

**COUNTY OF JACKSON  
BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN  
CHAPTER 81, HEALTH AND SAFETY CODE  
SUBCHAPTER H  
MINIMUM STANDARD**

This exposure control plan (plan) is adopted as the minimum standard to implement the Bloodborne Pathogens Exposure Control Plan required in Health and Safety Code, §81.304.

**APPLICABILITY**

These minimum standards apply to a governmental unit that employs employees who: provide services in a public or private facility providing health care related services, including a home health care organization; or otherwise have a risk of exposure to blood or other material potentially containing bloodborne pathogens in connection with exposure to sharps. The Texas Department of Health (department) may, in accordance with rules adopted by the Texas Board of Health, waive the application of Health and Safety Code, Chapter 81, Subchapter H, to a rural county if the department finds that the application of the subchapter to the county would be burdensome. A waiver granted under this §96.501 expired December 31, 2001. "Rural County" is a county that: (1) has a population of 50,000 or less; or (2) has a population of more than 50,000 but: (A) does not have located within the county a general or special hospital licensed under Health and Safety Code, Chapter 241, with more than 100 beds; and (B) was not, based on the 1990 federal census, completely included within an area designated as urbanized by the Bureau of the Census of the United States Department of Commerce.

**REVIEW**

The County of Jackson will review annually the exposure control plan, update when necessary, and document when accomplished.

**COUNTY OF JACKSON  
BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

Date of Authorization: **July 1, 2011**

In accordance with Health and Safety Code, Chapter 81, Subchapter H, and analogous to OSHA Bloodborne Pathogens Standard, the following exposure control plan exists:

**1. EXPOSURE DETERMINATION**

The County of Jackson (County) has classified by Job Classifications all employees in three Exposure Risk Groups. The exposure determination is made without regard to the use of personal protective equipment. This exposure determination is required to list all job classifications in which employees have occupational exposure, regardless of frequency.

- I. **Exposure Risk Group I:** If no protective equipment were used, all employees with these Job Classifications could be reasonably anticipated to have direct skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials during the performance of their duties.

Clinical Nursing Staff including: Nurses, Public Health Technicians,  
Community Service Aid, and Prevention Counselor  
Correction/Detention Personnel  
Patrol Deputy  
Constable  
Probation Officers

- II. **Exposure Risk Group II:** If no protective equipment were used, **some of the employees** with these Job Classifications could be reasonably anticipated to have direct skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials during the performance of their duties.

Building Maintenance  
Road and Bridge Personnel  
Fire Marshal  
Transfer Station Attendant  
Sanitation Inspectors  
Parks Maintenance

- III. **Exposure Risk Group III: None of the employees** with these Job Classifications could be reasonably anticipated to have direct skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials during the performance of their duties.

Clerical  
Administrative  
Data Processing  
Dietary Staff

For more information about your risk exposure, contact the County Treasurer.

## **2. IMPLEMENTATION SCHEDULE AND METHODOLOGY**

All aspects of the plan are in effect as of July 1, 2011.

## **3. METHODS FOR PREVENTING EXPOSURE**

All employees who belong in the Exposure Risk Group I, and all employees who belong in Exposure Risk Group II who perform tasks or procedures which expose them to blood and body fluids, even occasionally, as part of their duties as an employee, are considered “at risk”, and must follow these methods for preventing exposure to bloodborne infections.

### **Universal Precautions**

Universal precautions are observed to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials are considered infectious regardless of the perceived status of the source individual (living or dead).

### **Engineering Controls**

Engineering and work practice controls are used to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment is used. Examples include safety design devices, sharps containers, needleless systems, sharps with engineered sharps injury protection for employees, passing instruments in a neutral zone, etc.

Supervisors and workers examine and maintain engineering and work practice controls within the work center on a regular schedule.

### **Handwashing**

Handwashing facilities are also available to the employees who incur exposure to blood or other potentially infectious materials. The County’s plan requires that these facilities be readily accessible after incurring exposure.

If handwashing facilities are not feasible, the County will provide either an antiseptic cleanser in conjunction with a clean cloth/paper towels, antiseptic towelettes or waterless disinfectant. If these alternatives are used, then the hands are to be washed with soap and running water as soon as feasible.

After removal of personal protective gloves, employees wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and

water. If employees incur exposure to their skin or mucous membranes, then those areas are washed with soap and water or flushed with water as appropriate as soon as feasible following contact.

## **Needles**

Contaminated needles and other contaminated sharps are not bent, recapped, removed, sheared, or purposely broken. The County's plan allows an exception to this if no alternative is feasible and the action is required by a specific medical procedure. If such action is required, then the recapping or removal of the needle must be done by the use of a device or a one-handed technique.

## **Contaminated Sharps Discarding and Containment**

Contaminated sharps are discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak proof on sides and bottom, and biohazard labeled or color-coded.

During use, containers for contaminated sharps are easily accessible to personnel; located as close as is feasible to the immediate area where sharps are being used or can be reasonably anticipated to be found (e.g., laundries); maintained upright throughout use; are not allowed to overfill; and replaced routinely by clinical personnel.

## **Work Area Restrictions**

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter/bench tops where blood or other potentially infectious materials are present.

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited. All procedures are conducted in a manner to minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

## **Collection of Specimens**

Specimens of blood or other potentially infectious materials are placed in a container, which prevents leakage during the collection, handling, processing, storage, transport, or shipping of the specimens. The container used for this purpose is labeled with a biohazard label or color-coded unless universal precautions are used throughout the procedure and the specimens and containers remain in the facility. Specimens of blood and other potentially infectious body substances or fluids are usually collected within a hospital, doctor's office, clinic, or laboratory setting. Labeling of these specimens should be done according to the department's specimen collection procedure. This procedure should address placing the specimen in a container, which prevents leakage during the collection, handling, processing, storage, transport, or shipping of the specimens. In

facilities where specimen containers are sent to other facilities and/or universal precautions are not used throughout the procedure, a biohazard or color-coded label should be affixed to the outside of the container.

If outside contamination of the primary container occurs, the primary container is placed within a secondary container, which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen. The secondary container is labeled with a biohazard label or color-coded. Any specimen, which could puncture a primary container, is placed within a secondary container, which is puncture proof.

### **Contaminated Equipment**

Equipment which may become contaminated with blood or other potentially infectious materials is examined prior to servicing or shipping and decontaminated as necessary unless the decontamination of the equipment is not feasible. Departments will place a biohazard label on all portions of contaminated equipment that remain to inform employees, service representatives, and/or the manufacturer, as appropriate.

### **Personal Protective Equipment**

All personal protective equipment used is provided without cost to employees. Personal protective equipment is chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment is considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of the time which the protective equipment is used. Examples of personal protective equipment include gloves, eyewear with side shields, gowns, lab coats, aprons, shoe covers, face shields, and masks. All personal protective equipment is fluid resistant.

All personal protective equipment is cleaned, laundered, and disposed of by the County at no cost to employees. All repairs and replacements are made by the County at no cost to employees.

All garments which are penetrated by blood are removed immediately or as soon as feasible and placed in the appropriate container. All personal protective equipment is removed prior to leaving the work area and placed in the designated receptacle.

Gloves are worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Latex sensitive employees are provided with suitable alternative personal protective equipment.

Disposable gloves are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised.

Utility gloves are discarded if they are cracked, peeling, torn, punctured, exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.

Masks in combination with eye protection devices, such as goggles, glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

Surgical caps or hoods and/or fluid resistant shoe covers or boots are worn in instances when gross contamination can reasonably be anticipated.

The use of Personal Protective Equipment is not optional, but is **MANDATORY**.

### **Housekeeping**

The County shall ensure that the worksite is maintained in a clean and sanitary condition. The department shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, the type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

All contaminated work surfaces are decontaminated after completion of procedures, immediately or as soon as feasible after any spill of blood or other potentially infectious materials, and at the end of the work shift.

Protective coverings (e.g., plastic wrap, aluminum foil, etc.) used to cover equipment and environmental surfaces are removed and replaced as soon as feasible when they become contaminated or at the end of the work shift. All bins, pails, cans, and similar receptacles are inspected and decontaminated on a regularly scheduled basis.

Any broken glassware which may be contaminated is not picked up directly with the hands.

### **Regulated Waste Disposal**

All contaminated sharps are discarded as soon as feasible in sharps containers located as close to the point of use as feasible in each work area.

Regulated waste other than sharps is placed in appropriate containers that are closable, leak resistant, labeled with a biohazard label or color-coded, and closed prior to removal. If outside contamination of the regulated waste container occurs, it is placed in a second container that is also closable, leak proof, labeled with a biohazard label or color-coded, and closed prior to removal.

All regulated waste is properly disposed of in accordance with federal, state, county, and local requirements.

### **Laundry Procedures**

Although soiled linen may be contaminated with pathogenic microorganisms, the risk of disease transmission is negligible if it is handled, transported, and laundered in a manner that avoids transfer of microorganisms to patients, personnel, and environments. Rather than rigid rules and regulations, hygienic and common sense storage and processing of clean and soiled linen is recommended. The method for handling, transporting, and laundering of soiled linens are determined by the department's written policy and any applicable regulations.

Laundry is done on premises at the Sheriff's Office. Commercial washers and dryer with proper chemicals are provided.

### **Hepatitis B Vaccine**

All employees in Exposure Risk Group I and Exposure Risk Group II have been identified as having occupational exposure to blood or other potentially infectious materials are offered the hepatitis B vaccine, at no cost to the employee, under the supervision of a licensed physician or licensed healthcare professional. The vaccine is offered after bloodborne pathogens training and within ten (10) working days of their initial assignment to work unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or that the vaccine is contraindicated for medical reasons.

Any of the above reasons must be documented in the employee's medical record.

Employees who decline the Hepatitis B vaccine sign a declination statement (See Appendix A of this exposure control plan).

Employees who initially decline the vaccine but who later elect to receive it may then have the vaccine provided at no cost.

## **4. POST EXPOSURE EVALUATION AND FOLLOWUP**

When the employee incurs an exposure incident, the employee reports to the immediate supervisor who will direct the employee to the Emergency Room of the Jackson County Hospital. The County Treasurer's office should be notified **immediately** to complete an employee 1<sup>st</sup> Report of Injury Form.

When such an exposure incident occurs, it is the responsibility of the County to take the following steps:

1. Obtain consent, then obtain and test the exposed employees blood as soon as possible to determine the employee's baseline HBV immunity, HIV, HCV and RPR status.
2. If the employee consents to baseline blood collection, but does not consent at the time for HIV serologic testing, the blood sample will be preserved for at least ninety (90) days. If within ninety (90) days of the exposure incident, the employee elects to have the baseline sample tested, such testing will be done as soon as possible.
3. Identification and documentation of the source individual, unless the County can establish that identification is infeasible or prohibited by state or local law. After obtaining consent, unless law allows testing without consent, the blood of the source individual should be tested for HIV/HBV infectivity, unless the County can establish that testing of the source is infeasible or prohibited by state or local law.
4. If the source refuses testing, and the source's blood is already drawn and available for testing, it will be tested and the results documented.

Test the source's blood as soon as possible in order to document HBV, HIC, HCV and RPR infectivity.

If the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status does not need to be repeated.

5. The results of testing of the source individual are made available to the exposed employee with the employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
6. The employee is offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
7. The employee is given appropriate counseling concerning infection status, results and interpretations of tests, and precautions to take during the period after the exposure incident. The employee is informed about what potential illnesses can develop and to seek early medical evaluation and subsequent treatment.
8. The County Treasurer is designated to assure that the policy outlined here is effectively carried out and maintains records related to this policy.

When such an exposure incident occurs, it is the responsibility of the Employee to take the following steps:



1. Complete an Incident Report Form that documents the route of exposure and the circumstances under which the exposure incident occurred. The report is forwarded to the County Treasurer.
2. Keep the information about the results of the source individuals HBV and HIV status confidential. State and local law may allow the employee to be prosecuted if he/she releases information to any other person, including family members or fellow employees.

### **Interaction with Healthcare Professionals**

A written opinion is obtained from the healthcare professional who evaluates employees of the County after an exposure incident. In order for the healthcare professional to adequately evaluate the employee, the healthcare professional is provided with:

1. A copy of the County's exposure control plan;
2. A description of the exposed employee's duties as they relate to the exposure incident;
3. Documentation of the route(s) of exposure and circumstances under which the exposure occurred;
4. Results of the source individual's blood tests (if available); and,
5. Medical records relevant to the appropriate treatment of the employee.

Written opinions are obtained from the healthcare professional in the following instances:

1. When the employee is sent to obtain the Hepatitis B vaccine, or
2. Whenever the employee is sent to a healthcare professional following an exposure incident.

Healthcare professionals are instructed to limit their written opinions to:

1. Whether the Hepatitis B vaccine is indicated;
2. Whether the employee has received the vaccine;
3. The evaluation following an exposure incident;
4. Whether the employee has been informed of the results of the evaluation;

5. Whether the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment (all other findings or diagnosis shall remain confidential and shall not be included in the written report ); and,
6. Whether the healthcare professional's written opinion is provided to the employee within fifteen (15) days of completion of the evaluation.

### **Use of Biohazard Labels**

The department will have a procedure that determines when biohazard-warning labels are to be affixed to containers or placed in color-coded bags. The procedure should include the types of materials that should be labeled as biohazard material. These materials may include but are not limited to, regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport, or ship blood or other potentially infectious materials.

## **5. TRAINING**

Training for all employees is conducted prior to initial assignment to tasks where occupational exposure may occur. All newly hired employees must receive training concerning the regulations contained within this exposure control plan, before being released to go to work. This is documented during orientation with a checklist provided by the County Treasurer.

All at risk employees covered by this plan will also receive annual refresher training.

Training for employees is conducted by a person knowledgeable in the subject matter and includes an explanation of the following:

1. Chapter 96. Bloodborne Pathogen Control;
2. OSHA Bloodborne Pathogen Final Rule;
3. Epidemiology and symptomatology of bloodborne diseases;
4. Modes of transmission of bloodborne pathogens;
5. The County's exposure control plan (i.e., points of the plan, lines of responsibility, how the plan will be implemented, where to access plan, etc.);
6. Procedures which exposure to blood or other potentially infectious materials at this facility;
7. Control methods used at the department to control exposure to blood or other potentially infectious materials;
8. Personal protective equipment available in each department (types, use, location, etc.);
9. Hepatitis B vaccine program at the County;
10. Procedures to follow in an emergency involving blood or other potentially infectious materials;

11. Procedures to follow if an exposure incident occurs, to include U.S. Public Health Service Post Exposure Prophylaxis Guidelines;
12. Post exposure evaluation and follow up;
13. Signs and labels used at the County; and,
14. An opportunity to ask questions with the individual conducting the training.

In addition to self-instructional programs, all employees in all risk groups shall also attend general orientation that includes:

1. An explanation of the signs and labels and/or color-coding required by OSHA, as well which items are labeled with an orange biohazard labels. If Universal Precautions are used in handling specimens or laundry, then describe a way to recognize specimen containers and soiled laundry that should be treated as possible contaminated. This will include a discussion of infectious waste handling, including BFI boxes, blue linen bags, green bags for contaminated items being returned, and specimen bags labeled with the biohazard symbol.
2. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
3. An opportunity for interactive questions and answers with the person conducting the training session.

These interactive program(s) will be taught by a person knowledgeable about the OSHA Bloodborne Pathogens Standard and methods to prevent occupational exposures in the setting or workplace where these employees work.

## **6. RECORDKEEPING**

### **Medical Records**

The County Treasurer will create and maintain a medical record on every employee.

1. The name and social security number of the employee.
2. For employees in risk groups I and II a copy of the employees hepatitis B status including the dates of all the hepatitis B vaccinations and any medical records to the employee's ability to receive this vaccination.

The staff designated at the Jackson County Hospital will also create separate exposure report files when employees sustain blood/body fluid exposures. Such records will contain:

- a. Information relative to the employee's hepatitis B Immunity status.

- b. The documentation of communication with the employee about suggested follow-up procedures that occur when the employee reports a possible exposure to blood or other potentially infectious materials.
  - c. A copy of all the results of examinations, medical testing, and follow-up procedures that occur when the employee reports a possible exposure to blood or other potentially infectious materials.
  - d. A copy of the orders received from the Employee Health Physician is also included.
3. The County's medical record of exposure incidents on each employee will be kept confidential. It will not be discussed or reported without the employee's express written consent to any person within or outside the County, except as required by law.

These records will be made available upon request to the Assistant Secretary of Labor for Occupational Safety and Health, the Director of the National Institute for Occupational Safety and Health, or their designated representative.

- 4. The County's medical record on each employee will be maintained for at least 30 years after the employee retires or leaves the County
- 5. Employee exposure records may be partly maintained in hard copy, and partly maintained in secured computerized employee health records.

## **Reporting**

- 1. Beginning the effective date of this plan, all sharps injuries will be reported to the County Treasurer, who will insure that it is reported to the local health authority, as required by law. Exposures involving other modes of exposures besides sharps will not be reported. The County Treasurer is designated as the reporting officer for the County.
- 2. Information concerning each contaminated sharps injury shall be recorded in an electronics sharps injury log, in accordance with Texas Health and Safety Code, Chapter 81, Subchapter H. The following information will be recorded in the sharps injury log:
  - a. Name and address of department where injury occurred;
  - b. Name and phone number of reporting officer;
  - c. Date and time of injury;
  - d. Age and sex of injured employee;
  - e. Type and brand of sharp involved;
  - f. Original intended use of sharp;

- g. Whether the injury occurred before, during, or after the sharp was used for its original intended purpose;
- h. Whether the exposure was during or after the sharp was used;
- i. Whether the device had engineered sharps injury protection, and if yes, was the protective mechanism activated and did the exposure incident occur before, during, or after activation;
- j. Whether the injured person has completed a hepatitis B vaccination series;
- k. Whether a sharps container was readily available for disposal of the sharp;
- l. Whether the injured person received training on the exposure control plan during the twelve (12) months prior to the incident;
- m. The involved body part;
- n. The job classification of the injured person;
- o. The employment status of the injured person;
- p. The location/department/agency and work area where the sharps injury occurred; and
- q. A listing of the implemented needleless systems and sharps with engineered sharps injury protection for employee available within the organization.

## **Training Records**

All employees in risks groups I and II of the County are required to attend bloodborne pathogen and exposure control plan training annually, which is documented as outlined below:

1. OSHA requires the County to keep training records on every employee who belongs in Exposure Risk Group I and II. These records will include:
  - a. The dates of the training sessions;
  - b. The contents and summary of the training session;
  - c. The names and qualifications of persons conducting the training;
  - d. The names and job classifications of all persons attending the training sessions.

Training sessions are stored in each individual department's records and in the master files for mandatory training in the County Treasurer's Office

2. The County's training records are not confidential, and will be maintained for three (3) years from the date on which training occurred.

3. Training records will be made available upon request to the Assistant Secretary of Labor for Occupational Safety and Health, the Director of the National Institute for Occupational Safety and Health, or their designated representative.

**APPENDIX A**

**COUNTY OF JACKSON  
HEPATITIS B VACCINE STATEMENT**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself.

\_\_\_\_\_ I elect to be vaccinated at no charge.

\_\_\_\_\_ I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to myself.

\_\_\_\_\_ I have previously received the hepatitis B vaccine.

Name: (Please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **APPENDIX B**

### **Post-Exposure Guidelines For Bloodborne Pathogens**

1. If you are exposed to blood or body fluids on your skin immediately wash with soap and water. If you are exposed to blood or body fluids in your eyes, nose, or mouth immediately flush with water.
2. Notify your supervisor and the County Treasurer's office as soon as exposure occurs. This should not be delayed.
3. You will be offered the opportunity to seek medical attention if you feel you need additional care immediately following exposure. You have the option of seeking further medical attention from your private physician) or the Emergency Room at the Jackson County Hospital.
4. If the exposure was nonaccidental, that is, the source individual exposed you on purpose (biting, spitting, throwing body fluids), the risk of exposure will be assessed by medical personnel and if high risk (as in a needle stick from a **known** HIV infected person), you will be offered treatment under the HIV prophylaxis protocol. These medications have their own risks and limitations.
5. An Employee 1<sup>st</sup> Report of Injury Form will be completed by the County Treasurer's office. All information about the source individual, if known, is to be kept strictly confidential. You may be prosecuted if you release information to any other person, including your fellow employees or family members.
6. If medical personnel is not needed to assess your exposure and the source is not known, you should report to the Jackson County Hospital on the first working day following your exposure for counseling and testing.
7. You will be asked to give signed consent for baseline blood testing for Hepatitis B, Hepatitis C, HIV and RPR status. Baseline means to do a test immediately to see if you already have these diseases.
8. If you do not wish to have baseline blood testing performed you can refuse. You will be counseled about your options.
9. If you do not wish your blood to be tested for HIV, the sample will be preserved for at least 90 days, during which time you can change your mind.
10. Necessary medical treatment will be decided by the supervising physician, according to the U. S. Public Health Service recommendations. If you consent, follow-up testing will be done at twelve (12) weeks, and six (6) months.
11. Counseling will be offered when your results come in, at the health department, regardless of results. Results will not be given over the phone.



**APPENDIX C  
SOURCE INFORMATION FORM  
HIV Risk Screening Tool**

<b>Name_</b>	<b>Date</b>
	<b>Have you ever been told you have or might have HIV and/ or Hepatitis B/C?</b>
	<b>Do you think you have HIV and/ or Hepatitis B/C?</b>
	Have you ever used injectable drugs? <b>Have you ever shared needles?</b>
	Have you had many sexual partners? <b>Male?</b> Female? <b>Both?</b>
	<b>Have had unprotected sex most of the time?</b> Some of the time? Never?
	<b>Have any of your partners revealed that they are HIV positive?</b>
	Have any of <b>your partners had multiple partners</b> or relationships with <b>bisexual or homosexual</b> partners?
	How often is drug or alcohol use a part of your sexual life? <b>Always?</b> Sometimes? Never?
	Have you ever <b>given sex in exchange</b> for drugs or money?
	Have you ever given drugs or money <b>in exchange for sex?</b>
	Have you ever had a <b>sexually transmitted disease?</b>
	Have you ever been incarcerated before?
	Have you ever been a victim of sexual assault? Were you tested at least 6 months after the assault?
	Have you ever had a <b>blood transfusion</b> , or any other contact with another persons blood? Explain, if necessary on back of page.

## APPENDIX D DEPARTMENT ASSESSMENT TOOL

	Yes	No
1. The exposure control plan is located in each work center		
2. Employees at occupational risk for bloodborne pathogens exposure are identified		
3. Employees comply with universal precautions when performing duties		
4. Employees appropriately use engineering controls in the work center		
5. Employees employ safe work practices in performance of duties		
6. Handwashing facilities are readily accessible in the work centers		
7. Employees regularly wash their hands, especially after glove removal		
8. Employees deposit contaminated sharps in biohazard containers immediately after use		
9. Employees change filled biohazard containers when full		
10. Employees do not eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses in the work area		
11. Food and beverages are not kept in close proximity to blood or bodily fluids		
12. Employees do not mouth pipette/suction blood or bodily fluids		
13. Employees place specimens in leak resistant containers after collection		
14. Employees place specimens in biohazard leak proof containers for shipment		
15. Employees properly decontaminate equipment before servicing or shipping for repairs or place a biohazard label to inform others the equipment remains contaminated		
16. Employees wear the designated fluid resistant personal protective equipment/attire for the task at hand		
17. Employees place the contaminated personal protective equipment in the appropriate receptacles		
18. Employees maintain a clean environment at all times		
19. Employees use an EPA approved germicide properly to decontaminate and clean the facility and equipment		
20. Employees know the safe procedure for contaminated, broken glass clean up		
21. Employees demonstrate knowledge of the agency's policies regarding disposal and transport of regulated waste by placing regular waste, special waste, and/or biohazard waste in appropriate containers and transporting the waste according to policy		
22. Employees place wet laundry in leak resistant bags or containers and transport used laundry in biohazard leak proof containers		
23. Each employee knows his documented hepatitis B vaccine status		
24. Employees know where and to whom to report exposure incidents		
25. An employee occupational exposure protocol is practiced in accordance with U.S. Public Health Service		
26. Employees are oriented and receive annual training to the exposure control plan		
27. Recording and reporting occupational exposures are conducted in accordance with OSHA's Bloodborne Pathogens Standard		
28. Medical and training records are maintained in accordance with OSHA's Bloodborne Pathogens Standard		