

BIOHAZARDOUS WASTE:
DEFINITION AND GUIDELINES FOR MANAGEMENT OF

SHARPS CONTAINERS	BIOHAZARDOUS/ REGULATED WASTE (red bag)	REGULAR TRASH
<ul style="list-style-type: none">- Needle/syringe units, needles, butterfly needles, suture needles- Scalpel blades, disposable razors- Guidewires- Glass slides, covers, pipettes- Disposable sharp instruments- Dental wires	<ul style="list-style-type: none">- Blood, blood elements, vials of blood, specimens for microbiologic culture, used culture plates and tubes- Containers of CSF, synovial, pleural, peritoneal, pericardial and amniotic fluid- Any dressings, peripads, or containers <i>that would release blood or other potentially infectious materials (OPIM) in a liquid or semi-liquid state if compressed; items that are caked with dried blood or GPIM and are capable of releasing these materials during routine handling</i>- Surgical specimens	<ul style="list-style-type: none">- Empty urine or stool cups and other empty specimen containers, empty urinary drainage bags or bedpans- Non-bloody dressings, bandages, cotton balls or swabs, Chux*, diapers, peripads where fluid is contained, etc.- Used personal protective equipment, including those from isolation rooms- Paper towels from handwashing- Materials used to clean up spills (unless bloody)- Food waste (ex: soda cans, paper cups, plastic cutlery ...)

OTHER:

1. Sputum, emesis, urine and stool are *not* required to be handled as regulated waste unless visibly contaminated with blood. *If unclear as to the origin or the body fluid/substance, handle as biohazardous/regulated.* A brown bag may be used to bag dressings prior to disposal.
2. Containers with liquid blood or other body fluids should be emptied prior to disposal if possible. The liquid may be chemically treated w/lyolyzer to render it a solid if the container cannot be emptied.
3. Containers with sharp edges may be double-bagged or padded to keep the original bag intact.
4. Housekeeping is responsible for emptying or replacing sharps containers, and for the disposal of regulated trash.
5. Sharps containers are to be routinely checked and changed when not > 3/4 filled. The container is to be closed and maintained in an *upright* position. The container is *NOT* to be left unattended on the floor. Contact Housekeeping to remove the filled container.

EMPLOYEE BLOOD BORNE PATHOGEN EXPOSURE / SHARP INJURY PACKET

If you have been exposed to blood or another person's bodily secretions or experienced a sharp injury you will need to use the contents of this orange packet for reporting it, for treatment and follow-up. Potential prevention of HIV infection can be avoided by immediate evaluation and treatment ideally within 2-24 hours.

1. Wash the area with soap and water. If the splash was on the face or eyes, rinse for 5 minutes with clear water. **Notify your supervisor or the nursing supervisor immediately for assistance.** Call 573-3775 to page the nursing supervisor 24/7 if necessary. The nursing supervisor should inform the source patient of your exposure and notify the patient's physician if patient is admitted.
2. **If you are not an employee of the county but are a contract provider, see the BLOOD AND BODY FLUIDS EXPOSURE TREATMENT PLAN and have blood drawn at SMMC lab** (*Nursing Supervisor will help obtain medication from SMMC Pharmacy and help with blood collection from source patient*)
3. Any injured worker must fill out all areas of the two sided yellow sheet of paper **Exposure to Blood/OPIM Other Potentially Infectious Materials worksheet form.** Put this completed form back into this orange envelope, fold the envelope in half, place it in a brown pony envelope and send to Infection Control in the Administration Building 54, second floor or place in the pony mail - PONY is HOS 316 IC.
4. Please leave a telephone message at extension 573-3409 with your name, phone number, and describe incident and date and time of exposure. Please feel free to have the switchboard operator page **Infection Control** if you wish to speak with the nurse or need help with this process.
5. For county employees, if the exposure is during work hours (8AM-4PM), go directly to the **Kaiser Permanente Redwood City Medical Center Occupational Health Clinic.** If after hours (4PM -8AM), go directly to **Kaiser Redwood City Emergency Room only.** The directions/ map to Kaiser Permanente Redwood City Medical Center Occupational Health Clinic are printed on green paper. Please do not go to any other Kaiser location unless directed.
6. Discuss with your manager or nursing supervisor your departure time. If you decline to go for evaluation, you & the supervisor must sign the declination form. Keep one copy for yourself. One copy goes back into orange envelope & goes to Infection Control at HOS 316 IC.
7. If you are a county employee, complete the **WORKERS COMP Claim form DWC1, contained inside a white workers comp envelope** according to the directions printed on the outside of the envelope. The supervisor will obtain the envelope. No papers need to go with you to Kaiser Permanente Redwood City Medical Center Occupational Clinic or Kaiser Redwood City Emergency Room.

ADDITIONAL SUPERVISOR INSTRUCTIONS

1. If source patient is known, assure that the source patient's blood is drawn and sent to the SMMC hospital laboratory immediately.
2. Use two white tubes and two yellow tubes from the biohazard bag to collect blood from the source patient.
3. Place all 4 tubes back into biohazard lab guard plastic bag with the paper requisition and send this to SMMC lab ONLY.
4. SMMC Lab is responsible for sending the blood to Quest Labs. **Do not enter Lab tests into the computer. Use enclosed lab slip and label tubes. No exceptions. Draw labs according to white sheet inside the packet. Quest Lab account number is 92655 for risk management for all employees and source patient regardless of employee status.**
5. If employee declines follow-up evaluation & treatment, sign the declination statement & forward to Infection Control at Pony HOS 316 IC. Give employee a signed copy.
6. Provide the exposed employee the **WORKERS COMP Claim form DWC1, contained inside a white workers comp envelope** and provide assistance to the employee with filling out this form.
7. Review the source patient medical record for past test results. If there are previous lab tests, send a copy of source patients previous Hepatitis and HIV results with injured employee.
8. Assist the employee with getting to Kaiser Redwood City as soon as possible. If employee is a contract provider, obtain HIV PEP from DocuMed Room in the SMMC Pharmacy.

**EMPLOYEE BLOOD BORNE PATHOGEN EXPOSURE / SHARP INJURY PACKET
FOR CORONER AND CORRECTIONAL HEALTH**

If you have been exposed to blood or another person's bodily secretions or experienced a sharp injury you will need to use the contents of this orange packet for reporting it, for treatment and follow-up. Potential prevention of HIV infection can be avoided by immediate evaluation and treatment ideally within 2-24 hours.

1. Wash the area with soap and water. If the splash was on the face or eyes, rinse for 5 minutes with clear water. ***Notify your supervisor or the nursing supervisor immediately for assistance.***
2. **If you are not an employee of the county but are a contract employee see the attached treatment plan and have blood drawn at SMMC lab (Nursing Supervisor will help obtain PEP medication from SMMC Pharmacy.**
3. All injured worker must fill out all areas of the two sided yellow sheet of paper **Exposure to Blood/OPIM worksheet form**. The completed **Exposure to Blood /OPIM** worksheet is to be sent to **Risk Management, Pony #HRD 163**. The used Orange Envelope is also to be returned to **Risk Management** , and will be refilled and returned to the department.
4. Please leave a telephone message **with Risk Management at 512- 869-4861** with your name, phone number, and describe incident and date and time of exposure. Please feel free to contact Risk Management if you wish to speak with the nurse or need help with this process.
5. If the exposure is during work hours(Monday-Friday 8AM-4PM), go directly to the **Kaiser Permanente Redwood City Medical Center Occupational Health Clinic**. If after hours (4PM -8AM), go directly to **Kaiser Redwood City Emergency Room only**. The directions/ map to Kaiser Permanente Redwood City Medical Center Occupational Health Clinic, the contract treating facility, are printed on green paper. Please do not go to any other Kaiser location unless directed.
6. Discuss with your manager or nursing supervisor your departure time. If you decline to go for evaluation or treatment, you and the supervisor must sign the declination form. Keep one copy for yourself. One copy is to be sent to Risk Management at Pony # HRD 163.
7. If you are a county employee complete the **WORKERS COMP Claim form DWC1, contained inside a white workers comp envelope** according to the directions printed on the outside of the envelope. Give this paperwork to your supervisor. No papers need to go with you to Kaiser Permanente Redwood City Medical Center Occupational Clinic.

ADDITIONAL SUPERVISOR INSTRUCTIONS

1. Assist the employee with getting to Kaiser Redwood City as soon as possible. If employee is a contract employee, obtain HIV PEP from DocuMed Room SMMC pharmacy. Contract providers should follow up with their own medical provider as soon as possible.
2. If source patient is known, assure that the source patient 's blood is drawn and sent to the **SMMC hospital laboratory**. Do not send to the Public Health Lab.
3. Use two Pearl top(PTT) tubes and two gold top(SST) tubes with a gel to collect blood from the source. Place tubes in a biohazard plastic bag. Complete the BBFE requisition in the Orange Envelope and place in the biohazard bag with the tubes and send to the lab.
4. SMMC Lab is responsible for sending the blood to Quest Labs. **Quest Lab account number is 92655 for for all employees and source patient regardless of employee status. The source will not be charged for the blood draw.**
5. Review the patient/source medical record for past test results. If there are previous lab tests, send a copy of source's previous Hepatitis and HIV results with the injured employee.

**EMPLOYEE BLOOD BORNE PATHOGEN EXPOSURE / SHARP INJURY PACKET
FOR PUBLIC HEALTH, FAMILY HEALTH, BEHAVIORAL HEALTH, OTHER NON-SMMC COUNTY SITES***

If you have been exposed to blood or another person's bodily secretions or experienced a sharp injury, please use the contents of the Orange Envelope for reporting, treatment and follow-up. Potential of HIV infection can be avoided by immediate evaluation and treatment ideally within 2-24 hours.

Notify the clinic manager or direct supervisor immediately for assistance.

Wash the area with soap and water. If the splash was on the face or eyes, rinse for 5 minutes with clear water.

Clinic Manager or Supervisor should assist the employee with getting to Kaiser Redwood City as soon as possible. During work hours (Monday-Friday 8AM-4PM), go directly to the **Kaiser Permanente Redwood City Medical Center Occupational Health Clinic**. If the event occurs after hours (4 pm to 8 am or weekends), please go to **Kaiser Redwood City Emergency Services**. (The map is printed on green paper.) **The employee does not need to take any paper work to Kaiser.** Do not go to any other Kaiser location, unless directed.

Discuss with the clinic manager or direct supervisor your departure time. If you decline to go for an evaluation or treatment, you and your supervisor must sign the Declination of Medical Services form. Keep a copy for your records and send the original to Risk Management, Pony # HRD 163.

Complete the yellow sheet, **Exposure to Blood/OPIM Worksheet Report**. Make a copy for you and your supervisor. The completed form is sent **to Risk Management, Pony # HRD 163**. The used Orange Envelope is also returned to Risk Management and will be replenished and returned to the department.

Please leave a telephone message with **Risk Management at (512) 869-4861** with your name, phone number, and a description of the incident and the date and time of exposure. Please contact Risk Management if you wish to speak with the nurse or need help with this process.

County employees must complete the **WORKERS COMP Claim form DWC1, contained inside a white workers comp envelope** according to the directions printed on the outside of the envelope. Give this paperwork to your supervisor.

Instructions for Source

Send the source to SMMC laboratory, Monday-Friday between the hours of 7:30 am to 3:30 pm for a blood draw. Do not send him/her to the Public Health Lab. Complete the Laboratory BBFE Requisition and give it to the source to take to the lab. Call the SMMC Lab at **650-573-2688** to let them know that the source will be coming for a BBFE exposure blood draw.

SMMC Lab is responsible for sending the blood to Quest Labs. Quest Labs account number is 9265 for all employees and source, regardless of employee status. **The source will not be charged for the blood draw.**

*For Coroner and Correctional Health, please refer to the specific departmental Orange Envelope for directions.

County of San Mateo Risk Management
EXPOSURE TO BLOOD/OPIM WORKSHEET REPORT FORM

INJURED EMPLOYEE'S NAME _____

Side 1 of 2 sides

SEX: male female Birth date: _____	What department do you work in?
Shift you work: days evenings nights _____	Where is this department located?
Name of your Supervisor & phone? _____	What is the phone number of this area?

GENERAL EXPOSURE INFORMATION

Date & Time of Exposure: _____	Body Part Injured: Left or Right _____
Location / Department / Room of Accident: _____	
What happened? What chain of events lead up to this incident? _____	

TREATMENT

Treatment Required: First Aid Only: YES NO	
What did you do? Washed, rinsed, or flushed? Other? _____	Did you go to Sequoia Hosp ER? YES NO
	Did you go to Kaiser? YES NO

PPE

What Personal Protective Equipment were you using: Gloves Mask Eye Protection Gown/Apron _____ Other (Specify): _____ _____
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CAUSE

Basic Cause of Exposure / Incident Personal Error Equipment Failure Unsafe Condition Inadequate Procedure / Precaution Other (Specify): _____ _____

DEVICE INFORMATION

If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury? NO YES N/A _____ _____	Do you have an opinion that any other engineering, administrative or work practice control could have prevented the injury? NO YES _____ _____
Did the device being used have engineered sharps injury protection? NO YES Don't know N/A	
Was the mechanism fully activated? YES Partially NO N/A	Did the exposure incident occur: Before During After activation N/A

EMPLOYMENT / EXPERIENCE

Safety Information: Is there Lost Time? NO YES Are there Modified Days? NO YES	Amount of Experience Employee possesses for the job or activity - <u>not</u> the amount of time at this facility or in this position Years Months Days
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HEPATITIS INFORMATION

EMPLOYEE: Have you, the injured employee received the Hepatitis B Vaccinations? YES NO If yes, how many shots have you had?	Do you know if you have immunity? YES NO Positive Negative Unknown
SOURCE /PATIENT Name: _____ Med Rec #: _____ DOB _____, Address: _____ Phone _____ If minor, name of parent _____	
Has patient been diagnosed with Hepatitis or HIV? NO YES DON'T KNOW <i>Draw blood now for Hep B antigen, Hep C, HIV.</i> Send source to the to SMMC hospital lab for blood draw. Call Elaine Simmons/Risk Management, (512) 869-4861 to let her know what happened. Thank you.	

Exposure to BLOOD / OPIM Worksheet Report Form

CIRCLE NUMBERS DESCRIBING INCIDENT: this information will assist in the evaluation of occupational exposures. If the incident occurred while subduing a person, only applicable sections should be filled out, with the bulk of the explanation in the narrative.)

Job Classification: please circle one	
RN	Housekeeper / Laundry
LVN	Phlebotomist / Lab Tech
AIDE	Student
MD DDS	PODATRIST./Other

BODY FLUID INVOLVED IN NEEDLE STICK EXPOSURE

- 1. Large quantity of blood: _____
- 2. Visibly Bloody Fluid (specify): _____
- 3. Other Body Fluid (specify): _____

NEEDLE STICK EXPOSURE

List Make and Model # _____

- 1. Injection Needle
- 2. Vacutainer Needle
- 3. Butterfly Needle
- 4. IV Catheter
- 5. LP Needle
- 6. Stylet
- 7. Suture Needle
- 8. Other (specify): _____

AT TIME OF EXPOSURE, THE NEEDLE WAS BEING USED FOR:

- 1. IM/SQ Injection
- 2. Heparin Lock Manipulation
- 3. Skin Test (PPD, etc.)
- 4. Manipulating Piggyback / Secondary Line
- 5. Phlebotomy (venipuncture only)
- 6. Withdrawing Blood From a Central Line or
- 7. Local Anesthesia Infiltration
- 8. IV Line Placement (central, peripheral, or other indwelling Line _____)
- 9. Arterial Line Placement or Arterial Stick
- 10. Drawing Blood Cultures via venipuncture
- 11. Aspirating Fluid Site
- 12. Suturing
- 13. Other (specify) _____

MECHANISM OF ACCIDENT

- 1. Recapping/reshathing
- 2. Filling Blood Tubes/Culture Bottle
- 3. Handling Needle Prior to Disposal
- 4. Disposing Needle in Sharps Container
- 5. Passing Instruments
- 6. Needle Left in Unusual Location
- 7. Other (specify): _____

OTHER PERCUTANEOUS EXPOSURE OR SHARP

List Make and Model # _____

- 1. Lancet, Scalpel
- 2. Glass
- 3. Bone
- 4. Instrument (specify): _____
- 5. Weapon: _____
- 6. Other (specify): _____

MUCOUS MEMBRANE EXPOSURE

- 1. Mouth
- 2. Eyes
- 3. Nose
- 4. Other: _____

CONTAMINATION OF NON-INTACT SKIN

- 1. Chapped (reddened and dry)
- 2. Inflamed (reddened and warm)
- 3. Ulcerated (open area)
- 4. Cracked/Weeping
- 5. Open Hangnails (open skin around nails)
- 6. Open Pustule or Papules (e.g. acne)
- 7. Lacerated (describe): _____
- 8. Abraded (describe): _____
- 9. Other (describe): _____

TETANUS IMMUNIZATION - What year did you have your last Tetanus booster? _____

OTHER COMMENTS: _____

BLOOD AND BODY FLUIDS EXPOSURE TREATMENT PLAN

TYPE OF EMPLOYEE	LOCATION OF BLOOD DRAW	# 1 POST EXPOSURE PROPHYLAXIS (PEP) #2 FOLLOW UP CARE	BLOODS NEEDED FOR BOTH EMPLOYEES AND SOURCE
SMMC Employee	Kaiser Occupational Health Clinic 1400 Veterans Blvd., 1 st Floor Redwood City, CA 94063 (650) 299-4785 Hour M-F 8:00am – 4:00pm OR Kaiser ER at Redwood City after hours (4:00pm – 8:00am) and weekends (650) 299-2201	Kaiser Redwood City	Draw 2(SST) Gold Top Tubes with gel for the following Tests: 1. Hep B surface antigen 2. Hep B surface antibody 3. Hep C antibody Reflex to Ribba 4. HIV EIA Draw 2 Pearl Top(PPT)Tubes to freeze for later use if necessary: 1. Hepatitis C Viral Load Aliases 2. HIV Viral Load
Contract Providers MD, RN, NP, PA	SMMC Lab	#1 SMMC Pharmacy #2 Call Employee Health @ 573-3409 or 2845	Same as above
Correctional Health, Coroners	Kaiser Occupational Health Clinic Redwood City (8:00am – 4:00pm) OR Kaiser ER at Redwood City after hours (4:00pm – 8:00am) and weekends	Kaiser	Same as above
Other County Employees (Public Health, Family Health , Behavioral Health, etc.)	Kaiser Occupational Health Clinic Redwood City (8:00am – 4:00pm) OR Kaiser ER at Redwood City after hours (4:00pm – 8:00am) and weekends	Kaiser	Same as above Send source to SMMC Lab for blood draw
Other Contract Employees e.g. Security, Travelers	Own Worker's Compensation Company	Per Provider	Above Recommended
SOURCE PATIENT	AT CLINICAL SITE OR ER OR SMMC LAB	NOT APPLICABLE	SAME AS ABOVE Do not send to Public Health Lab Do not enter into computer

ALL BBFE LABS MUST BE SENT VIA RISK MANAGEMENT QUEST ACCOUNT # 92655

IC/EH 11/15/12

LABORATORY REQUISITION BBFE
(Blood and Body Fluid Exposure)

SMMC, CORONER, CORRECTIONAL HEALTH
(QUEST ACCOUNT # 92655)

Instructions:

1. Draw 2 SST (Gold tubes) and 2 PPT (Pearl Top tubes)
2. Label all four tubes with source name, initials, date, time
3. Check appropriate box/boxes below

Name of Patient: _____

Date of Birth: _____

Medical Record Number: _____

BBFE Panel # 47641

Additional Info: SSN: User: Physician: Bunyaviroch, Arnold NPI/UPIN: 1437237096/H00901 Client: Kaiser Occupational Health	Profiles/Tests: 19728X – Hiv Ab, Hiv ½, Eia, With Reflexes 498X – Hep B Surface Ag W/Reflex Confirm 499X – Hepatitis B Surface Ab, Qual 8472X – Hepatitis C
ICD Diagnosis Codes	

Known Positive Hepatitis C Virus # 35645X

Known Positive HIV

For Contract Clinicians only (if exposed)
Name:
Date of Birth:
Telephone number:

SAN MATEO MEDICAL CENTER LABORATORY BBFE REQUISTION

(Blood and Body Fluid Exposure)

ALL NON SMMC SITES

Quest Account # 92655

Instructions: Please complete form and give to source case to take to:

San Mateo Medical Center Lab

222 West 39th Avenue, First Floor, San Mateo, 94403

Monday –Friday, 7:30 am to 3:30 pm

Name of Source _____

Date of Birth _____

Medical Record Number _____

Check appropriate boxes below:

BBFE Panel #47641

- Hepatitis B Surface Antigen
- Hepatitis B Surface Antibody
- Hepatitis C antibody Reflex to Riba
- HIV EIA

Known Positive Hepatitis C Virus #35645X

Known Positive HIV

Dr. Arnold Bunyaviroch-Kaiser Occupational Health

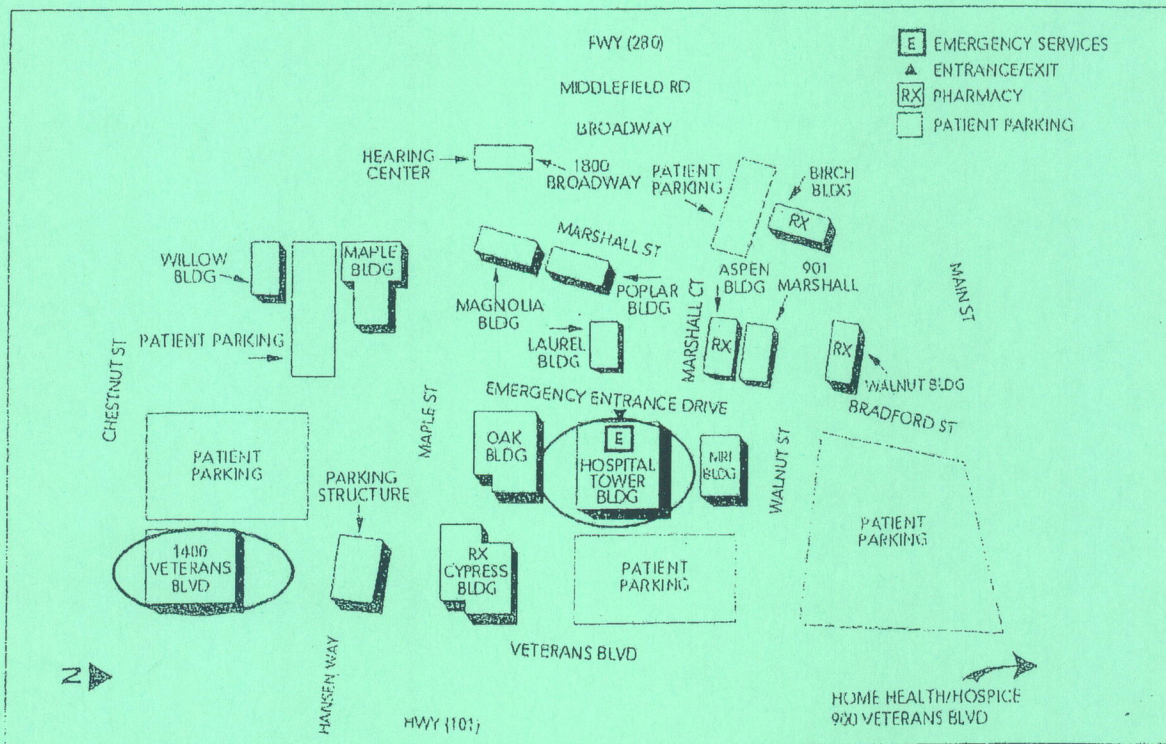
For Contract Clinicians Only (if exposed)	
Name:	
Date of Birth:	
Telephone Number:	

**Kaiser Permanente
Redwood City Medical Center**
 1400 Veterans Blvd., 1st Floor
 Redwood City, CA 94063
 (650) 299-4785
 Hours: M-Th, 8 a.m.–5 p.m.*†
 F, 8 a.m.–4:30 p.m.*†

After-hours/ Emergency

Kaiser Permanente Emergency Room
 1150 Veterans Blvd., 1st floor
 Redwood City, CA 94063
 (650) 299-2201
 24 hours, 7 days

Redwood City Medical Center



Kaiser Permanente Medical Center – Redwood City

COUNTY OF SAN MATEO
BLOODBORNE PATHOGENS STANDARD
EXPOSURE CONTROL PLAN SHARPS SAFETY POLICY

DECLINATION OF MEDICAL SERVICES
FOR OCCUPATIONAL EXPOSURE TO BLOOD/OPIM

Instructions: Please initial all boxes as they apply to you, and sign in the presence of a supervisor.

- _____ I refuse testing or treatment for Hepatitis B exposure and/or immunization protection for Hepatitis B as covered in the protocol included in the County of San Mateo bloodborne pathogens standard exposure control plan sharps safety policy.
- _____ I refuse testing for Hepatitis C exposure as covered in the protocol included in the County of San Mateo bloodborne pathogens standard exposure control plan sharps safety policy.
- _____ I refuse testing for and/or treatment for HIV exposure as covered in the protocol included in the County of San Mateo bloodborne pathogens standard exposure control plan sharps safety policy.
- _____ I refuse testing for HIV exposure at this time. However, I request that blood be drawn and held for 90 days in the event that I desire HIV testing within that time.

I offer my signature below declaring:

1. It has been discussed, in my presence, all relevant points in the Exposure Control Plan concerning my options for free medical attention and treatment for occupational exposure to Hepatitis B, Hepatitis C and HIV, including counseling services.
2. I have been informed about all benefits and risks associated, including serious disease, disability or death, and have been given the opportunity to ask questions which have been answered to my satisfaction.
3. I decline all free medical testing and treatment for my occupational exposure to blood or other potentially infectious materials. I do not hold the hospital or the county responsible should I contract hepatitis B or C, or HIV disease.
4. I understand that I may rescind this refusal at any time by written notification to Kaiser Occupational Health, Risk Management / EH or the Infection Control Practitioner. Appropriate testing and treatment protocol will then be implemented.

PRINT EMPLOYEE'S NAME

EMPLOYEE'S SIGNATURE/DATE

PRINT SUPERVISOR'S NAME

SUPERVISOR'S SIGNATURE/DATE

PLEASE PROVIDE COPY TO EMPLOYEE