant II
Specialist II	Administrative Assistant III
Mental Health Worker II	Administrative Assistant IV
Mental Health Worker III	Secretary
Dietitian	Account Clerk I
Psychiatrist	Account Clerk II
Administrative Assistant I, II, III - ORR	Account Clerk III
Peer Support Specialist	Account Clerk IV

## **VII. METHODS OF IMPLEMENTATION AND CONTROL**

### **A. ENGINEERING AND WORK PRACTICE CONTROLS**

Engineering and work practice controls shall always be utilized in situations where exposure may occur. The following are considered work areas:

- Medication Rooms
- Physician Medication Review Rooms
- All corridors and consumer areas
- Consumer interview/therapy rooms
- Vehicles transporting consumers

## Consumer's living environment during periods of community outreach

### 1. Standard (including Universal) Precautions

"Standard Precautions" (including Universal Precautions) is the name used to describe a prevention strategy in which all blood and potentially infectious materials are treated as if they are, in fact, infectious, regardless of the perceived status of the source individual. Whether or not you think the blood/body fluid is infected with bloodborne pathogens, treat it as if it is. This approach is used in all situations where exposure to blood or potentially infectious materials is possible.

Employees, independent contractors, volunteers, and interns shall observe Standard Precautions in performing job functions involving tasks of direct health care associated with consumer contract to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiating between body fluid type is difficult or impossible, all body fluids will be considered potentially infectious materials.

### 2. Hand Washing

Hand washing is one of the most important (and easiest) practices used to prevent transmission of bloodborne pathogens.

Hand washing facilities will be made available to employees who incur exposure to blood and other potentially infectious materials.

Employees are to be advised of the location of hand washing facilities at the time of initial training by their supervisor.

If there has been no contact with blood or other potentially infectious materials and hand washing facilities are not readily available, employees are to be provided with an alcohol based antiseptic cleanser. If this alternative is used, employees must wash their hands with soap and running water warm water as soon as possible.

Proper hand hygiene technique shall be utilized, including vigorous rubbing of the palms and fingers together for at least fifteen (15) seconds, and cleansing under nails.

Employees will wash their hands immediately after removal of personal protective clothing and equipment and will wash their hands or any other skin area immediately following contact of such body areas with blood or other potentially infectious materials.

Because hand washing is so important, everyone should familiarize himself/herself with the location of the hand washing facilities nearest to you. Hand washing sinks are readily accessible to Medication rooms and normal working areas, i.e., no farther than what would be considered a reasonable location for a restroom.



Alcohol-based antiseptic hand cleansers are available, and shall be used, to provide cleansing of hands when staff do not have ready access to a sink, such as on community outreach visits. Staff must wash hands with soap and water (for at least 15 seconds) as soon as feasible after alcohol-based antiseptic cleanser is used.

All employees, independent contractors, volunteers, and interns shall wash hands using soap, running water and friction in the following situations:

- a. Prior to direct contact with skin or body fluids.
- b. Hands or other exposed skin should be thoroughly washed as soon as feasible following contact with blood or other potentially infectious materials. Skin surfaces should be washed with soap and water, supplied at each sink. Use soft, antibacterial soap, if possible. Avoid harsh, abrasive soaps, as these may open fragile scabs or other sores.
- c. Immediately or as soon as possible after removal of gloves or other personal protective equipment.
- d. As soon as feasible after wiping hands with alcohol-based antiseptic hand cleansers.

3. Eating and Drinking

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of potential exposure.

4. Review

Macomb County Community Mental Health Department is responsible for the implementation of the Bloodborne Pathogens Exposure Control Plan and will, in conjunction with the Macomb County Human Resources and Labor Relations Department, maintain, review, and update the plan at least annually and whenever necessary to include new or modified tasks and procedures.

**B. SHARPS**

1. Disposable Syringes and Needles

Only disposable syringes and needles will be used. Contaminated disposable needles will not be bent, recapped or removed. Shearing or breaking of contaminated needles is also prohibited.

2. Sharps Disposal

- a. Contaminated sharps will be disposed of immediately after use.
- b. Contaminated sharps will be disposed of in the Sharps containers. The container will either be red or be affixed with a fluorescent

orange or orange-red label with letters in contrasting colors and a bio-hazard symbol.

- c. The disposable sharps containers are located in medication rooms.

The containers must be maintained upright throughout use, replaced routinely, and not allowed to overfill. The containers must be placed low enough to provide the shortest staff member with a clear view of the top of the container to avoid accidental needle sticks if something is protruding. The containers will be replaced when reaching the level as designated on container (3/4 full). Containers must be discarded routinely (every 90 days) per MIOSHA regulations.

Safety self-sheathing needle and syringes are standard equipment for medication administration. Follow the manufacturer's directions for use. Secured units are placed in a rigid container with a bio-hazard emblem and transported to a sharps container for disposal as regulated medical waste. Containers of contaminated sharps will be closed prior to removal.

### 3. Engineering Controls

Engineering controls will be utilized to eliminate or minimize exposure to employees. The following engineering controls will be used by MCCMH:

- a. Sharps containers (in all areas where sharps are generated.)
- b. Puncture resistant covered waste containers with heavy gauge waste liners for the disposal contaminated waste (in all areas where waste is generated)
- c. Safety needle devices (e.g., retractable or self-sheathing needle devices) must be used whenever possible.

- 4. For other information about handing of sharps, including transportation, disposal and recordkeeping, see the MCCMH Medical Waste Management Plan, in the Infection Control Binder (red binder located near the First Aid kit at each site.)

## C. SPECIMENS

MCCMH does not collect or handle body fluid specimens.

## D. PERSONAL PROTECTIVE EQUIPMENT (PPE)

It is extremely important to use personal protective equipment and work practice controls to protect yourself from bloodborne pathogens. It is essential to have a barrier between you and the potentially infectious material. In any situation where you may be exposed to bloodborne pathogens, ensure you are wearing the appropriate personal protective equipment (PPE).

1. Use

MCCMH employees, independent contractors, volunteers, and interns are instructed that Personal Protective Equipment is readily available to them and required for use whenever there is a risk of exposure to bloodborne pathogens or other potentially infectious material.

2. Limited Exception for Use of PPE

- a. MCCMH will ensure that employees, independent contractors, volunteers, and interns use appropriate PPE unless the individual temporarily and briefly declines to use it. There are rare and extraordinary circumstances and if it is his/her professional judgment that in this specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the individual or co-worker. As soon as the situation changes, the individual is expected to implement the full use of all PPE. The fact that PPE might alarm a consumer or make a procedure more difficult is not adequate reason not to use it.
- b. In all circumstances when an employee, independent contractor, volunteer, or intern makes a judgment not to use and does not use PPE, MCCMH will investigate and document the circumstances in order to determine whether changes can be instituted to prevent such occurrences in the future. For Macomb County employees, a MIOSHA Form 301, Injury and Illness Incident Report (Appendix A) shall be completed by the Supervisor and submitted to the MCCMH Deputy Director, who shall review and send to the Quality Assurance Coordinator and the Macomb County Human Resources Department. For non-employees, a Macomb County Accident / Incident Report – Personal Injury form (Appendix B) shall be completed by the Supervisor and submitted to the MCCMH Deputy Director, who shall review and send to the Quality Assurance Coordinator and the Macomb County Human Resources and Labor Relations Department. The QA Coordinator shall include such incidents in the prepared quarterly report for submission to the QA Committee for purposes of risk management monitoring.

3. Locations

Barrier Packs stocked with appropriate PPE are available at First Aid sites; a travel pack is available for vehicles during community outreach visits.

4. Gloves

Gloves shall be provided by the Macomb County Human Resources and Labor Relations Department, and may be made of latex, vinyl, nitril, rubber, or other water impervious materials. If glove material is thin or

flimsy, double gloving can provide an additional layer of protection. Also, if you know you have cuts or sores on your hands, you should cover these with a bandage or similar protection as an additional precaution before donning your gloves.

Inspect gloves for damage, tears or punctures before putting them on. If a glove is damaged, don't use it!

Remove contaminated gloves carefully. Do not touch the outside of the gloves with any bare skin, and be sure to dispose of them in a proper manner.

Gloves shall be changed between consumer contact. Disposable (single use) gloves shall be replaced as soon as practical if contaminated or as soon as feasible if torn, punctured, or ineffective as barriers. Disposable gloves shall not be washed or decontaminated for reuse. After use, disposable gloves will be placed in the appropriately designated container for disposal.

Appropriate protective gloves must be worn whenever:

- a. Any hand contact with blood, other potentially infectious materials, mucous membranes, non-intact skin, contaminated items or surfaces is reasonably anticipated or in emergency at risk situations.
- b. Touching objects or surfaces contaminated with blood/body fluids.
- c. Healthcare worker has cuts, abraded skin, chapped hands, and dermatitis of the like.
- d. Contact with respiratory secretions.
- e. Processing infectious waste.
- f. Cleaning contaminated surfaces and objects.
- g. Handling sharps containers.

Procedures:

- a. Wash hands or other surfaces immediately and thoroughly if contamination with blood/other potentially infectious material occurs with a 10% bleach to water solution.
- b. Apply new disposable gloves between procedures on the same client.
- c. Replace gloves when they are contaminated, visibly soiled, torn, punctured, or when the barrier is compromised. Do not wash or decontaminate disposable gloves for re-use.
- d. Discard used gloves by placing in a disposable plastic bag. However, if the gloves are visibly fluid (if gloves look "wet"), they are considered to be regulated medical waste, and must be discarded into a bio-hazard bag.
- e. Wash hands immediately
- f. Wear Band-Aids over cuts under gloves.

## 5. Other PPE

If a situation occurs where contact with blood or other potentially infectious body fluids is anticipated, Personal Protective Equipment Packs (PPE) are available at each site at the First Aid location.

6. Removal and Disposal

PPE or clothing is penetrated by blood or other potentially infectious materials, the employee, independent contractor, volunteer, or intern must remove and replace it immediately or as soon as feasible.

PPE contaminated with blood or other potentially infectious materials will be immediately deposited and sealed in the plastic bag provided in the Biohazard Cleaning Kit.

All PPE must be removed prior to leaving the actual work area where the potential exposure existed, e.g., medication room, etc.

7. For additional information about personal protective equipment please refer to the MCCMH Standard Operating Procedures, in the red Infection Control Binder (located near the First Aid Kit at each site.)

**E. STANDARD OPERATING PROCEDURE**

1. All Standard Operating Procedures shall be followed by MCCMH staff.

1. Please refer to the MCCMH Standard Operating Procedures, in the red Infection Control Binder (located near the First Aid Kit at each site) for Standard Operating Procedures for the following:

- a. Administration of Injections
- b. Cardio-Pulmonary Resuscitation (CPR)
- c. Handling Contaminated Articles
- d. Basic First Aid
- e. Blood Spill Clean-Up

**VIII. HOUSEKEEPING / CLEANING BLOOD SPILLS**

1. MCCMH shall be maintained in a clean and sanitary condition.

2. For the cleaning of a spill of blood or other potentially infectious materials, follow the steps outlined below:

- Use the Bio-hazard Cleaning Kit available at the First Aid Location (using 10% bleach to water solution or professional biohazard cleaning solution).
- Read the directions included in the Bio-hazard Cleaning Kit.
- Follow each step of the directions.
- Supervisor/designee or nurse will contact the waste management company contract through MCCMH for a pick-up of the contaminated items.

## **IX. LAUNDRY**

The services provided at the MCCMH sites do not produce soiled laundry. However, in the unlikely event that staff becomes involved in a bloodborne pathogen exposure incident and his/her personal clothing becomes contaminated with blood or other potentially infectious material, the procedures under paragraph XIII.B.7., below, shall be followed.

## **X. REGULATED WASTE**

- A. MCCMH regulated waste consists of disposable syringes and needles. Regulated waste includes 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; and pathological and microbiological wastes containing blood or other potentially infectious materials. Briefs, underpads, and linens soiled with urine and/or feces are not considered infectious materials in regard to blood borne pathogens waste disposal.
- B. For disposal of regulated waste, MCCMH will provide containers that are closeable, constructed to contain all contents and prevent leakage of fluids, and that are colored red with letters in contrasting colors and a bio-hazard symbol. The containers will be closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- C. A contracted medical waste disposal company per MIOSHA regulations removes containers. In case of a regulated waste spill the supervisor/designee or nurse at the site will contact the waste management company to empty/pick up the container immediately.
- D. Disposal of all regulated wastes will be in accordance with applicable regulations and laws and as outlined in the MCCMH Medical Waste Management Plan.

## **XI. LABELS**

MCCMH utilizes the fluorescent orange-red with lettering and symbols in a contrasting color to identify and communicate a potential bio-hazard. Red bags may be substituted in place of the bio-hazard symbol.

## **XII. HEPATITIS B VACCINATION**

Macomb County Human Resources Department will refer new employees, independent contractors, volunteers, and interns t for training on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability. The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees, independent contractors, volunteers, and interns whose job classifications are identified as Category A in the exposure determination section of this plan.

Vaccination is encouraged unless:

- Documentation exists that the employee, independent contractor, volunteer, or intern has previously received the series
- Antibody testing reveals that the employee, independent contractors, volunteer, or intern is immune
- Medical evaluation shows that vaccination is contraindicated.

Vaccination will be provided by the occupational health clinic listed in MCCMH MCO Policy 10-050.

If an employee, independent contractor, volunteer, or intern chooses to decline vaccination, he/she must sign a declination form (see Exhibit D). Employees, independent contractors, volunteers, or interns who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at Macomb County Human Resources, 10 North Main Street, 4<sup>th</sup> Floor, Mt. Clemens, MI 48043.

At the annual update training, the MCCMH Training Office shall repeat the offer of the hepatitis B vaccination series to employees, independent contractors, volunteers, and interns. Employees, independent contractors, volunteers, and interns shall be informed that the hepatitis B vaccination series will be available at **any** time and that they need not wait until the annual training to obtain a hepatitis B vaccination.

### **XIII. POST-EXPOSURE EVALUATION AND FOLLOW-UP**

#### **A. Exposure Evaluation**

Despite protective efforts, there is always a possibility that an employee will be exposed to blood or other potentially infectious materials. An exposure incident is defined as “a specific eye, mouth, nose, or non-intact skin contact with blood or other potentially infectious materials.” The Medical Director, in coordination with the Macomb County Human Resources and Labor Relations Department, must be contacted if there is a question about whether or not an exposure incident occurred.

#### **B. Post-Exposure Follow-Up Procedures**

Should an exposure incident occur, the exposed employee will immediately flush and wash the exposed area with soap and warm water (mucous membranes should be flushed for at least 15 minutes with water) and notify the supervisor who will initiate the post-exposure procedures.

1. The employee and the supervisor will complete the MIOSHA Form 301, Injury and Illness Incident Report (Appendix A).
2. The supervisor will complete the Macomb County Bloodborne Pathogens Needlestick and Sharp Object Injury Report form (Appendix C), documenting the employee’s job classification, the route of exposure and how the exposure occurred, whether or not a safety needle device was being used and the type and brand of the device, and the identity and

contact information of the source individual. If a safety needle device was not being used the reason must be documented.

3. If the source individual can be identified, with supervisor will ask the source individual if they are willing to be tested for HIV, HBV, and HCV. The supervisor will have the individual sign the Macomb County Bloodborne Pathogens Source Individual Medical Release/Refusal form (Appendix D). A copy will be given to the source individual. If the source individual is known to be positive for HIV, HBV, and/or HCV new testing is not necessary.
4. If appropriate consent for testing is obtained, the supervisor will sign the HIV Consent form (Appendix E). The original is removed from the booklet and retained by the supervisor. This original consent is later given to the medical provider by the supervisor (or the employee if they choose to drive themselves for the initial evaluation.) The booklet and the client copy of consent are given to the source individual.
5. The supervisor and employee will complete the Concentra Medical Center authorization for medical Treatment and Billing form (Appendix F).
6. The supervisor will drive the exposed employee to the medical provider for evaluation and any necessary follow-up visits. If the exposed employee wishes to drive themselves to the medical provider, the exposed employee must sign the Macomb County bloodborne Pathogens Transportation Waiver form (Appendix G).
7. If the employee's street clothing has been contaminated by blood or other potentially infectious materials and the employee wishes to launder the clothing at home, a Macomb County Bloodborne Pathogens Laundry Waiver Form (Appendix H) must be signed by the employee.
8. The supervisor will call Human Resources at 469-7485 to inform the Department (or leave a message) that an employee will be going to the medical provider for evaluation of a bloodborne pathogens exposure.
9. The supervisor will fax the following forms to Human Resources before taking the exposed employee to the medical provider:
  - a. MIOSHA Form 301, Injury and Illness Incident Report (Appendix A).
  - b. Macomb County Bloodborne Pathogens Needlestick and Sharp Object Injury Report form (Appendix C)
  - c. Macomb County Bloodborne pathogens Source Individual Medical Release/Refusal form (Appendix D)
10. The supervisor will send the following original forms to Administration, attention MCCMH Deputy Director.
  - a. MIOSHA Form 301, Injury and Illness Incident Report form white and yellow sheets (Appendix A).



- b. Macomb County Bloodborne Pathogens Needlestick and Sharp Object Injury Report form (Appendix C).
  - c. Macomb County Bloodborne Pathogens Source Individual Medical Release/Refusal form (Appendix D).
  - d. Macomb County Bloodborne Pathogens Transportation Waiver form (Appendix G) if completed.
  - e. Macomb County Bloodborne Pathogens Laundry Waiver form (Appendix H) if completed.
- 11. The supervisor will send a copy of the HIV Consent form (if the source individual consented to testing for HIV) to Administration, attention MCCMH Deputy Director (Appendix E).
- 12. The following original forms will be given to the medical provider:
  - a. HIV Consent form (Appendix E) if the source individual has consented to testing for HIV.
  - b. Hospital Authorization for Medical Treatment and Billing form (Appendix F).
- 13. The supervisor will (or the employee will if they drive themselves) give a copy of the following forms to the medical provider:
  - a. Macomb County Bloodborne Pathogens Needlestick and Sharp Object Injury Report form (Appendix C).
  - b. Macomb County Bloodborne Pathogens Source Individual Medical Release/Refusal form (Appendix D).

### **C. Source Individual Testing**

If appropriate consent for treatment has been obtained, the supervisor will instruct the source individual to go to the medical provider for testing. The test specimen will be collected at no cost to the source individual.

### **D. Medical Management of the Exposed Employee**

- 1. The supervisor will drive the employee to the medical provider for the initial evaluation and all follow-up visits. If the employee wishes to drive themselves they must sign a Macomb County Bloodborne Pathogens Transportation Waiver form (Appendix G.)
- 2. The medical provider will evaluate the exposed employee to determine whether an exposure incident occurred and if so, will document the route of exposure and the circumstances surrounding the exposure incident. The provider will provide any necessary treatment and follow-up evaluations as recommended by the United States Public Health Service at no cost to the employee.
- 3. After obtaining consent the medical provider will collect the employee's blood as soon as is feasible after exposure for baseline HIV, HBV, and HCV testing. If the employee consents to baseline blood collection but not HIV testing, the medical provider will preserve the blood sample for at

least 90 days. If the employee elects to have baseline HIV testing done during the waiting period the medical provider will perform the testing as soon as possible.

4. The medical provider will make the source individual's test results available to the exposed employee and will inform the exposed employee of applicable laws and regulations concerning the disclosure of the identity and infectious status of the source individual.
5. Human Resources will provide the employee with a copy of the medical provider's confidential written opinion within 15 days after completion of the evaluation.
6. The written opinion obtained from the medical provider by Human Resources shall not reveal specific findings or diagnoses that are unrelated to the employee's ability to wear protective clothing or equipment or receive vaccinations and will remain confidential. The written opinion will confirm that the medical provider informed the exposed employee of the results of the post-exposure evaluation and that the exposed employee has been told about any medical conditions resulting from the exposure incident that require further evaluation and treatment.
7. The supervisor and the employee must complete the Macomb County Human Resources Department body Fluid/Bloodborne Exposure Follow-Up Claim Visit form (Appendix I) after the initial medical provider evaluation (and after each subsequent follow-up evaluation.) The original completed form must be sent to Administration, attention MCCMH Deputy Director. The MCCMH Deputy Director will sign the form and send the original to Human Resources. Administration will keep a copy of this form in the employee's administrative file.
8. The supervisor will (or the employee will) complete a Mileage Report (MCCMH MCO Policy 10-051, "Use and Maintenance of County/Personal Vehicles," Exhibit G) if their personal vehicle was used for transportation to and from the medical provider and will send the original form to Administration, attention MCCMH Deputy Director.

#### **XIV. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT**

The Safety Specialist for Macomb County located at 10 North Main, Mt. Clemens, MI 48043, will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- Location of the incident (clinic, consumer home)
- Procedures being performed when the incident occurred

- Training of the employee, volunteer, or intern

If it is determined that revisions need to be made MCCMH will ensure that appropriate changes are made to this ECP. (Changes may include an evaluation of safer devices, adding employees, volunteers, independent contractors or interns to the exposure determination list, etc.)

## **XV. EMPLOYEE, VOLUNTEER, INDEPENDENT CONTRACTOR AND INTERN TRAINING**

All employees, volunteers, independent contractors or interns who have the potential for occupational exposure to bloodborne pathogens shall receive initial and annual (more frequently if necessary) training. These employees, volunteers, independent contractors or interns shall receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- MIOSHA Standard for BBP
- Epidemiology and symptomology of common bloodborne diseases
- Modes of transmission of bloodborne pathogens
- This exposure control plan, i.e., points of the plan, lines of responsibility, how the plan will be implemented, etc.
- Procedures that might cause exposure to blood or other potentially infectious materials at this direct service unit
- Control methods that will be used at the direct service unit to control exposure to blood or other potentially infectious materials
- Personal Protection Equipment available at this direct service unit and who should be contacted concerning
- Post exposure evaluation and follow-up
- Signs and labels used at the direct service unit
- Hepatitis B vaccination program used at the direct service unit

## **XVI. RECORD KEEPING**

### **A. TRAINING RECORDS**

Training records are completed for each employee, volunteer, independent contractor or intern upon completion of training. Training documents will be kept for at least **three years** at the MCCMH Training Office. The training records include:

- Dates of the training sessions
- Contents or a summary of the training sessions
- Names and qualifications of persons conducting the training
- Names and job titles of all persons attending the training sessions

Employee, volunteer, independent contractor or intern training records are provided upon request to the individual or the individual's authorized representative within 15 working days. Such requests should be addressed to the MCCMH Training Office.

## **B. MEDICAL RECORDS**

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.20, "Access to Employee Exposure and Medical Records." The documentation of refusal of the vaccination is kept at Macomb County Human Resources, 10 N. Main St., 4<sup>th</sup> Floor, Mt. Clemens, MI, who is responsible for maintenance of the required medical records. These confidential records are maintained separately from the regular personnel files and are maintained for at least the duration of employment plus 30 years. Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the Macomb County Human Resources Department.

## **C. OSHA RECORDKEEPING**

All records required by the OSHA standard will be maintained by the Human Resources Department. Copies of employees injury reports are forwarded to the Human Resources Safety Specialist for review and investigation.

## **XVII. OTHER**

Training will be coordinated by the MCCMH Training Office and will include Infection Control/Bloodborne Pathogen training by Macomb County Human Resources and Labor Relations Department. All employees, volunteers, independent contractors and interns will receive annual update training conducted by the MCCMH Training Office and/or the Macomb County Human Resources and Labor Relations Department. Proof of training from an outside source may be deemed acceptable.

Written materials distributed during the training are located in the Infection Control Binder (red binder located near the First Aid Kit at each site.).

## **XVIII. LEGAL AUTHORITY**

- A. Macomb County Health Department Bloodborne Pathogens Exposure Control Plan
- B. Michigan Occupational Safety and Health Act, PA 154 of 1974 (MCL 408.1001, et. al.)
- C. MDCH Administrative Rules, Department of Consumer and Industry Services Director's Office Occupational Health Standards – Bloodborne Infectious Diseases R 326.70001, et. al.
- D. 29 CFR 1910.1030
- E. OSHA CPL 2-2.69 (11/27/2001)
- F. 10-050, "Emergency Preparedness Plan"
- G. 10-051, "Use and Maintenance of County/Personal Vehicles"

- H. Commission on Accreditation of Rehabilitation Facilities (CARF) 2012 Standards Manual, §1.H., "Health and Safety," pp. 71-75

## **XIX. APPENDICES**

- A. MIOSHA Form 301, Injury and Illness Incident Report (Employees)
- B. Macomb County Accident / Incident Report – Personal Injury (Non-Employees)
- C. Macomb County Bloodborne Pathogens Needlestick & Sharp Object Injury Report
- D. Macomb County Bloodborne Pathogens Source Individual Medical Release / Refusal Form
- E. Consent Form for the Human Immunodeficiency Virus (HIV) Antibody Test (includes copy of MDCH booklet *"What You Need to Know about HIB Testing."*)
- F. Authorization For Treatment and Billing – Bloodborne Pathogens Exposure
- G. Macomb County Bloodborne Pathogens Transportation Waiver
- H. Macomb County Bloodborne Pathogens Laundry Waiver
- I. Macomb County Human Resources Department Body Fluid/Bloodborne Exposure Follow-Up Clinic Visit Form

**MIOSHA FORM 301** (EQUIVALENT 1/1/02)  
**Injury and Illness Incident Report**

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employee to the extent possible while information is being used for occupational safety and health purposes.

This form is to be completed by the employee at the time of injury/illness

**EMPLOYEE INFORMATION**

Name (Last, First, Middle):	Social Security Number — —	Date of Birth / /	Sex M F
Street Address:	City	State	Zip Home Phone Number ( )

**INJURY / ILLNESS INFORMATION**

Date of Injury (Month, Day, Year):	Time of Injury: <input type="checkbox"/> AM <input type="checkbox"/> PM	Was injury fatal? If yes, please give date: <input type="checkbox"/> Yes, date ____/____/____ <input type="checkbox"/> No	Building or work location where injury occurred:
Describe Nature of injury / illness (i.e., burn, cut, sprain, rash):		Part(s) of the body effected (i.e., right eye, lower back, left index finger):	
State what you were doing at the time of incident. Describe what happened and how the injury / illness occurred. Name any objects that directly contributed to the injury/illness:			
Witness to Incident (Name)			Witness' Phone Number:
First Aide: <input type="checkbox"/> Refused <input type="checkbox"/> Given. If given, Describe: _____ Medical Treatment: <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Employer Clinic <input type="checkbox"/> Personal Physician <input type="checkbox"/> ER If ER or Personal Physician, Name, Address and Phone Number:			

**AUTHORIZATION FOR PATIENT RECORDS**

I, the undersigned, do hereby authorize by my signature on this Injury and Illness Report, any hospital, physician, or other person who has attended me or examined me regarding the injury / illness described above to furnish to the County of Macomb, or its representative any and all information with respect to this injury / illness and medical history, consultation, prescription, or treatment, and copies of all hospital or medical records of prior injuries / illnesses similar to this one. A photostatic copy of this Authorization shall be considered as effective and valid as the original.	
Signature of Employee:	Date:

**EMPLOYMENT INFORMATION**  
**(To be completed by supervisor)**

Department Name:	Job Classification:	Shift Time: Start: ____ <input type="checkbox"/> AM <input type="checkbox"/> PM End: ____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Hire Date (Month, Day, Year): / /
Supervisor's Comments -- Including Recommended Corrective Action Plan: _____			
Name of Immediate Supervisor:	Signature of Immediate Supervisor:		Date: / /
Name of Department / Division Head:	Signature of Department / Division Head:		Date: / /

**APPENDIX A: MIOSHA Form 301, Injury and Illness Incident Report (4/11)**



## Employee Incident Report Form

FORM MUST BE COMPLETELY FILLED OUT

\*\* Form should be filled out by injured employee. If injured employee is unable to fill out form within specified time period, the immediate supervisor should fill it out to the best of his/her ability.

Please use your discretion.\*\*

☐ Check box if completing form FOR injured employee

### Section 1: EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Check All That Applies: ☐ Full Time ☐ Part Time ☐ Temporary ☐ Contract Employee

### Section 2: INCIDENT INFORMATION

Incident Date: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ ☐ am ☐ pm Time Shift Began: \_\_\_\_\_ ☐ am ☐ pm

Incident Reported to: \_\_\_\_\_ Date/Time Incident Reported: \_\_\_\_\_

Part of Body Injured (specific): \_\_\_\_\_

Type of Accident:

☐ Slip/Trip/Fall ☐ Extreme Temperature ☐ Repetitive Motion ☐ Material Handling  
☐ Cuts/Sharps ☐ Striking an Object ☐ Abrasion/Bruise ☐ Blood Borne Exposure  
☐ Other: \_\_\_\_\_

Injured on County Property: ☐ Yes ☐ No (Specify Address) \_\_\_\_\_

Incident Location (i.e. lobby, hallway, etc): \_\_\_\_\_

Action Taken: ☐ First Aid ☐ Employer Clinic ☐ Hospital (Specify) \_\_\_\_\_

# of Employees Involved: \_\_\_\_\_ # Injured/Ill: \_\_\_\_\_ # Fatalities: \_\_\_\_\_

How Did the Incident Occur. List safety equipment in use (if any) and specifics as to how the injury occurred. Attach photos, sketches, and/or second page if necessary.

**Section 3: WITNESS INFORMATION (If, any)**

Witnesses (Name & Phone Number): \_\_\_\_\_

**WITNESS (If Any) Please Fill Out Supplemental Witness Form**

**Section 4: CORRECTIVE ACTIONS (To be filled out by immediate supervisor)**

What Action Can Be Taken to Prevent Incident Reoccurrence?

- |  |   |
|--|---|
| <input type="checkbox"/> Equipment/Machinery Modification or Maintenance | <input type="checkbox"/> Improve Personal Protection      |
| <input type="checkbox"/> Improve Design/Construction                     | <input type="checkbox"/> Enhance Training and Instruction |
| <input type="checkbox"/> Change to Work Procedure                        | <input type="checkbox"/> Use of Safer Material            |
| <input type="checkbox"/> Improve Housekeeping                            | <input type="checkbox"/> Re-Training                      |
| <input type="checkbox"/> Improve Work Organization                       |   |
| <input type="checkbox"/> Other: _____                                    |   |

Specify Measures Already Taken: \_\_\_\_\_

Comments: \_\_\_\_\_

**Section 5: SIGNATURES**

Name of Immediate Supervisor (Printed): \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature of Immediate Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Department Head (Printed): \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature of Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION FOR PATIENT RECORDS**

I, the undersigned, do hereby authorize by my signature on this injury and illness report, any hospital, physician, or other person who has attended me or examined me regarding the injury/illness described above to furnish the Macomb County, or its representative, any and all information with respect to this injury/illness and medical history, consultation, prescription, or treatment, and copies of all hospital or medical records of prior injuries/illnesses similar to this one. A photostatic copy of this Authorization shall be considered as effective and valid as the original.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Please immediately scan and email these documents to: [employeeincidentreport@macombgov.org](mailto:employeeincidentreport@macombgov.org) or fax them to (586)469-6974 **and** forward the originals via interoffice mail to Human Resources and Labor Relations.

These forms must be returned IMMEDIATELY after completion or within 24 hours of the Incident/Injury/Illness.





## Employee Incident Witness Form

PLEASE FILL OUT AS COMPLETELY AS POSSIBLE

### Section 1: WITNESS INFORMATION

Witness Name: \_\_\_\_\_

Do you work for Macomb County: ☐ Yes (Specify Department) \_\_\_\_\_ ☐ No

### Section 2: INCIDENT INFORMATION

I ☐ WAS or ☐ WAS NOT in the near vicinity of the incident when it happened. If near vicinity, list names of those persons you actually saw in the vicinity at the time of the occurrence.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
If you were not in the area when the incident occurred, but in another pertinent area, please give your location and the names of persons you saw, or believe were present, in your area.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Are you the supervisor of the injured employee? ☐ Yes ☐ No

Give a factual statement of your actions and observations, before, during, and following the incident. Be as specific as possible.

### Section 3: SIGNATURES

Witness Name (Printed): \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Phone Number: \_\_\_\_\_

Please immediately scan and email these documents to: [employeeincidentreport@macombgov.org](mailto:employeeincidentreport@macombgov.org) or fax them to (586)469-6974 **and** forward the originals via interoffice mail to Human Resources and Labor Relations.

These forms must be returned IMMEDIATELY after completion or within 24 hours of the Incident/Injury/Illness.



# Macomb County Bloodborne Pathogens Needlestick & Sharp Object Injury Report

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Time Began Work: \_\_\_\_\_ ☐ AM ☐ PM

1) Date of Injury: \_\_\_\_\_ 2) Time of Injury: \_\_\_\_\_ ☐ AM ☐ PM

3) Department where incident occurred: \_\_\_\_\_ 4) Home Department \_\_\_\_\_

5) What is the job category of the injured worker: (check one box only)

- |                                       |   |   |   |
|---------------------------------------|---|---|---|
| <input type="checkbox"/> CNA          | <input type="checkbox"/> Laboratory Tech / Supervisor | <input type="checkbox"/> Dental Hygienist | <input type="checkbox"/> Dentist        |
| <input type="checkbox"/> Doctor       | <input type="checkbox"/> Environmental Service Worker | <input type="checkbox"/> Housekeeper      | <input type="checkbox"/> Laundry Worker |
| <input type="checkbox"/> LPN          | <input type="checkbox"/> Paramedic                    | <input type="checkbox"/> RN               | <input type="checkbox"/> Security       |
| <input type="checkbox"/> Technologist | <input type="checkbox"/> Unit Clerk                   | <input type="checkbox"/> Other _____      |   |

6) Where did the injury occur? (check one box only)

- |  |   |
|--|---|
| <input type="checkbox"/> Residents Room        | <input type="checkbox"/> Service / Utility (Laundry, Central Supply)      |
| <input type="checkbox"/> Home - Care           | <input type="checkbox"/> Outside residents room (hallways, nurse station) |
| <input type="checkbox"/> Outside Building      | <input type="checkbox"/> Exam Room  |
| <input type="checkbox"/> Autopsy / Pathology   | <input type="checkbox"/> Other _____                                      |
| <input type="checkbox"/> Clinical Laboratories |   |

7) Was the source patient identifiable? (check one box only)

- ☐ Yes Name: \_\_\_\_\_ ☐ No ☐ Unknown ☐ Not Applicable

If Yes, sources drawn for: ☐ HIV ☐ HCV ☐ HbsAG

8) Was the injured worker the original user of the sharp item? (check one box only)

- ☐ Yes ☐ No ☐ Unknown ☐ Not Applicable

9) The sharp item was (check one box only)

- ☐ Contaminated (known exposure to patient or contaminated equipment) Was there blood on the device? ☐ Yes ☐ No
- ☐ Uncontaminated (no known exposure to patient or contaminated equipment)
- ☐ Unknown

10) For what purpose was the sharp item originally used? (check one box only)

- |  |   |
|--|---|
| <input type="checkbox"/> Unknown / NA                | <input type="checkbox"/> To start IV or set up heparin lock (IV catheter or winged set-type needle)           |
| <input type="checkbox"/> Finger stick                | <input type="checkbox"/> To draw venous Blood sample ____ Direct stick? ____ Drawn from a line                |
| <input type="checkbox"/> Heparin or saline (syringe) | <input type="checkbox"/> Other injection into (or aspiration from) IV injection site or IV port (syringe)     |
| <input type="checkbox"/> Cutting                     | <input type="checkbox"/> To connect IV line (intermittent IV/piggyback/IV infusion/other IV line connection)  |
| <input type="checkbox"/> Other: Describe: _____      | <input type="checkbox"/> Injection, intra-muscular/subcutaneous or other injection through the skin (syringe) |

11) Did the injury occur? (check one box only)

- |   |   |
|---|---|
| <input type="checkbox"/> From item left on or near disposal container   | <input type="checkbox"/> Other after use-before disposal (in transit to trash, cleaning, sorting, etc.) |
| <input type="checkbox"/> While putting item into disposal container   | <input type="checkbox"/> During use of item (item slipped, patient jarred item, etc.)                   |
| <input type="checkbox"/> Restraining individual   | <input type="checkbox"/> Device left on floor, table, or other inappropriate place                      |
| <input type="checkbox"/> Disassembling device or equipment  | <input type="checkbox"/> Before use of item (item broke/slipped, assembling device, etc.)               |
| <input type="checkbox"/> While recapping used needle  | <input type="checkbox"/> Item pierced side of disposal container  |
| <input type="checkbox"/> After disposal, item protruded from trash bag or inappropriate waste container               |   |
| <input type="checkbox"/> Withdrawing a needle from rubber or other resistant material (rubber stopper, IV port, etc.) |   |
| <input type="checkbox"/> After disposal, stuck by item protruding from opening of disposal container                  |   |
| <input type="checkbox"/> Other: Describe: _____   |   |

12) What type of device caused the injury? (check one box only)

- ☐ Needle – Hollow Bore ☐ Lancet

**APPENDIX C: Macomb County Bloodborne Pathogens Needlestick & Sharp Object Injury Report (4/11)**

**Which device caused the injury? (check one box from one of the three sections only)**

**Needles**

- ☐ Disposal syringes with needle  
☐ Insulin ☐ Tuberculin ☐ 24 g/25 g ☐ 23 g ☐ 22 g ☐ 21 g ☐ 20 g ☐ "other" \_\_\_\_\_
- ☐ IV catheter style Size \_\_\_\_\_ ☐ Pre-filled cartridge syringe (includes Tubex™, Carpuject™ - type syringes)
- ☐ Syringe, other type ☐ Vacuum tube blood collection holder/needle (includes Vacutainer™ - type devices)
- ☐ Unattached hypodermic needle ☐ Needle on IV line (includes piggybacks & IV line connectors)
- ☐ Needle, not sure what kind ☐ Winged steel needle (includes winged-set type devices)
- ☐ Other needle, please describe: \_\_\_\_\_

**Surgical Instrument or other sharp items (for glass items, see "glass")**

- ☐ Lancet ☐ Specimen / Test tube (plastic) ☐ Fingernails / teeth
- ☐ Suture needle ☐ Scalpel ☐ Sharp item, not sure what kind
- ☐ Razor ☐ Scissors
- ☐ Other sharp item, describe \_\_\_\_\_

**Glass**

- ☐ Medication ampule ☐ Capillary tube ☐ Medication vial (small volume with rubber stopper)
- ☐ Medication/IV bottle (large volume) ☐ Specimen/Test tube (glass) ☐ Glass item, not sure what kind
- ☐ Other glass item, please describe \_\_\_\_\_

12 a) Brand/Manufacture of product (e.g., ABC Medical Company) \_\_\_\_\_

12 b) Model: Please specify: \_\_\_\_\_ ☐ Unknown

13) If the item causing the injury was a needle or sharp medical device, was it a "Safety Design" with a shield, recessed, retractable, or blunted needle or blade?

- ☐ Yes  
☐ No  
☐ Unknown

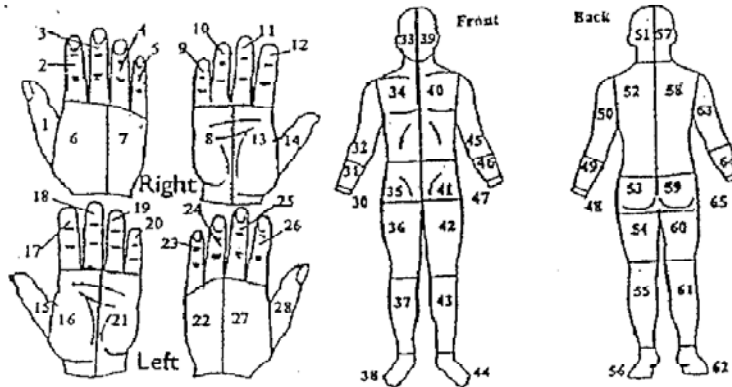
13 a) Was the protective mechanism activated?

- ☐ Yes, fully ☐ No  
☐ Yes, partially ☐ Unknown

13 b) Did exposure incident happen:

- ☐ Before activation ☐ After activation  
☐ During ☐ Unknown

14) Mark the location of the injury:



15) Was the injury:

- ☐ Superficial (little or no bleeding) ☐ Moderate (skin punctured, some bleeding) ☐ Severe (deep stick/cut or profuse bleeding)

16) If injury was to the hand, did the sharp item penetrate? ☐ Single pair of gloves ☐ No gloves

17) Dominated hand of the injured worker: ☐ Right Hand ☐ Left Hand

18) Describe the circumstances leading to this injury (please note if a device malfunction was involved):

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**Macomb County**  
**Bloodborne Pathogens**  
**Source Individual Medical Release / Refusal Form**  
10 N. Main, 4<sup>th</sup> Floor County Bldg.  
Mt. Clemens, MI 48043  
(586) 469-5280

**Source Information**

Name (Last, First, Middle)	Address	City, State, ZIP
----------------------------	---------	------------------

You have been (or your child has been) involved in an incident that has exposed the following employee(s) to your blood or body fluids (or your child's blood or body fluids):

Name (Last, First, Middle)	Employee ID
Name (Last, First, Middle)	Employee ID
Name (Last, First, Middle)	Employee ID

**Permission For Source Individual's Medical Release**

I hereby grant permission to have my blood (or my child's blood) drawn and tested to determine if I am (or my child is) a carrier of a bloodborne disease. I also grant permission to have the test results released to the individual(s) listed above, and to the health care providers performing the follow-up evaluations.

\_\_\_\_\_  
Source Individual (Parent / Guardian) Signature

\_\_\_\_\_  
Date

**Refusal For Source Individual's Medical Release**

I have had the exposure evaluation process explained to me and I hereby refuse to consent to blood testing to determine my (or my child's) infectious status with regard to bloodborne pathogens, including but not limited to, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), or Human Immunodeficiency Virus (HIV). I understand that by refusing to do so, the individual or individuals who were exposed to my (or my child's) blood or body fluids will have limited information to determine their potential for contracting these diseases.

\_\_\_\_\_  
Source Individual (Parent / Guardian) Signature

\_\_\_\_\_  
Date

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
CONSENT FORM FOR THE  
HUMAN IMMUNODEFICIENCY VIRUS (HIV) ANTIBODY TEST**

I have been informed that my blood obtained from a finger stick or vein, a urine sample, or an oral sample from my mouth, will be tested for antibodies to the Human Immunodeficiency Virus (HIV), the virus that causes AIDS.

I acknowledge that I have been given an explanation of the test, including its uses, benefits, limitations, and the meaning of test results.

I have been informed that the HIV test results are confidential and shall not be released without my written permission, except to \_\_\_\_\_, \* and as permitted under state law.

I understand that I have a right to have this test done without the use of my name. If my private physician does not provide anonymous testing, I understand I may obtain anonymous testing at any Michigan Department of Community Health-approved HIV counseling and testing site.

I understand that I have the right to withdraw my consent for the test at any time before the test is complete.

I acknowledge that I have been given a copy of the pamphlet *"What You Need to Know about HIB Testing."* I have been given the opportunity to ask questions concerning the test for HIV antibodies, and I acknowledge that my questions have been answered to my satisfaction.

By my signature below, I consent to be tested for HIV.

\_\_\_\_\_  
Patient / Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**AT THIS TIME, I DO NOT WANT TO BE TESTED FOR THE HUMAN IMMUNODEFICIENCY VIRUS**

\_\_\_\_\_  
Patient / Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**\* Please write in the physician or health facility name who will receive the HIV test results.**

**MDCH is an Equal Opportunity Employer,  
Services and Programs Provider  
DCH-0675CF  
Authority: P.A.368/1978**

Original - FOR RECORDS  
Copy – For Client

**APPENDIX E: Consent Form for HIV Antibody Test (4/11)**



# Concentra Medical Center

## AUTHORIZATION FOR TREATMENT AND BILLING

### Worker's Compensation Injuries or Exposure

Company: Macomb County - Injury Telephone #: (586) 469-5280 Fax #: (586) 469-6795  
Address: 120 N Main St. Mt. Clemens MI 48043  
Street City State Zip  
Work Comp Carrier: CMI Telephone #: (517) 338-3294 Fax #: (517) 338-5124  
Address: P.O. Box 620 Howell MI 48844-0620 Policy Number: WCX 002856  
Street City State Zip  
Designated Employer Rep: See Employer Notes Telephone #: (586) 469-5280 Fax #: (586) 469-6795

Employee: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

#### Authorization for:

☐ BBP Exposure - OR - ☐ Care of Injury AND Brief Description \_\_\_\_\_

Authorization by: \_\_\_\_\_  
Position or Title: \_\_\_\_\_  
Date: \_\_\_\_\_

#### CONSENT TO TREAT AND AUTHORIZATION TO RELEASE INFORMATION

I hereby give consent to Concentra Medical Center and the attending physician for examination and treatment and authorize release of information pertaining to this specific or physical examination to my employer or employer's insurer.

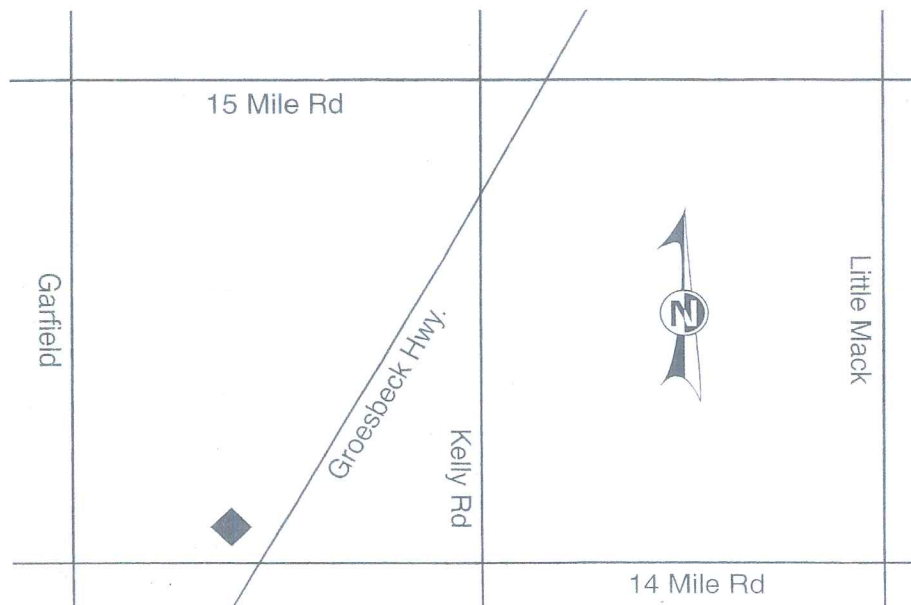
EMPLOYEE SIGNATURE

DATE

### Concentra Medical Center

33089 Groesbeck  
Fraser, MI 48026

Phone: (586) 296-2800 ~ Fax: (586) 296-6190  
Open 24 hours, 7 days a week





**Macomb County  
Bloodborne Pathogens  
Transportation Waiver**

10 N. Main Street, 4<sup>th</sup> Floor County Bldg.  
Mt. Clemens, MI 48043  
(586) 469-5280

I have been involved in a bloodborne pathogen exposure incident and I have been given the opportunity to be driven by a supervisor to the medical provider for evaluation. I wish to drive myself to the medical provider for this evaluation using my own vehicle or a county vehicle. I understand that if I use my vehicle, I will receive mileage reimbursement and that I will be compensated for my time at my usual salary rate.

\_\_\_\_\_  
Employee Name (print)

\_\_\_\_\_  
Employee ID

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Name (print)

\_\_\_\_\_  
Employee ID

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date





**Macomb County  
Bloodborne Pathogens  
Laundry Waiver**

10 N. Main Street, 4<sup>th</sup> Floor County Bldg.  
Mt. Clemens, MI 48043  
(586) 469-5280

I have been involved in a bloodborne pathogen exposure incident and my personal clothing has been contaminated with blood or other potentially infectious material. I have been given the opportunity to have my contaminated personal clothing laundered at a County facility; such as Martha T. Berry, Sheriff and Juvenile Justice Center. I wish to launder the clothing myself at home and understand that I will be given surgical scrubs to wear so that I may remove the contaminated clothing and complete my scheduled work shift.

\_\_\_\_\_  
Employee Name (print)

\_\_\_\_\_  
Employee ID

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Name (print)

\_\_\_\_\_  
Employee ID

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date





**Macomb County  
Human Resources Department  
Body Fluid / Blood Borne Exposure  
Follow-up Clinic Visit**

When an employee seeks medical treatment as a result of a work-related injury / illness with a needle stick or exposure, this form must be completed by the department. This form and clinic slips are to be returned to Human Resources as soon as possible for processing. The form is to be signed by the exposed employee and department head.

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Date of Incident: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Department: \_\_\_\_\_

Classification: \_\_\_\_\_

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**Clinic Visit Information:**

Date of Visit: \_\_\_\_\_ Visit Time In: \_\_\_\_\_ Visit Time Out: \_\_\_\_\_

Which follow-up visit, i.e., 6 weeks blood draw: \_\_\_\_\_

Date of Next Visit: \_\_\_\_\_

Time Left Department: \_\_\_\_\_ Time Returned to Department: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR Authorization: \_\_\_\_\_

Processed Date: \_\_\_\_\_

Processed By: \_\_\_\_\_

**APPENDIX I: Macomb County Human Resources Department Body Fluid / Bloodborne Exposure Follow-Up Clinic Visit (4/11)**

**MACOMB COUNTY COMMUNITY MENTAL HEALTH  
MEDICAL WASTE MANAGEMENT PLAN**

Macomb County Community Mental Health establishes this Medical Waste Management Plan that is applicable to all program sites in accordance with the Michigan Medical Waste Regulatory Act of 1990, Act No. 368 of Public Acts of 1978, Part 138. Agencies contracted with MCCMH should be responsible to comply with current hazardous/medical waste management laws.

It is the policy of MCCMH to maintain and comply with a Medical Waste Management Plan to prevent disease transmission or accidental injury to all persons served, to employees, contractors, interns, volunteers, and to the public.

Site Identification	Registration Number and Contact Person	Address	Waste Categories
			Location at Site
Macomb County Community Mental Health	Program Management	22550 Hall Road Clinton Township, MI 48036	NA
First Resources and Treatment Southeast	# 38450 (exp. 1-31-14) Area Manager	25401 Harper St. Clair Shores 48081	Sharps Containers Pharmaceuticals
			Medication Room
First Resources and Treatment Southwest	# 38449 (exp. 1-31-14) Area Manager	3701 13 Mile Road Warren 48092	Sharps Containers Pharmaceuticals
			Medication Room
First Resources and Treatment North	# 38448 (exp. 1-31-14) Area Manager	43740 Groesbeck Clinton Twp. 48036	Sharps Containers Pharmaceuticals
			Medication Room
Ventures Assertive Community Treatment	# 6462 (exp. 1-31-14) Supervisor	38251 Groesbeck Clinton Twp. 48036	Sharps Containers Pharmaceuticals
			Medication Room
Specialized Residential Services	# 38451 (exp. 1-31-14) Supervisor	21885 Dunham Road Clinton Twp. 48036	Sharps Containers Pharmaceuticals
			Medication Room

## **I. GENERAL INFORMATION**

- A. Each MCCMH medical waste generating site shall have a written management plan that includes:
1. A copy of the Certificate of Registration as a Producing Facility of Medical Waste
  2. Identification of a responsible contact person for the site
  3. The types of infectious medical waste handled
  4. The segregation, packaging, labeling, collection procedures used
  5. The methods of storage and disposal
  6. The measures to minimize exposure of employees to infectious agents while handling and disposing of infectious medical waste, including protocols, procedures, training, and personal protective devices
- B. The Medical Waste Management Plan shall be reviewed and approved annually for compliance as part of Quality Assurance.
- C. The Plan shall be updated within 30 days of change in any the type of medical waste handled, the methods of handling medical waste at the site or the contact person for the site as named in the Plan.
- D. A commercial medical waste disposal company shall be contracted to pickup, collect and remove, treat and dispose of the regulated medical waste from the identified sites. Medical waste will not be stored on the premises for more than 90 days.
- E. Standard (including Universal) Precautions shall be practiced by all employees.

The Michigan Department of Public Health may review this plan at any time in writing or on site. Upon receipt of 24 hours advance notice, the Medical Waste Management Plan shall be available to any MCCMH employee, for inspection on site.

## **II. DEFINITIONS**

- A. Biohazard Waste -- is also defined as Biomedical Waste or Infectious Medical Waste and can be used interchangeably.
- B. Decontamination -- rendering medical waste safe for routine handling as solid waste.
- C. Infectious Agent -- a pathogen that is sufficiently virulent so that if a susceptible host is exposed to the pathogen in an adequate concentration and through a portal of entry, the result could be transmission of disease to a human.

- D. Infectious Medical Waste – any of the following when not generated from a household, farm operation, or agricultural business, a home for the aged, or a home health care agency: sharps, cultures, laboratory waste, discarded live and attenuated vaccines, liquid human waste, blood and blood products, pathological waste, but not including urine or materials stained with blood or body fluids.
- E. Pathogen – a microorganism that produces disease.
- F. Pharmaceutical – a drug intended for use in the diagnosis, cure, mitigation, treatment, therapy, or prevention of disease in humans or animals.
- G. Regulated Medical Waste – liquid or semi-liquid blood or other potentially infectious materials, contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid form if compressed, items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling, contaminated sharps, and pathological and microbiological wastes containing blood or other potentially infectious materials. Consumer wastes materials contaminated with blood and infectious body fluids, but not meeting the above definition, are not classified as regulated medical waste and should be handled carefully and disposed of safely. These may include dressings, bandages, disposable gloves, masks and other materials contaminated with infectious body fluids.
- H. Sharps – needles, syringes, scalpels, and intravenous tubing with needles attached, and any other medical or laboratory instrument or glassware that might cause punctures or cuts if not handled with extraordinary care.
- I. Standard (including Universal) Precautions – a concept that assumes the potential presence of infectious agents in all individuals and does not depend upon the use of special procedures only when identified infectious agents are present. Universal Precaution procedures (i.e. wearing gloves during invasive procedures, hand washing) are applied uniformly to all individuals to reduce the risk of transmission of infection.

### **III. CATEGORY DEFINITIONS**

#### **A. CATEGORY 1**

[NA] Cultures and stocks of infectious agents and associated biologicals, including laboratory waste, biological production wastes, discarded live and attenuated vaccines, cultures dishes, and related devices.

#### **B. CATEGORY 2**

[NA] Liquid human and animal waste, including blood and blood products and body fluids, but not including urine or materials stained with blood or body fluids.

#### **C. CATEGORY 3**

[NA] Pathological waste including human organs, tissues, body parts other than teeth, products of conception, fluids removed by trauma or during surgery or autopsy or other medical procedure, and not fixed in formaldehyde.

#### **D. CATEGORY 4**

[X] Sharps

Sharps specified as needles, syringes, scalpels, and intravenous tubing with needles attached.

#### **E. CATEGORY 5**

[NA] Contaminated wastes from animals that have been exposed to agents infectious to humans, these being primarily research animals.

### **IV. MEDICAL WASTE**

#### **A. HANDLING**

Contaminated sharps shall be discarded immediately or as soon as practical after use in a designated sharps disposal container. The containers should be maintained in an area not accessible to consumers or the public. They must be maintained upright and replaced routinely, not being allowed to overfill.

When container is full, close and seal. Replace with a new sharps disposal container and place the filled container in the designated medical waste storage area.

Pharmaceuticals shall be checked monthly for expiration date, according to the procedures outlined in MCO Policy 2-051. Outdated medications shall be placed in the appropriate disposal container in the designated medical waste storage area.

## **B. TRANSPORTATION AND DISPOSAL**

MCCMH personnel do not transport biomedical wastes between service locations.

Each site will maintain medical waste disposal records. Each section of the Regulated Medical Waste Management Log (Exhibit A), shall be completed by the identified Contact Person at each site in a timely fashion, i.e.: date and time of pickup, # of containers and released by signatures. When a shipment of medical waste is removed, the manifest must be signed by the transporter and the ultimate disposal facility and returned to the site. The site should receive an executed manifest signed and returned by the treatment/disposal facility within 30 days after the removal from the site. If this manifest is not received, the site must call the disposal facility and request the executed manifest.

## **V. RECORDKEEPING**

A. The primary records are maintained at each site and include:

1. Original state medical waste generator registration;
2. A copy of off-site hauling contracts;
3. All manifests, receipts, or equivalent documents;
4. Certificates of destruction for the medical waste; and
5. Record of inspection (6 months) of site and Regulated Medical Waste Management Log by Safety Specialist.

## **VI. REFERENCES / LEGAL AUTHORITY**

- A. Michigan Medical Waste Regulatory Act No. 4136 of March 1, 1990; Act No 368 of 1978, Part 138: Medical Waste
- B. Michigan Department of Environmental Quality Administrative Rules, Waste and Hazardous Materials Division Hazardous Waste Management, R 299.9101, et.al.

## **VII. EXHIBIT**

- A. Regulated Medical Waste Management Log

**MACOMB COUNTY COMMUNITY MENTAL HEALTH  
REGULATED MEDICAL WASTE MANAGEMENT LOG**

SITE \_\_\_\_\_ REGISTRATION # \_\_\_\_\_

C                      O                      N                      T                      A                      C                      T

DATE/TIME OF PICKUP	NUMBER OF CONTAINERS	RELEASED BY Signature
NAME OF MEDICAL WASTE HAULER		CERTIFICATE OF DESTRUCTION RECEIVED DATE
SAFETY INSPECTOR REVIEW (DATE, FINDINGS, SIGNATURE)		

DATE/TIME OF PICKUP	NUMBER OF CONTAINERS	RELEASED BY Signature
NAME OF MEDICAL WASTE HAULER		CERTIFICATE OF DESTRUCTION RECEIVED DATE
SAFETY INSPECTOR REVIEW (DATE, FINDINGS, SIGNATURE)		

DATE/TIME OF PICKUP	NUMBER OF CONTAINERS	RELEASED BY Signature
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DATE/TIME OF PICKUP	NUMBER OF CONTAINERS	RELEASED BY Signature
NAME OF MEDICAL WASTE HAULER		CERTIFICATE OF DESTRUCTION RECEIVED DATE
SAFETY INSPECTOR REVIEW (DATE, FINDINGS, SIGNATURE)		

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **STANDARD OPERATING PROCEDURE**

**Task / Procedure: Administration of injections**

Exposure Potential: Skin puncture from needle

Personal Protective Equipment: Disposable gloves are required at all times in the administration of injections.

Maintenance /  
Disinfection: N/A

Disposal: Discard gloves visibly contaminated with blood or other potentially infectious materials in a medical waste container (biohazard container with a red bag).

Engineering Controls: Safety needle device must be used as designed following the manufacturer's instructions whenever possible.

Sharps container  
Medical Waste container

Work Practice Controls: Use care when removing needle cover. Carefully insert and remove needle engaging the safety needle device following the manufacturer's instructions. Do not recap the needle. Keep Sharps container readily accessible. Carefully place the syringe, needle, and safety needle device into the Sharps container immediately after use. Dispose of any visibly contaminated waste in a medical waste container (biohazard container with a red bag). Wash hands after injections have been administered or after removing gloves (if used).

Management of Exposure Incidents: Contact supervisor who will initiate post-exposure procedures and activities. Vigorously wash contaminated skin with plenty of soap and warm water. Flush contaminated mucous membranes for at least 15 minutes with copious amounts of water (lift the upper and lower eyelids occasionally in the event of an eye exposure). Remove contaminated clothing.

Contingency Plan: If the safety needle device does not engage properly or malfunctions, immediately discard the syringe, needle, and safety needle device in a Sharps container. A non-safety needle device may be used if a safety needle device cannot be used or is not available. The needle must be discarded in a Sharps container immediately after use. Do not bend, recap, or purposely break the needle.



## **STANDARD OPERATING PROCEDURE**

### **Task / Procedure: Cardio-pulmonary resuscitation (CPR)**

**Exposure Potential:** Mucous membrane/skin exposure to blood or other potentially infectious materials

**Personal Protective Equipment:** Disposable gloves must be used. Laboratory coats and protective eye wear (safety glasses or goggles) are to be used whenever blood splattering or aerosolization can be reasonably anticipated.

**Maintenance / Disinfection:** Any garments contaminated with blood or other potentially infectious materials will be removed immediately or as soon as possible. Protective eye wear contaminated with blood or other potentially infectious materials will be cleaned with a disinfectant following the manufacturer's instructions and washed with soap and warm water prior to reuse.

**Disposal:** Discard gloves visibly contaminated with blood or other potentially infectious materials in a medical waste container (biohazard container with a red bag).

**Engineering Controls:** Medical Waste Container  
CPR masks with one-way valves must be used. Resuscitation bags may be used but are not required. Resuscitation bags are to be used only by staff persons trained in the proper use of these devices.

**Work Practice Controls:** Dispose of any visibly contaminated waste in a medical waste container (biohazard container with a red bag). Wash hands immediately after removing gloves.

**Management of Exposure Incidents:** Contact supervisor who will initiate post-exposure procedures and activities. Vigorously wash contaminated skin with plenty of soap and warm water. Flush contaminated mucous membranes for at least 15 minutes with copious amounts of water (lift the upper and lower eyelids occasionally in the event of an eye exposure). Remove contaminated clothing.

## **STANDARD OPERATING PROCEDURE**

<b>Task / Procedure:</b>	<b>Handling articles (including clothing) contaminated with blood or other potentially infectious materials</b>
Exposure Potential:	Mucous membrane/skin exposure to blood or other potentially infectious materials
Personal Protective Equipment:	Disposable gloves must be used. Laboratory coats and protective eye wear (safety glasses or goggles) are to be used whenever blood splattering or aerosolization can be reasonably anticipated.
Maintenance / Disinfection:	Any garments contaminated with blood or other potentially infectious materials will be removed immediately or as soon as possible. Protective eye wear contaminated with blood or other potentially infectious materials will be cleaned with a disinfectant following the manufacturer's instructions and washed with soap and warm water prior to reuse.
Disposal:	Discard gloves visibly contaminated with blood or other potentially infectious materials in a medical waste container (biohazard container with a red bag).
Engineering Controls:	Medical Waste container
Work Practice Controls:	Dispose of any visibly contaminated waste in a medical waste container (biohazard container with a red bag). Wash hands immediately after removing gloves.
Management of Exposure Incidents:	Contact supervisor who will initiate post-exposure procedures and activities. Vigorously wash contaminated skin with plenty of soap and warm water. Flush contaminated mucous membranes for at least 15 minutes with copious amounts of water (lift the upper and lower eyelids occasionally in the event of an eye exposure). Remove contaminated clothing.

## **STANDARD OPERATING PROCEDURE**

**Task / Procedure:**    **Administering first aid for a cut or bleeding wound**

**Exposure Potential:**    Mucous membrane / skin exposure to blood or other potentially infectious materials

**Personal Protective Equipment:**    Disposable gloves must be used. Laboratory coats and protective eye wear (safety glasses or goggles) are to be used whenever blood splattering or aerosolization can be reasonably anticipated.

**Maintenance / Disinfection:**    Any garments contaminated with blood or other potentially infectious materials will be removed immediately or as soon as possible. Protective eye wear contaminated with blood or other potentially infectious materials will be cleaned with a disinfectant following the manufacturer's instructions and washed with soap and warm water prior to reuse.

**Disposal:**    Discard gloves visibly contaminated with blood or other potentially infectious materials in a medical waste container (biohazard container with a red bag).

**Engineering Controls:**    Medical Waste container

**Work Practice Controls:**    Dispose of any visibly contaminated waste in a medical waste container (biohazard container with a red bag). Wash hands immediately after removing gloves.

**Management of Exposure Incidents:**    Contact supervisor who will initiate post-exposure procedures and activities. Vigorously wash contaminated skin with plenty of soap and warm water. Flush contaminated mucous membranes for at least 15 minutes with copious amounts of water (lift the upper and lower eyelids occasionally in the event of an eye exposure). Remove contaminated clothing.

## **STANDARD OPERATING PROCEDURE**

### **Clean Up of Small Blood Spills**

Follow these procedures for cleaning up spills of blood or other potentially infectious materials. The same procedures can be used for cleaning up other body fluids not defined as infectious by the MIOSHA Bloodborne Infectious Diseases Standard.

#### **STEP 1: REQUIRED PERSONAL PROTECTIVE EQUIPMENT**

- Prior to beginning the clean up, don a pair of latex or similar type gloves. For small blood spills, no other PPE should be required.

#### **STEP 2: EQUIPMENT REQUIRED**

The following items may be needed in handling the spill:

- 10% bleach solution (or commercial disinfectant product)
- latex (or similar type) gloves
- clear plastic bags
- biohazard labels
- leak-proof sharps container
- brush and dustpan, or tongs or forceps for picking up sharps
- disinfectant wipes

#### **STEP 3: SPILL DECONTAMINATION PROCEDURES**

Cover the spill area with a paper towel and then pour freshly mixed 10% bleach and water solution. Allow solution to soak into the contaminated material. Work from the outside edges of the spill inward when applying the bleach solution.

Any glass, needles, or other sharp objects that may puncture the skin will not be picked up by hand. Only mechanical means, such as brush and dustpan, tongs, or forceps are allowed. If you do not have such equipment available, contact a supervisor.

Wipe up bleached material with paper towels or absorbent pads. It may be necessary to use a scrub brush to remove the material if it impacted a hard porous surface such as concrete. If non-porous surfaces, such as a carpet have been contaminated, an outside vendor may be needed to clean the area.

#### **STEP 4: DISPOSAL**

Place bleached material, gloves and other disposable materials into a labeled biohazard bag and place into either another labeled biohazard bag or container. Ensure lids are firmly sealed on all waste containers when spill clean up is complete. Place biohazard waste container in a secured area until removed by facilities and operation staff.

#### **STEP 5: DECONTAMINATE RE-USABLE EQUIPMENT**

Decontaminate with the bleach solution all potentially contaminated re-useable tools or protective equipment used in the cleanup. This includes dustpans, brooms, forceps, buckets, etc. Anything that cannot be effectively cleaned (bleach solution must be able to make contact with all surfaces) must be disposed as waste. After the contaminated area has been cleaned, use fresh water to remove bleach residue from all surfaces.

#### **STEP 6: WASH YOUR HANDS**

If hand-washing facilities are not available use disinfectant wipes and then wash your hands as soon as possible.

#### **BIOHAZARD EXPOSURE**

If you believe you were exposed (skin puncture or splash to eyes or mucous membranes) to biohazard material that had not been contaminated with bleach solution, follow these recommended steps:

- Skin exposure: Vigorously wash affected skin with plenty of soap and water while removing contaminated clothing and shoes.
- Mucous membrane exposure: Flush contaminated mucous membrane for at least 15 minutes with copious amounts of water (lift the upper and lower eyelids occasionally in the event of an eye exposure).
- Contact a supervisor who will initiate post-exposure procedures and activities.

**MACOMB COUNTY COMMUNITY MENTAL HEALTH**

**TUBERCULOSIS CONTROL PROGRAM  
POLICIES AND PROCEDURES MANUAL**

**APPROVED BY:**

  
\_\_\_\_\_  
Medical Director

5/12/11  
\_\_\_\_\_  
Date

**ANNUAL REVIEW:**

  
\_\_\_\_\_  
Medical Director

7/16/12  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Medical Director

6/6/14  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Director

\_\_\_\_\_  
Date

Cover Sheet TB Manual

COPY TO MACOMB COUNTY RISK MANAGEMENT

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## **I. ADOPTION OF TUBERCULIN SKIN TESTING POLICIES AND PROCEDURES OF MACOMB COUNTY HEALTH DEPARTMENT**

It is the policy of the MCCMH Board to incorporate the tuberculin skin testing policies and procedures as set forth by the Macomb County Health Department and approved by the Macomb County Health Department Medical Director. These policies and procedures include the following provisions, below.

## **II. EMPLOYEE TUBERCULOSIS SCREENING**

- A. A tuberculin skin test (TST) is conducted at the time of hire and on an on-going basis for individuals who provide direct services to consumers whose occupations fall within the following job classifications:

Peer Support Specialist  
Registered Nurse  
Case Manager II  
Case Manager III  
Therapist II  
Therapist III

- B. Testing is done at no cost by the Macomb County Health Department. The Macomb County Human Resources Department will manage the paperwork for testing at the time of hire. It is the responsibility of the employee to present to the Macomb County Health Department for on-going tuberculin skin testing; MCCMH is responsible for maintaining records of the on-going tuberculin skin tests.
- C. An individual with a job classification that falls outside of those listed above may be held to the tuberculin skin testing requirements on a case by case basis.

## **III. TUBERCULIN SKIN TESTING POLICIES AND PROCEDURES**

- A. Employees who have not had a documented, negative tuberculin skin test within the last 12 months will be required to have a two-step baseline tuberculin skin test.
- B. Employees who are tuberculin skin test negative will be re-tested every 12 months. If clusters of tuberculin skin test conversions occur, employees will be tested more frequently at a rate determined by the Macomb County Health Department Medical Director.
- C. All tuberculin skin tests will be administered, read and interpreted in accordance with Macomb County Health Department guidelines by specified, trained nursing staff.
- D. Employees who have a documented history of a positive tuberculin skin test, adequate treatment for tuberculosis disease, or adequate treatment for latent tuberculosis infection, will be exempt from tuberculin skin testing. They will be assessed for signs and symptoms suggestive of active tuberculosis every 12 months, and appropriate follow-up action shall be taken, e.g. medications and chest X-Ray.



- E. Employees will be tested whenever they have been exposed to an infectious, active case of tuberculosis.

#### **IV. EVALUATION AND MANAGEMENT OF EMPLOYEES WITH POSITIVE TUBERCULIN SKIN TESTS**

- A. Employees with newly recognized positive tuberculin skin test results or conversions will be promptly assessed for active tuberculosis.
- B. Contact investigations will be initiated in the following situations:
  - 1. The appearance of tuberculin skin test conversions or active tuberculosis in employees.
  - 2. The occurrence of possible person-to-person transmission of M. tuberculosis.
  - 3. A situation in which patients or employees with active tuberculosis are not promptly identified.
- C. An employee who has active tuberculosis will be excluded from his/her work assignment. Before an employee can return to the workplace, he/she must provide documentation for his/her health care provider that they are receiving adequate therapy, and that the employee is no longer considered infectious. The return to work must be approved by the Macomb County Health Department Medical Director. Periodic documentation will be required from the employee's health care provider to establish that adequate therapy is maintained for the recommended time period, and that the employee remains non-infectious.

#### **V. MAINTENANCE OF TUBERCULIN SKIN TESTING RESULTS**

- A. Tuberculin skin test results will be confidentially recorded in the individual employee's record, and in an aggregate database of all employee tuberculin skin test results.
- B. The Macomb County Health Department Medical Director will periodically review the database.
- C. The database will be maintained by the Communicable Disease Specialist, who will be responsible for the following:
  - 1. The initial two-step tuberculin skin test results for each employee will be logged in a confidential aggregate database.
  - 2. Employees will be notified when re-testing or re-assessment is required. All new results will be logged in the established database, and compared to previous results.

3. The Communicable Disease Specialist will be responsible for the generation of an annual report. Tuberculin skin test conversions are to be immediately reported to the Public Health Services Coordinator.
  4. The Communicable Disease Specialist will be responsible for maintaining the confidentiality of the database according to current policy.
- D. The Macomb County Health Department Medical Director will be notified of all positive employee tuberculin skin test results or conversions.

## **VI. RESPIRATORY PROTECTION AND THE USE OF PERSONAL PARTICULATE RESPIRATORS**

Patients who have (or who are believed to have) infectious tuberculosis (TB) may be capable of transmitting M. tuberculosis to TB Control Program staff persons. Such patients are to receive clinical services in their home or place of residence and not at the Macomb County Health Department until rendered non-infectious by effective treatment. Personal particulate respirators will be available to use by TB Control Program staff persons providing services to these patients.

### **A. INDICATIONS FOR THE USE OF PERSONAL PARTICULATE RESPIRATORS**

The use of personal particulate respirator is required whenever a TB Control Program staff person enters the home or place of residence of a patient who has (or who is believed to have) infectious pulmonary or laryngeal TB.

### **B. PERSONAL PARTICULATE RESPIRATOR MEDICAL EVALUATION**

The Occupational Safety and Health Association (OSHA) requires a medical evaluation (including an examination, when necessary) of all staff persons before respirator fit testing to ensure that a person does not have a medical condition that might affect their ability to safely wear a respirator. TB Control Program staff persons will be evaluated as necessary by a contractual medical provider prior to fit testing.

### **C. TRAINING AND RESPIRATOR FIT TESTING**

Training and fit testing are necessary to ensure that respirators are used correctly and fit appropriately. Training and fit testing are required initially, annually, and if a staff person experiences physical changes that may affect respirator fit (e.g. weight loss or gain, growth of a beard). Fit testing will be performed by a contractual medical provider on an annual basis and as necessary.

### **D. FIT CHECKING**

Persons using personal particulate respirators must check the facepiece fit before each use.

E. REUSE OF PERSONAL PARTICULATE RESPIRATORS

The personal particulate respirators used by the TB Control Program are disposable. However, these respirators can be reused by the same staff person if they are not damaged or visibly soiled and if they continue to fit appropriately. Respirators cannot be cleaned or shared between staff. Respirators are to be inspected prior to each use and must be discarded if damaged or visibly soiled.

F. RECORD KEEPING

Records indicating who has completed respirator fit testing will be maintained by the Communicable Disease Program. Actual medical records and forms completed as part of the fit testing process will be maintained by the contractual medical provider.

### What if I have more questions?

- Feel free to ask the health professional who gave you this booklet any questions that you might have.
- Call the Michigan statewide HIV/AIDS information hotline  
(English 1-800-872-AIDS;  
Español 1-800-862-SIDA;  
TDD 1-800-332-0849).
- Visit the CDC's HIV/AIDS website for more information  
(<http://www.cdc.gov/hiv/>).



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# WHAT YOU NEED TO KNOW

## About HIV Testing

### What is HIV and how is it spread?

HIV infection is a long-term illness that damages the body's immune system, or its ability to fight off diseases. HIV spreads through blood, semen, vaginal fluids, and breast milk. You can get or give HIV infection by:

- Having vaginal, anal, or oral sex without a condom.
- Sharing needles or works when injecting drugs.
- HIV can be passed from mother to child during pregnancy, birth or breastfeeding.
- You **cannot** get HIV by donating blood or through casual contact such as hugging or shaking hands.

### What is AIDS?

- AIDS (Acquired Immunodeficiency Syndrome) is the stage of HIV infection when the body is weakened and less able to fight off germs.

### What is an HIV test?

It is a simple test, done by taking blood or fluid from cells in the mouth, that shows if you have been infected with HIV (human immunodeficiency virus), the virus that causes AIDS.

### Who should have an HIV test?

- The CDC (Centers for Disease Control and Prevention) recommends that everyone between the ages of 13 and 64 get tested for HIV.

- Whatever your age, you should have an HIV test if you are sexually active or have shared needles or works for injecting drugs.
- Women who are pregnant or considering pregnancy should also get an HIV test.

### Can anyone make me take an HIV test?

*Under Michigan law, unless you are ordered by a judge, or you are a prisoner entering into a state correctional facility, getting an HIV test is your decision. No one can test you without getting your consent.*

### Can I change my mind after I consent to the test?

- Yes, you can change your mind at any time before the lab runs the test.
- If you change your mind, you must give your health care provider a written request saying that you do not want your test to be run.

### Can someone under age 18 take the test without their parents' consent?

- Yes. Minors, age 13 and older, have the right to take the test for HIV without their parents' knowledge or consent.



#### What is the difference between anonymous and confidential testing?

- **Anonymous HIV testing** means your name is not used and will not be on the test results. To get your test results, you will be given a code number.
- **Confidential HIV testing** means that your name will be used on your test results.
- If you get an anonymous HIV test, you will not receive a piece of paper with your name and your test results. If you need a copy of your HIV test results, you should take a confidential test.

*In Michigan, you have the right to request an anonymous HIV test.*

#### How is HIV testing done?

**Typical HIV tests** are done on blood or oral fluids. Specimens are sent to a lab and you get your results in about one week. When testing blood, a needle will be used to draw blood from a vein in your arm. When testing oral fluids, they are collected on a swab from your mouth.

**Rapid test:** Some clinics or testing sites offer rapid testing. This is a test done on a small amount of blood from the tip of your finger or from fluid in your mouth. You will get results in that same visit. If your result is reactive (shows possible signs of infection), you will need more testing.

#### How will this test help me?

- The test will tell you whether or not you have HIV. People can have HIV for years and not know it unless they get tested.
- If you are infected, it can help you get proper treatment and learn how to avoid spreading HIV to other people.
- If you are not infected, it can help you learn how to reduce your risk of getting HIV.

#### What does a negative (or "non-reactive") result mean?

- A **negative result** means you are not infected with HIV.
- OR you have been infected too recently for it to show up on the test.
- If you recently had sex without a condom or shared needles, you should get another test in about six weeks. This is because sometimes HIV tests cannot detect recent infection.

#### What does a positive result mean?

- A **positive result** means that you are living with HIV.
- You should see a doctor as soon as possible. The person who gave you your test results can help you find a doctor if you don't have one.
- If you have HIV, you can pass your infection to other people through sex, sharing needles, or through birth or breastfeeding if you are or will be a mother.

- You should use condoms every time you have sex, to prevent passing the infection to others. The person who gave you your test results can help you plan ways to keep from passing your infection on to others.

#### Who will know the results of my test?

**In Michigan, all HIV test information is confidential, by law.**

- This means that there are very strict rules about who is allowed to see that information.
- Health care workers that are involved in your care may see your test results.
- Health insurance companies, Medicare and Medicaid, if they are paying all or part of the cost of your health care, will also see your test results.
- All positive HIV tests are reported to the health department.
- If you have HIV, Michigan law requires that your doctor or someone from the local health department notify all of your known sexual and/or needle-sharing partners that they may have been exposed to HIV. They do this without using your name, or sharing any information about you.
- It is illegal to discriminate against people with HIV.

#### If I have HIV, will I definitely develop AIDS or get sick?

No. Today there are many treatments for HIV. These treatments can prevent serious illness, including AIDS. If you get care quickly, you have a good chance for a long and healthy life.

#### Whom should I tell if I have HIV?

- Current, past and future sexual and/or needle-sharing partners should be notified.
- Your local health department can also help to notify partners. They will do this without using your name or sharing any information about you. Your doctor, health care provider or counselor that performed the test can connect you with the local health department.

**Michigan law requires you to tell any current or future sexual partner that you have HIV before having any kind of sex with them.**

- The law also requires that your doctor or someone from the local health department talk to you about this.