

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 > 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 other person's body secretions or experienced a sharp injury you will need to use the contents of this packet for reporting it, treatment and follow-up. Notify your immediate supervisor or nursing supervisor immediately for assistance with this procedure.

EMPLOYEE INSTRUCTIONS:

1. Notify your immediate supervisor or the nursing supervisor immediately for assistance with this procedure.
2. In this orange packet, remove the biohazard lab guard plastic specimen bag with 1 red top tube with misc lab slip for HIV and one yellow top tube with serology lab slip for Hep B antigen & Hip C. Use these to draw the patient / source blood. **This is not for your blood testing.**
3. Inform the patient / source of your exposure. **You no longer need a consent for HIV.** You will test the source for Hepatitis B antigen, Hepatitis C, and HIV. You may draw blood and test for hepatitis without the source's permission. After drawing source blood, see that the requisitions are filled out with name of source, medical record number, name of the test and have BBFE on the slip.
4. Put the requisitions and two tubes back into biohazard lab guard plastic bag with the lab slips and see that blood comes to **hospital laboratory immediately.. Do not enter in the computer. Use these slips and label tubes.**
5. Also in this envelope is the *exposure to blood/OPIM worksheet form* report form. This is two-sided yellow paper. ALL areas on this form are to be filled out. Put the filled out paper back into this orange envelope and send to Mary Webb, Infection Control, in the Administration Building 54, 3rd floor, room A 16 or place in the pony mail. PONY is HOS 316 IC, so it can be refilled. Please leave a telephone message at extension 3409 (650-573-3409) with your name, phone number, describe incident. Include date and time of exposure.
6. The directions/map to US HealthWorks Medical Group, formerly known as Work Force, the treating facility is printed on green paper for you. Currently it may be US HealthWorks Medical Group or Sequoia Hospital ER for evaluation and treatment. The green sheet is to locate US HealthWorks Medical Group. Discuss with your immediate supervisor or nursing supervisor your departure, time and site for evaluation of your exposure. If you decline to go for evaluation, you & the supervisor sign the declination form. Keep one copy for yourself. One copy goes back into orange envelope & goes to Mary Webb at HOS 316 IC.
7. You will also need to complete the papers inside a white workers comp envelope according to the directions printed on the outside of the envelope. Your immediate supervisor will select papers that you will need to take with you to the treating facility.

SUPERVISOR INSTRUCTIONS:

1. If employee declines follow-up evaluation & treatment, sign the declination statement & forward to Mary Webb at Pony HOS 316 IC. Give employee a signed copy.
2. If source is known, assure that the source's blood was drawn and sent to the SMMC hospital laboratory immediately. Notify the source case's physician.
3. Review the patient / source's medical record for past test results. If there are previous lab tests, send a copy of source's previous Hepatitis and HIV results with injured employee going to the treating facility. If there is a reasonable possibility that the source case is or may be HIV +, the employee should go immediately for evaluation & treatment. Prophylaxis should be initiated promptly after exposure to maximize potential benefit of the prophylaxis.

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

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

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

MECHANISM OF ACCIDENT

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

OTHER PERCUTANEOUS EXPOSURE OR SHARP

List Make and Model # _____

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

MUCOUS MEMBRANE EXPOSURE

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

CONTAMINATION OF NON-INTACT SKIN

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

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

OTHER COMMENTS: _____

County of San Mateo Risk Management EH / San Mateo Medical Center
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 US Healthworks Med Group formerly Workforce Medical Center? YES NO

PPE

CAUSE

What Personal Protective Equipment were you using:	Basic Cause of Exposure / Incident
Gloves Mask Eye Protection Gown/Apron	Personal Error Equipment Failure Unsafe Condition Inadequate Procedure / Precaution
Other (Specify): _____	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

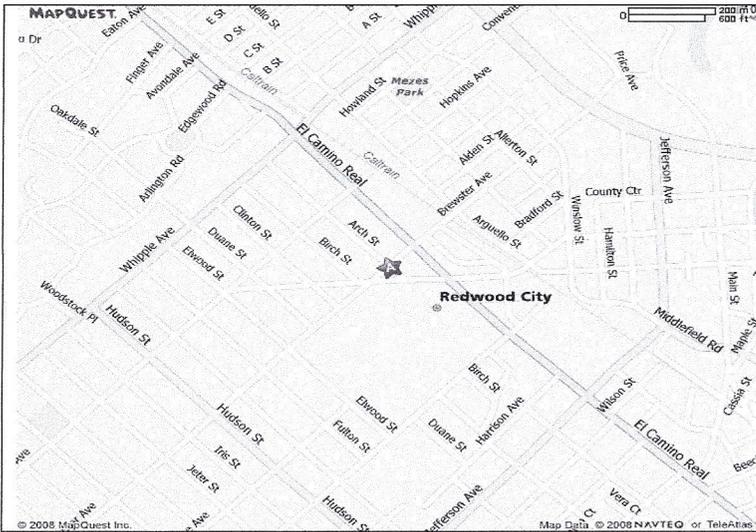
EMPLOYMENT / EXPERIENCE

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 #: _____	
Has patient been diagnosed with Hepatitis or HIV? NO YES Don't know Draw blood now for Hep B antigen, Hep C, HIV Draw one red top tube and one yellow top tube. HIV consent no longer required. Send to hospital lab. Mark BBFE. Call Mary Webb at 650-573-3409 & let her know what happened and that blood has been drawn. Thank you.	

In Case of
Injury or Illness
 Send Employee to

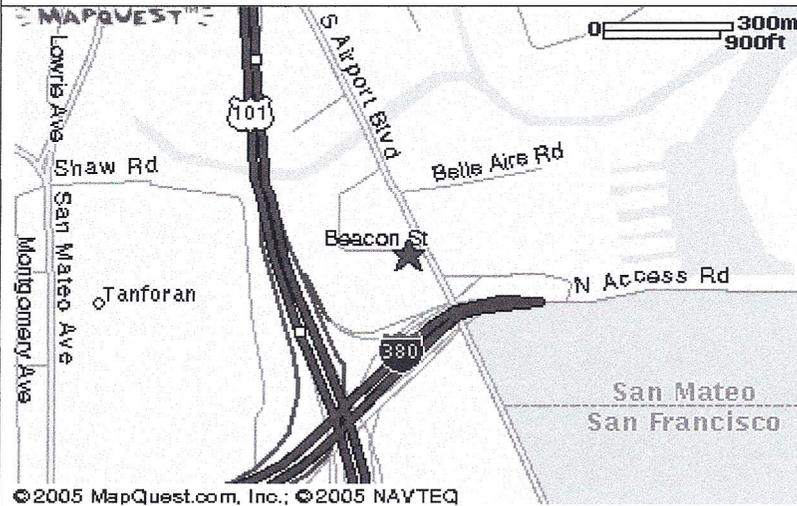


US HealthWorks – Redwood City
 (Formerly Workforce Medical)

201 Arch Street
 Redwood City, CA 94062
 Phone: (650) 556-9420
 Fax: (650) 568-9053

HOURS OF OPERATION

Monday - Friday
 7:30am - 5:00pm



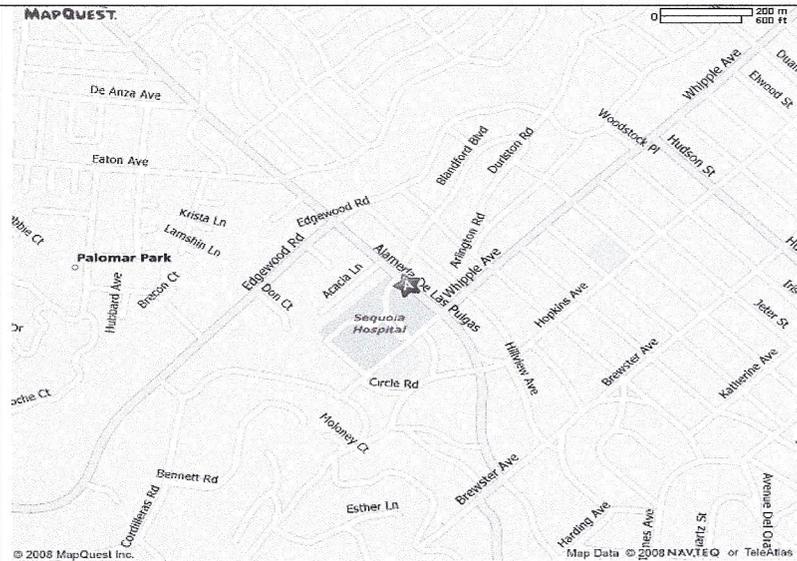
US HealthWorks – South San Francisco

192 Beacon Street
 South San Francisco, CA 94080
 Phone (650)-589-6500
 Fax: (650)-589-7256

HOURS OF OPERATION

Monday - Friday
 7:00 a.m. - 6:00 p.m.

AFTER HOURS



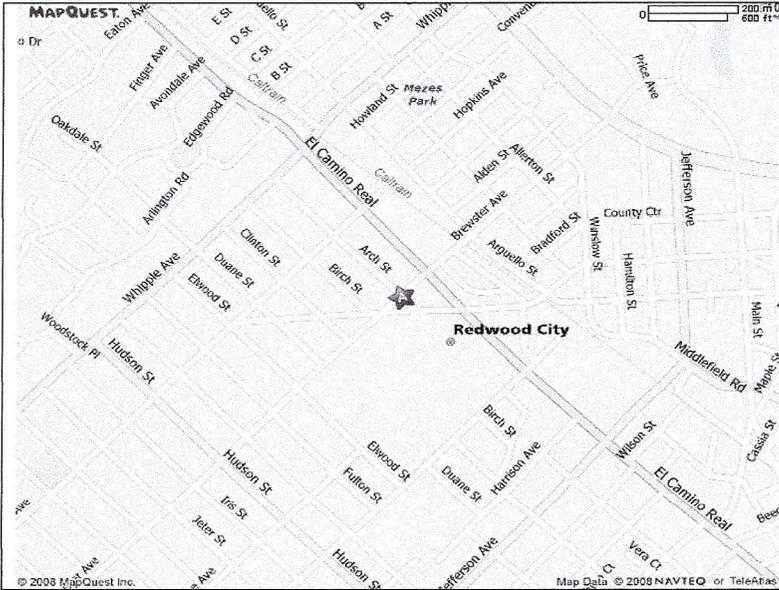
Sequoia Hospital ER

170 Alameda de las Pulgas
 Redwood City, CA 94062
 Phone (650) 369-5811
 ER Phone (650) 367-5541

24 HOUR Emergency Room
After Hours Care Only

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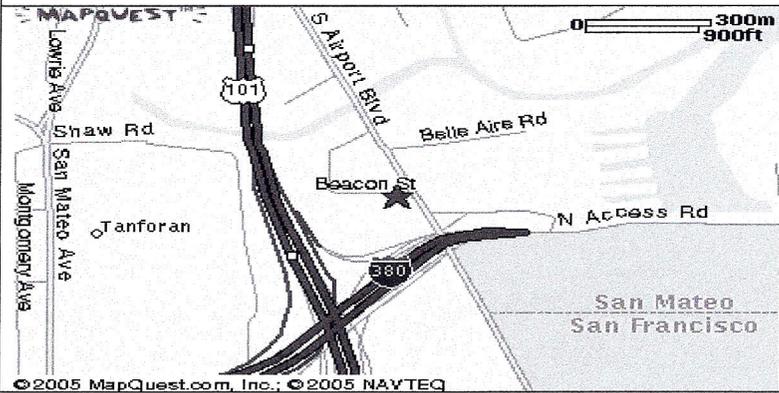
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US HealthWorks – Redwood City
 (Formerly Workforce Medical)

201 Arch Street
 Redwood City, CA 94062
 Phone: (650) 556-9420
 Fax: (650) 568-9053

Horario Regular
 Lunes-Viernes
 7:30am - 5:00pm

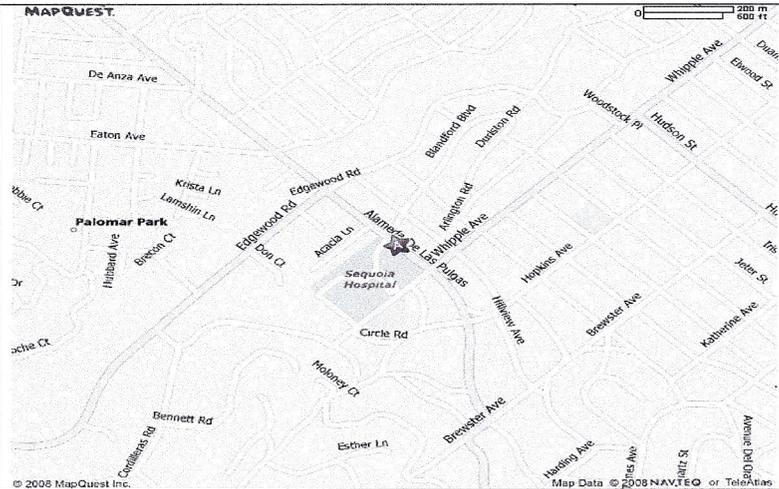


US HealthWorks - South San Francisco

1
 92 Beacon Street
 South San Francisco, CA 94080
 Phone: (650)-589-6500
 Fax: (650)-589-7256

Horario Regular
 Lunes-Viernes
 7:00 a.m. - 6:00 p.m.

DESPUES DE HORAS



Sequoia Hospital ER
 170 Alameda de las Pulgas
 Redwood City, CA 94062
 Phone: (650) 369-5811
 ER Phone (650) 367-5541

24 HORAS SALA DE EMERGENCIA

Despues de horas laborales en caso de emergencia

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 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 US HealthWorks Medical Group, County Risk Management / EH or the Infection Control Practitioner, or the Employee Health Nurse. 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