

INFECTIOUS DISEASE PROTECTION

STANDARD NO(S)

NYSLEAP 3.1

NYSSA # 145

DATE:

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REFER TO:

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I. OBJECTIVE:

To enable SCSO members to minimize on-the-job risk of contracting serious blood borne infections, such as Hepatitis A (HAV) & B (HBV), or the human immunodeficiency virus (HIV) that has been identified as a probable causative agent of the Acquired Immunodeficiency Syndrome (AIDS); as well as the airborne bacterial disease, tuberculosis (TB).

II. POLICY:

It shall be the policy of the SCSO to provide its members with information, training, protective equipment and, with consent, voluntary testing and immunization in order that they be aware of and avoid certain infections caused by blood, body fluids and human tissue, which may be encountered in connection with their duties.

III. DETAILS:

The information and procedures set out in this directive were obtained from; (1) a publication provided as an educational service by Merck Sharp & Dohme entitled, "Protecting Yourself against Serious Blood borne Infections on the Job - A GUIDE FOR FIRST RESPONDERS"; (2) the "Officer's Handbook for Management of HIV/AIDS and Other Infectious Diseases" published by the New York State Commission of Correction in 1991; (3) "Guidelines for the Control of Tuberculosis in Correctional Facilities," a 2007 publication of the New York State Health Department, Bureau of Tuberculosis Control and the New York State Commission of Correction; (4) Sections 2780- 2787 of the New York State Public Health Law; and, (5) an amendment to Part 1910 of Title 29 of the Code of Federal Regulations, effective 3/6/92 (1910.1030 (c)(1)(ii)(A). The last requires a written Exposure Control Plan designed to eliminate or minimize member exposure. This directive includes the pertinent parts of the regulation and, as such, constitutes SCSO's plan.

A. Understanding the infections -

1. Hepatitis A – (HAV) Hepatitis A is a liver infection caused by a virus. It goes away on its own in almost all cases. The disease is caused by the hepatitis A virus and is found in the stool of an infected person and is spread when a person eats food or drinks water that has come in contact with infected stool. After being exposed to

the virus, it can take from 2 to 7 weeks before seeing any signs of the virus. Common symptoms include feeling very tired, sick to your stomach and not feeling hungry. Losing weight without trying, pain on the right side of the belly, under the rib cage, a fever or experiencing sore muscles are other common symptoms. Only a blood test can tell if you have been exposed to hepatitis A or another form of the disease. This test will tell if your liver is inflamed and whether you have antibodies to the hepatitis A virus. The presence of these antibodies prove that you have been exposed to the virus. There are several forms of protecting oneself from contracting Hepatitis A, which include washing your hands with soap and hot water after using the bathroom or changing a diaper or before preparing food. Steps to prevent passing hepatitis A onto others include telling people you live with or have sex with that you have hepatitis A.

2. Hepatitis B – (HBV) Hepatitis B is a disease of the liver that is caused by the Hepatitis B Virus. Many people infected with HBV never feel sick, while others get a mild flu-like illness. Other people get jaundice (yellow eyes and skin), feel very tired, lose their appetites, and have other severe health problems after being infected with HBV. These symptoms can last as long as six months. HBV infection leads to death in about 1 in 100 cases.

While most infected people completely recover, up to 10 in 100 carry the virus for a long time without having any symptoms. These carriers are infectious, which means they can spread HBV to others. Carriers are at risk of developing serious and sometimes fatal, liver diseases such as cirrhosis and liver cancer.

In the United States, there are about one million HBV carriers and 300,000 new HBV infections each year. Some important points about HBV are:

- a. HBV is spread mostly through contact with blood, semen, vaginal fluids or saliva (from a bite).
- b. The chance of being infected after being stuck with an infected needle is from 6 to 30 %.
- c. The survival of the virus outside of the body is 7 days or longer.
- d. There is a vaccine available for HAV & HBV.

3. Acquired immunodeficiency syndrome (AIDS) -The Human Immunodeficiency Virus (HIV) can cause AIDS. HIV destroys the body's natural defenses against a wide range of illnesses and leads to death in most cases. A person infected with HIV may carry the virus for years before starting to look or feel sick. Even though that person may not appear to be sick, the virus is still present and can be transmitted to others.

In the U.S. the number of HIV carriers is one million or more, with at least 40,000 new infections among adults and adolescents each year. As of 1990, 22 cases of job-

related AIDS infections have been documented in the world and none involved first responders. However, it is important to note again that nearly every case of AIDS results in death.

Effective February 1, 1989, sections were added to the New York State Public Health Law (PHL), concerning HIV and AIDS related information and were written to protect the confidentiality of persons infected with HIV. The law defines a "contact" as "an identified spouse or sex partner of the protected individual or a person identified as having shared hypodermic needles or syringes with the protected individual." More casual relationships are not mentioned as having any risk of exposure. The legislative intent is significant:

“The legislature recognizes that maximum confidentiality protection for information related to human immunodeficiency virus (HIV) infection and acquired immune deficiency syndrome (AIDS) is an essential public health measure. In order to retain the full trust and confidence of persons at risk, the state has an interest both in assuring that HIV related information is not improperly disclosed and in having clear and certain rules for the disclosure of such information.”

“By providing additional protection of the confidentiality of HIV related information, the legislature intends to encourage the expansion of voluntary confidential testing for the human immunodeficiency virus (HIV) so that individuals may come forward, learn their health status, make decisions regarding the appropriate treatment, and change the behavior that puts them and others at risk of infection.”

“The legislature also recognizes that strong confidentiality protections can limit the risk of discrimination and the harm to an individual's interest in privacy that unauthorized disclosure of HIV related information can cause. It is the intent of the legislature that exceptions to the general rule of confidentiality of HIV related information be strictly construed.”

Some important points about AIDS are:

- a. HIV is spread mostly through contact with blood, semen and vaginal fluids.
- b. The chance of being infected after being stuck with an infected needle is .5 %.
- c. The survival of the virus outside the body is several hours.
- d. There is no vaccine available for AIDS.

4. Tuberculosis (TB) -Tuberculosis is a bacterial disease usually affecting the lungs (pulmonary TB). Other parts of the body can also be affected, for example lymph nodes, kidneys, bones, joints, etc. (extra pulmonary TB). Approximately 1,300 cases are reported each year in New York State (NYS DOH, 2007). Tuberculosis can affect anyone of any age. People with weakened immune systems are at increased

risk. Tuberculosis is spread through the air when a person with untreated pulmonary TB coughs or sneezes. Prolonged exposure to a person with untreated TB usually is necessary for infection to occur. Initial symptoms of TB disease include fatigue, low grade fever, night sweats, weight loss and a persistent cough. Some people may not have obvious symptoms. The most common site of TB disease is in one or both lungs. TB can also occur at any other site in the body, including the kidneys, brain, or spine. Symptoms vary depending on the site affected.

TB was once the leading cause of death in the United States. The number of cases reported annually had been declining steadily since 1954; however, beginning in 1984, no decrease occurred, and in 1990 there was a 9% **increase** over the year before. TB has made a comeback and is accompanying the epidemic of HIV infection. TB rates have been increasing dramatically where HIV infection is most prevalent; in certain regions (particularly large urban centers) and among those population groups at greatest risk (especially 25 to 44 year-old males). But TB is both curable and preventable, even in those with HIV infection.

- a. TB is treatable with medication; however, the present regimens can last as long as one year. Recently, it has been determined that when treatment is prematurely discontinued, a more drug-resistant strain of the germ can develop. After only one week of medication, most persons with active TB will no longer be infectious, provided the medication is continued. Untreated TB results in long term chronic, debilitating illness, which spreads to organ systems outside the lung and leads to eventual death.
1. TB is spread when a person with tuberculosis of the respiratory tract coughs, sneezes, or exhales and airborne infectious particles consisting of sputum (saliva and discharge from respiratory passages) is produced.
2. TB can be contracted by exposure to the airborne droplets, particularly in enclosed spaces, or by prolonged exposure to a person with untreated TB.
3. TB bacterial can be rendered harmless by good ventilation or sunlight.
4. A healthy immune system very rapidly suppresses symptoms of TB infection. The infection becomes dormant or latent and the host looks and feels well. Infected persons exhibit a reactive skin test, about 4 to 12 weeks after infection, but otherwise are without signs.
5. **Latent TB** infection may become active at any time but is usually associated with advancing age, diabetes, malnutrition, alcoholism or other factors which diminish or impair the immune system, in particular infection with HIV.
6. **Multi-drug resistant tuberculosis** (MDR-TB) refers to the ability of some strains of TB to grow and multiply even in the presence of certain drugs which would normally kill them.

7. **Extensively drug-resistant TB** (XDR-TB) is a subset of MDR-TB in which the strains of TB bacteria are resistant to several of the best second line drugs for TB. These strains are very difficult to treat. XDR-TB cases make up approximately 10 percent of MDR-TB cases.

8. TB patients with drug sensitive disease may develop drug resistant tuberculosis if they fail to take anti-tuberculosis medications as prescribed as well as TB patients who have been prescribed an ineffective treatment plan. TB cases diseased with MDR-TB can transmit the drug resistant infection to other individuals.

b. Contact with serious blood borne infections

1. Members working in corrections (while inside a facility or while transporting prisoners), law enforcement (including civil), and court security (including special patrol officers) can be exposed to HAV, HBV and/or HIV by direct contact with infected blood or other body fluids by:

2. Being stuck with infected needles or other "sharps" (term used for any implement capable of penetrating the skin). These objects could be present at the scene of a drug incident, a domestic dispute, or for that matter, at about any place to which a member might be expected to respond.

3. Having infected blood or other body fluids splashed into the mouth, eyes, nose or onto skin that is cut, scratched, or has sores, rashes, or other skin conditions.

4. Suffering a human bite from one whose saliva may be carrying the HBV.

c. The risk of infection - Direct contact with a virus does not always mean that you will become infected; however, the more frequently you are exposed to infected blood or other body fluids, the more likely you are of becoming infected. For HAV, HBV and HIV, the risk of infection from splashes of infected blood into the mouth, eyes or nose is lower than the risk from being stuck with a needle. You are unlikely to catch HBV through casual contact, such as touching or shaking hands with an infected person, eating food prepared by an infected person, or from contact with drinking fountains, telephones, toilets or other surfaces. Neither will you catch HIV through casual contact.

d. Body fluids that carry the viruses' -

1. Blood is an important source of HAV, HBV and HIV in the work setting that may be encountered by the first responder.

2. Semen, vaginal fluids and fecal material.
3. Fluid from the brain, spine, chest cavity, stomach, heart, and joints, as well as fluids in the womb of a pregnant woman.
4. Saliva (from a bite).
- e. Universal precautions - Universal precautions are procedures developed by the Centers for Disease Control and incorporated into the Occupational Safety & Health Act (OSHA) guidelines. These precautions, set out below, should be practiced whenever a member is exposed to blood or other body fluids. This rule is important because it is often impossible to tell if the person you come in contact with has HAV, HBV or HIV.

In an emergency when you cannot identify body fluids or tell whether they contain blood, treat all body fluids as potentially infectious.

- f. Protecting yourself against serious blood borne infections on the job - Appropriate protective attire should always be worn to help reduce the risk of exposure. Standard personal protection equipment and procedures for infection control are described below. Blood borne pathogen response kits containing the necessary supplies are furnished for all SCSO vehicles, at all officers' stations within the Seneca County Correctional Facility, and in the Court Security Office as well as the Civil, Records and Administration Divisions.

Members finding themselves in a situation where exposure is likely are required to use the appropriate protective equipment except under rare and extraordinary circumstances; where it is the member's professional judgment that in the specific instance its use would prevent the delivery of rescue or first aid services, or would pose an increased hazard to the member's safety or to the safety of others. When the member makes this judgment, the circumstances will be investigated and documented in order to determine if changes can be instituted to prevent such occurrences in the future.

B. Personal Protective Equipment –

All SCSO vehicles will be equipped with personal protective equipment in the form of Blood borne pathogen response kits to be used in the event that any member comes into contact with unknown bodily fluids. In addition, such kits will be available at select fixed locations of the SCSO such as within the Correctional Facility, Administrative, Records, Civil and Court Security Divisions.

1. **Gloves** - Disposable surgical-type gloves will be worn when it can be reasonably anticipated that the member may have hand contact with blood or other body fluids, and when touching contaminated items. Two pair are supplied in the kit. Two pair are to be carried on the officer's equipment

belt in a leather pouch provided for this purpose. Gloves should be changed between handling different people.

- a. Before putting on gloves, make sure they have no holes, cracks or tears.
 - b. Change gloves if they become torn, punctured or dirty. Gloves are not to be washed or de-contaminated for reuse.
 - c. After contamination, gloves should be removed as follows: (1) Carefully remove one glove by grasping it with the other gloved hand just below the wrist and pulling it off; (2) While holding the removed glove in the gloved hand, carefully slip two bare fingers under the wrist band and pull down over the gloved hand, thereby ending with the first glove contained within the second, which will be inside out.
 - d. Dispose of surgical gloves in a container identified as being for medical waste.
 - e. Use fire fighter's gloves, or similarly rugged protection, over the latex or vinyl gloves when working around broken glass or sharp surfaces; for instance, when removing a person from a motor vehicle accident. Utility gloves may be decontaminated for reuse if the integrity of the glove is not compromised; however, they must be discarded if they are cracked, peeling, torn, punctured, or show other signs of deterioration or when their effectiveness as a barrier is in doubt.
2. **Masks, eyewear, gowns** - Protective clothing as well as safety glasses or a face shield is essential since blood and/or body fluids may be splashed onto a member responding to an emergency. In this circumstance, uniforms that become contaminated should be removed as soon as possible. The above mentioned kit contains a plastic disposable gown along with a mask, nose and mouth cover all of which can offer some protection.
 3. **Resuscitation equipment** - The kit contains a CPRrotector – mouth to mouth barrier which should be used whenever rescue breathing is required. If questioned concerning its use, it may be desirable to explain that this precaution is taken for the protection of both the officer and the victim. It should be stressed that this is standard procedure.
 4. **Preventive procedures**
 - a. Hand washing is the best overall protective measure against most communicable diseases, including Hepatitis A & HBV. Hands and other skin surfaces should be thoroughly washed with soap and running water

immediately after contact with blood or other body fluids, as well as upon the removal of gloves or other protective clothing.

When running water is not available, a waterless substitute may be used. Hand wipes, isopropyl alcohol, and paper towels are contained in the aforementioned kits and can serve until washing facilities are available.

- b. If it is necessary to take possession of any kind of hypodermic needle and/or glass syringe, great care must be taken to avoid being stuck. Do not recap, bend, or break needles or manipulate them by hand in any way. Broken glassware that may be contaminated will not be picked up directly with the hands. It will be retrieved using some mechanical means such as a brush and dust pan, tongs, or forceps. All needles and other sharp objects should be placed in a puncture resistant container and clearly labeled if evidential.
- c. Discarded contaminated materials (regulated waste) can be disposed of in a sharps container carried for this purpose in the patient compartment of every ambulance or in a hospital emergency room. Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, the State of New York and the County of Seneca.
- d. Specimens of blood or other potentially infectious materials will be placed in a container that prevents leakage during collection, handling, processing, storage, transport or shipping. Containers of blood are to be appropriately labeled.
- e. The cleaning, laundering, disposal, repair and replacement of personal protective equipment will be provided by the SCSO.
- f. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited under circumstances where there is a likelihood of exposure to infectious materials.
- g. Food and drink will not be kept in refrigerators, freezers or cabinets or upon shelves, counter or bench tops where blood or other potentially infectious materials are present.
- h. Members shall attempt to avoid close or prolonged exposure to persons with TB, particularly in enclosed spaces. When transporting such an individual, consideration should be given to providing adequate ventilation within the vehicle.

C. Information and training -The Occupational Safety and Health Act, as amended, has mandated that persons assumed to have occupational exposure (includes members in both Law Enforcement and Corrections Bureau) must be provided with training prior to

the initial assignment and at least annually thereafter. SCSO members will receive this instruction in connection with FTO sessions, or equivalent, training to be supplemented in the event new exposures or safeguards become available. The training program, making use of both classroom and video presentations, shall contain:

1. An accessible copy of the regulatory text as it appears in the Federal Register, Vol. 56, No. 235 for Friday, December 6, 1991, and an explanation of its contents;
2. A general explanation of the epidemiology (the sum of the factors controlling the presence or absence of a disease or pathogen) and symptoms of blood borne diseases;
3. An explanation of the modes of transmission of blood borne pathogens;
4. An explanation of the Manual of Instructions subject "Infectious Disease Protection," with attention drawn to the fact that this directive constitutes SCSO's official Exposure Control Plan;
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
6. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate controls, work practices, and personal protective equipment;
7. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
8. An explanation of the basis for selection of personal protective equipment;
9. Information on the TWINRIX hepatitis A & B vaccine, including information on its efficacy (the power to produce an effect), safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or potentially infectious materials;
11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
12. Information on the post-exposure evaluation and follow-up that is required to be provided for the member following an exposure incident;

13. An explanation of the signs and labels and/or color coding required for regulated waste; and,
14. An opportunity for interactive questions and answers with the person conducting the training session.

D. TWINRIX (Hepatitis A & B Combination Vaccination)& Tuberculosis Testing

1. **TWINRIX**, combination Hepatitis A & B vaccinations will be available to all members and employees, unless the member has previously received the complete hepatitis B vaccination series; or unless antibody testing has revealed that the member is immune; or unless the vaccine is contraindicated for medical reasons. TWINRIX consists of a series of three vaccine doses within six months. TWINRIX is indicated for active immunization of persons 18 years of age older against disease caused by hepatitis A virus and infection by all known subtypes of hepatitis B virus. The most common solicited adverse events were: soreness and or redness at the injection site, headache and fatigue. As with any vaccine, rare adverse events may occur and as with any vaccine, TWINRIX may not protect 100% of individuals receiving the vaccine. The Correctional Facility Medical unit will provide at no charge to the member or employee the TWINRIX vaccination.
2. Every member or employee who either accepts or declines to accept the TWINRIX, hepatitis A & B combination vaccination shall so indicate on a form (SCSO-AD-004) provided for this purpose and retained in the member's personnel file.
3. Any member or employee who initially declines the TWINRIX hepatitis A & B combination vaccination, and at a later date and while still an active member, decides to accept the vaccination, may do so. The vaccination will be made available prior to any additional activities that would create occupational exposure.
4. All members and employees will be offered a tuberculosis skin test (TST) each year administered by the Correctional Facility Medical Staff at no cost to the member or employee. All members and employees shall so indicate on a form (SCSO –AD-002) provided for that purpose and retained in the member or employee's personnel file.
5. In the event that a member or employee's skin tuberculosis test indicates a positive reading, the member or employee will be relieved from duty pending a chest x-ray to determine the positive or negative effect. The member or employee will not suffer any diminution of salary pending the results of the x-ray results. In the event that test results are positive, the member or employee will be governed by the provisions of such member or employee's collective bargaining agreement.

E. Information for Vaccine Recipients: Vaccine recipients will be informed by the Correctional Facility healthcare provider of the potential benefits and risks of

immunization with TWINRIX.

Vaccine recipients will be advised regarding potential side effects, the Correctional Facility Nurse will emphasize that components of TWINRIX cannot cause hepatitis A or hepatitis B infection.

Vaccine recipients will be instructed to report any severe or unusual adverse reactions to their healthcare provider.

The vaccine recipients will be given the Vaccine Information Statements, which are required by the National Childhood Vaccine Injury Act of 1986 to be given prior to immunization.

These materials are available free of charge at the CDC website (www.cdc.gov/vaccines). The Vaccine Adverse Events Reporting System (VAERS) toll-free number is 1-800-822-7967. Reporting forms may also be obtained at the VAERS website at www.vaers.hhs.gov.

F. The Ryan White Act -This federal legislation, effective April 20, 1994, (59 F.R. 13418) requires medical facilities to evaluate and disclose relevant information when an **E**mergency **R**esponse **E**mployee (ERE) has been exposed to specified airborne and blood borne infectious diseases, including HIV. EREs are defined as firefighters, law enforcement officers, emergency medical technicians, and other professional emergency responders, paid or volunteer.

The new federal regulations provide for the disclosure of exposure under certain circumstances, even without the consent of the patient (the source of the infection) preempting state laws in this regard.

1. The designated officer (DO) - Each emergency response agency is required to appoint a DO, who shall be the only person to request, receive and provide information relating to exposure. SCSO's DO is the Sheriff.
2. It shall be the responsibility of the DO, upon receipt of a request from an ERE (the SCSO member), to determine if an exposure occurred, assisting the ERE in evaluating the risk of exposure. If warranted, the DO shall request (in writing) the medical facility to provide the results of any testing for infectious diseases, either positive or negative.
3. The DO shall hold confidentially any information on exposure, disclosing it only to the ERE who suffered the exposure. Any unauthorized re-disclosure violates the Public Health Law.
4. If an exposure is confirmed, the ERE will be offered confidential medical evaluation and follow-up as required by OSHA regulations.
5. Response to the DO's written request for information must be made by the medical facility (hospital) within 48 hours. Their response may be that no

exposure existed (that is, the patient had no infectious disease), that an exposure may have occurred, or that there was not enough information furnished to make a determination. The information to be disclosed by the medical facility may not include the patient's name or address. Hospitals also have an affirmative responsibility to notify the DO of a possible exposure to infectious pulmonary tuberculosis.

6. Regulations provide that the hospital is obligated to report admission of a patient suffering from an infectious disease to the transporting agency (ambulance). It is important that SCSO members who suspect they might have been exposed insure that the hospital has this information and that the hospital is aware of the identity of our Designated Officer and how the DO may be contacted.
7. If the medical facility later determines that the patient has an infectious disease, it must so inform the DO. This requirement applies until the patient is discharged, or for 60 days after admission, whichever comes first.
8. Upon request of the DO, a public health official shall review those cases in which a facility states that the facts were insufficient to make a determination. The public health officer may then advise the DO concerning the collection of necessary information to establish risk of exposure or may resubmit the request to the facility.
9. A form for the use of the DO to request information from a medical facility and for the facility's response entitled "Request for Evaluation of Possible Infectious Disease Exposure to an Emergency Response Employee." (Form SCSO-AD-003)

G. Post exposure evaluation and follow-up -Members who have had an exposure incident are entitled to a professional and confidential medical evaluation, laboratory testing, and prophylaxis at no cost to the member. The evaluation and follow-up, to be provided by the County of Seneca, shall include:

1. Documentation of the circumstances of exposure.
2. Identification and documentation of the source individual unless it can be established that identification is infeasible or prohibited by state or local law.
3. Testing of the source individual's blood as soon as feasible, and after consent to determine HBV and HIV infectivity. In the case of the latter, the PHL requires that a "written informed consent" be given to the testing facility. If consent cannot be obtained, this fact must be documented. If source is already known to be infected, testing need not be repeated.
4. Results of an HBV test shall be made available to the exposed member, and member shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual. However, in the case of an HIV test of a source individual, disclosure of results

to a member is generally prohibited under PHL Section 2782. Exceptions do exist and disclosure may be made when there has been a written authorization for disclosure to a specified person; or when the source individual is deceased and the "test is conducted to determine the cause of death or for epidemiological purposes"; or when ordered by a court of competent jurisdiction. In the latter circumstance, advice should be sought from the Seneca County Attorney's Office.

5. Collection and testing of exposed member's blood after consent is obtained (If member consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, member elects to have the baseline sample tested, such testing shall be done as soon as feasible).
6. Post exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.
7. Counseling and evaluation of reported illnesses.

H. Procedures after exposure –

1. In the event a member is exposed to blood or body fluids, which substances have breached the protective equipment, the member shall immediately notify the on-duty supervisor. The exposure shall be considered to be a work related injury and the member may seek a medical evaluation and treatment from a physician, a hospital, or any health care professional of choice.
2. The member's supervisor will obtain the details of the exposure from the member and will prepare an Incident Report to include:
 - a. A description of the member's duties as they relate to the exposure incident;
 - b. Documentation of the route(s) of exposure and circumstances under which exposure occurred; and
 - c. Results of the source individual's blood testing, if available. See paragraph F. above.
3. In addition to filing his report in the member's personnel file, the supervisor shall furnish this information through channels as is done with a worker's compensation case.
4. The supervisor will provide the member with a copy of Part 1910.1030 of Title 29 of the Code of Federal Regulations, with instructions that this information is to be given to the health care professional for use in any treatment and subsequent follow-up. **A copy of which is attached to this policy as APPENDIX A; 1910.1030**

5. The health care professionals (of the member's choice) who conduct the evaluation must be provided with the specified information to facilitate the evaluation and to ensure that the written report required does not reveal confidential information.
6. Following an evaluation by a health care professional, the SCSO will obtain and provide the member with a copy of the written opinion within 15 days of the evaluation. The written opinion for hepatitis B vaccination shall be limited to whether the vaccination is indicated and if the member has received such vaccination.
7. Concerning the opinion for post exposure evaluation and follow-up, the information shall be limited to the following: that the member has been informed of the results of the evaluation; and, that the member has been told about any medical conditions resulting from the exposure which require further evaluation or treatment. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

I. Recordkeeping

1. **Medical records** - An accurate record for each member having an occupational exposure shall be established and maintained in the member's personnel file. The record shall include:
 - a. The name and social security number of the member;
 - b. A copy of the member's hepatitis B vaccinations and any medical records relative to the member's ability to receive vaccinations;
 - c. A copy of all results of examinations, medical testing, and follow-up procedures as set out in paragraph G. above;
 - d. A copy of the health care professional's written opinion as described in paragraphs G. (6) and (7) above; and,
 - e. A copy of the information provided to the health care professional as described in paragraph G. (2) above.
2. **Confidentiality** - As part of member's personnel file, the confidentiality of any medical records generated as a result of a work related exposure to potential infectivity can be assured since access to personnel records is strictly limited.
 - a. The records shall not be disclosed or reported without the member's express written consent to any person within or outside the SCSO except as required by law.
 - b. Medical records described herein shall be retained for at least the duration of member's employment plus 30 years.

3. **Training records** - Records generated in accordance with the provisions of paragraph D. above shall be in the custody of the appropriate Training Officer, or designee. The records will include:
 - a. The dates of the training sessions;
 - b. The contents or a summary of the training sessions;
 - c. The names and qualifications of persons conducting the training; and,
 - d. The names of all persons attending the training sessions.
 - e. Training records will be maintained for 3 years from the date on which training occurred.
4. **Availability** - All records required to be maintained will be made available to the Assistant Secretary of Labor for Occupational Safety and Health, the Director of the National Institute for Occupational Safety and Health, or their designees for examination and copying.
 - a. Member's medical records will be provided upon request for examination and copying to the member or to anyone having written consent of the member.
 - b. Member's training records will be provided on request for examination and copying to the member or to the member's representative.