CITY OF LINCOLN NEBRASKA

smart # 16100070

CITY OF LINCOLN
DIRECTORIAL ORDER
NO. 16030

BY VIRTUE OF THE AUTHORITY VESTED IN ME by the Mayor of the City of Lincoln, Nebraska:

Pursuant to the delegation of authority under Administrative Regulation No. 26, I hereby execute and approve on behalf of the City of Lincoln, the attached City of Lincoln, Blood Borne Pathogens Exposure Control Plan.

I hereby direct the City Clerk to forward one executed copy of this Directorial Order to Bill Kostner in the Human Resources Department.

Dated this 12 day of October, 2016.

Douglas J. Mc Daniel, Human Resources Director

Approved as to Form & Legality:

Don Taute, Assistant City Attorney

Approved:

for Don Herz, Acting Finance Director

FILED

NOV 07 2016

CITY CLERK'S OFFICE

CITY OF LINCOLN
BLOOD BORNE PATHOGENS EXPOSURE CONTROL PLAN

PURPOSE

The purpose of this plan is to ensure that employees with an occupational exposure to blood borne pathogens may eliminate or minimize these exposures, as per 29 CFR 1910.1030, Occupational Exposure To Blood borne Pathogens.

OBJECTIVES

The objectives of this plan are to establish a written guideline to address the following:

1. **Introduction**
2. **Responsibility**
3. **Exposure Determination And Assessment Procedure**
4. **Exposure Procedure**
5. **Post Exposure Testing and Treatment**
6. **Universal Precautions And Engineering and Workplace Control**
7. **Personal Protective Equipment**
8. **Regulated Waste Disposal**
9. **Pre-Exposure Hepatitis B Vaccination**
10. **Training**
11. **Record Keeping**
12. **Definitions**

1. INTRODUCTION

The Occupational Exposure to Blood borne Pathogens Standard, CFR 1910.1030 deals with occupational exposure to blood borne pathogens.

This standard requires employers to make a determination as to occupational exposure and to identify, inform and train all affected employees as to the safe use of universal precautions, proper infection control procedures and protective equipment or devices for use on the job.

2. RESPONSIBILITY

Department Heads Have the Responsibility to:

1. Implement the blood borne pathogen exposure control plan by:

   A. Directing all supervisors to comply with this policy where there is an occupational exposure risk to blood borne pathogens.

B. Providing all employees with an occupational exposure risk the information, training personal protective equipment and vaccination to Hepatitis B as indicated, for their protection and for the protection of others.

C. Ensuring that all necessary personal protective equipment or products are available to comply with this policy.

2. Enforcing compliance with this policy. All employees, presently employed and new employees, who may have an occupational exposure risk to blood borne pathogens, must be trained and responsible for compliance with this policy.

Supervisors Have the Responsibility to:

1. Direct employees to comply with this policy where there may be an occupational exposure to blood borne pathogens and to provide employees with the information, training, equipment and/or vaccination needed to protect themselves in the event of an exposure incident.

2. Inform employees about the blood borne pathogens policy and how its requirements are applied in their workplace.

3. Assist with the coordination of training for effected employees annually in how to recognize, understand, and use universal precautions, proper infection control procedures and personal protective equipment on the job.

4. Enforce compliance with this policy.

Employees Have the Responsibility to:

1. Understand their assigned tasks relating to this blood borne pathogens exposure control plan.

2. Comply with the directives of this policy.

3. Advise supervisors immediately of any exposure incident.

4. Wear personal protective equipment as required.

5. Dispose of biohazardous materials properly.

Health Department Has the Responsibility to:

1. Assist other departments upon request, with the determination and control of blood borne pathogen exposure incidents and appropriate infection control procedures.

2. Offer vaccinations for Hepatitis B to all employees who may have risk for occupational exposure to blood borne pathogens and provide these employees a Hepatitis B titer one to two months following completion of vaccine series. Payment for these vaccinations and titer shall remain the responsibility of the effected department. This may also be handled by a contracted medical clinic.

3. Review exposure incidents and consult with a competent medical authority when necessary to determine what incidents are significant and require further testing, medical evaluation or treatment.

4. Provide medical counseling on a pre and post exposure basis for employees who have had an exposure incident in the course of their employment.

5. Control and file all reports of employee exposure incidents and to maintain these records as required.

Risk Management Has the Responsibility to:

1. Assist in the coordination of training for the City's blood borne pathogens exposure control plan, for appropriate supervisors and employees who may have an occupational exposure.

2. Audit each department's compliance with this plan on an annual basis.

3. Receive and process payments of all costs associated with post exposure testing of the source individual and the exposed employee.

3. EXPOSURE DETERMINATION AND ASSESSMENT PROCEDURE

It is the intent of this safety policy that all departments will on an ongoing basis assess and compile data about which employees may be expected to incur an occupational exposure to blood or other potentially infectious materials in the workplace.

However, at this time based upon a review by competent medical authority, Appendix A lists all city job classifications in which it has been determined that there are reasonable risks of an occupational exposure to blood or other potentially infectious materials.

Classification A, includes ALL employees who may have an occupational exposure risk to blood borne pathogens and classification B, list all job classifications in which SOME employees have an occupational exposure risk to blood borne pathogens and other potentially infectious materials.

Employees in both classifications should receive training and personal protective equipment. However, at this time, only employees in classification A are required to receive a Hepatitis B vaccination series, due to their exposure potential. Usually, only one vaccination series is needed for an entire lifetime.

However, department heads also retain the discretion to offer Hepatitis B vaccinations to additional employees should a review of the position by the Health Department indicate an employee may have an occupational exposure to blood or other potentially infectious materials and require a pre-exposure Hepatitis B vaccination.

4. EXPOSURE PROCEDURE

I. For Employees:

1. For all workplace related exposure incidents, employees are to immediately notify their supervisor and complete the City Exposure Report Form(appendix f). Work related injuries, in addition to the exposure incident, shall be treated with first aid or emergency medical assistance.

2. It is extremely important that notice be provided immediately following the exposure incident as significant exposures may require the timely administration of preventative measures and/or the testing of the source individual. An example would be Hepatitis B immune globulin which must be administered to a non immune individual as soon as possible and no later then seven days after exposure to Hepatitis B virus.

3. If an exposure incident, is determined to be significant by the health department, the employee shall:

a. Complete all Workers Compensation Reporting forms regarding the exposure. (These are not required for non-significant exposure incidents) Also note any personal injury associated with the exposure.

b. If requested by the Health Department, report to Bryan West admitting prior to going to the laboratory with a copy of the completed City Exposure Report and the Employee Consent for HBV, HCV and HIV testing release form. If admitting is closed, employee should report to the emergency room **FOR ADMITTING PURPOSES ONLY**. Inform admitting and the laboratory that you are a city employee and that the health department has sent you to them to have blood drawn for testing.

c. Employees may choose, instead of 3b, to seek an opinion and treatment from their personal physician, at their own expense. However, the health department's communicable disease program nurse must be kept informed of the status of the exposure incident. Also, where testing and treatment is recommended by the health department, but not completed by the employee, any future medical condition that may arise and is alleged to have occurred through the exposure incident will be presumed to have resulted from a cause other than the exposure incident.

II. For Supervisors:

1. Should employees report a potentially significant exposure to blood borne pathogens, the supervisor shall immediately contact the health department's communicable disease program nurse at (402) 441-8000 (on-call 24 hours a day) to discuss the employee's exposure incident. The Communicable Disease Program Nurse would make a determination if a significant exposure has occurred. If necessary, the nurse will consult with the health department's designated communicable disease physician, to determine if the exposure incident is significant.

2. If an exposure incident is determined to be significant by the Health department, the supervisor shall:

a. Fax to the health department at (402) 441-6205 or promptly send via inter-office mail a copy of the completed City Exposure Report form to the health department communicable disease program nurse.

b. If requested by the Health Department, direct the exposed employee to report to Bryan West laboratory with a copy of the completed City Exposure Report and the Employee Consent for HBV, HCV and HIV testing release form.

c. The employee's supervisor, or the Health Department Communicable Disease Nurse, shall promptly contact the source individual or their guardian/representatives and request that the source individual submit to voluntary testing for Hepatitis B (HBV), Hepatitis C(HCV) and HIV, which may be done on an outpatient basis through Bryan West hospital laboratory, or through their private physician. Be sure to send the source individual or their guardian/representatives a Citizen Informed Consent to HIV, HBV and HCV Testing Following Exposure of Body Fluids and Release of Information form for their signature and completion.

d. Risk Management shall be responsible for payment of all costs associated with post exposure testing of the source individual and the exposed employee.

e. If the source individual refuses to submit to testing for infectious diseases, and the exposed employee is deemed to fall under section 71-507 through 71-513 and 71-514.01 through 71-514.05 of the Neb Rev. Stat. Applicable to police, fire and health care workers, the employee's supervisor(or the person within the Department designated as responsible for making contact) shall contact the City Attorney's office to petition the district court for an order mandating that the tests be performed.

5. POST EXPOSURE TESTING AND TREATMENT

All occupational post exposure testing and treatment will be provided according to recommendations of the U.S. Public Health Service current at the time of the exposure incident and during the time follow-up procedures take place.

Occupational post exposure testing and treatment will be performed by or under the supervision of a licensed physician or by or under the supervision of another licensed health care professional.

The appropriate signed consent forms must be obtained from the employee prior to testing or treating the employee. (Consent forms, appendix C, appendix E,)

6. UNIVERSAL PRECAUTIONS AND ENGINEERING AND WORK PRACTICE CONTROLS

Universal precautions shall be observed by all employees to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials shall be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls shall be utilized to eliminate or minimize workplace exposures. Where the potential for occupational exposure remains after implementation of these controls, personal protective equipment should also be provided.

Hygienic Procedures

All blood or body fluids shall be assumed to be potentially infectious. The procedures below shall be followed and enforced at all times.

Employees shall avoid all contact with any body fluids. Gloves, bandages, and other disposable protective coverings shall be used when handling potentially infectious materials. Any infectious materials shall be promptly cleaned and disinfected after use. Disinfectants, disposable materials, and soaps shall be provided by the City of Lincoln and available at effected facilities.

Hand Washing Guidelines

Hand washing should be done frequently by employees and shall be required (i.e. before and after food preparation, after use of the toilet, after contact with any body fluids, etc.). The best method of hand washing involves the use of soap and water. Where soap and water are not available, a waterless antiseptic cleanser, or an antiseptic towelette may be used until employee can access hand-washing facilities.

Hand washing is the single most important means of preventing the spread of infection. The principle is that of using friction to mechanically remove micro-organisms. Wash hands as follows:

1. Wash hands with soap and running water.
2. Rinse hands under running water.
3. Dry hands well with a paper towel.
4. If possible, use paper towel to turn off faucet. All manually controlled faucets should be considered contaminated.
5. Dispose of single use or linen towels in appropriate containers.

Disposable Glove Guidelines

Disposable gloves shall be worn if the employee has a cut or open lesion on the hands, or where there may be contact with body fluids or infectious materials.

When removing protective gloves after they have become contaminated, use the following procedure for safe removal:

1. With both hands gloved, peel one glove off from the top to bottom and hold it in the gloved hand.
2. With the exposed hand, peel the second glove from the inside, tucking the first glove inside the second.
3. Dispose of the entire bundle promptly in an appropriate container.
4. Never touch the outside of the glove with your bare skin.
5. Whenever you remove your gloves, wash your hands with soap and water, or water less disinfectant soap as soon as possible.

Other Precautionary Guidelines

All cuts and open wounds shall be covered following basic First Aid procedures. Protective coverings, bandages, etc. shall be worn by all employees who may have an "occupational exposure". Gloves or exposure resistant protective equipment shall be worn over these coverings where there is the possibility of an exposure incident.

The sharing of personal items, such as combs, brushes, toothbrushes, etc., should be avoided. Whenever possible, disposable items should be used and not shared by others.

Disinfectant may be utilized where Hand washing is impractical.

Hand soap and disposable towels, tissues or gloves, shall be available to employees who may have an occupational exposure to blood or other potentially infectious materials.

Soiled surfaces with blood or other potentially infectious materials shall be promptly cleaned with disinfectants after use. All items used in cleaning, i.e. rags, sponges, etc., are to be properly disposed of after each use.

Vehicle or equipment seats shall be wiped with a disinfectant after use if seats are soiled by participants.

Procedures for Cleaning Up Body Fluid Spills

Wear disposable gloves which should be discarded following cleanup. When disposable gloves are not available or unanticipated contact occurs, hands and other affected areas should be washed with soap and water immediately after contact.

Clean and disinfect soiled area immediately using paper towels, soap and water.

Disinfect area with a solution of 10 percent household bleach (about one and three fourths cup of liquid sodium hypochlorite to one gallon of water) .

It is also acceptable to use a solution of 90 percent isopropyl alcohol. However, never mix the bleach solution with the alcohol.

Clothing soaked with another's blood or body fluids should be isolated and washed separate from other clothing in a 10% household bleach solution.

Following exposure to blood or other potentially infectious materials, visibly contaminated paper towels and disposable gloves should be placed in a red plastic bag, secured and disposed of in a designated regulated waste disposal site for removal by the city's designated vendor.

Procedure for the Cleaning of Equipment/Facilities

Housekeeping workers should wear appropriate personal protective equipment (PPE) including general purpose utility gloves during all cleaning of blood or other potentially infectious materials and during decontamination procedures

Initial clean-up of blood or other potentially infectious materials should be followed with the use of an approved hospital disinfectant chemical germicide that is tuberculocidal, or a solution of 10 percent household bleach (about one and three fourths cup of liquid sodium hypochlorite to one gallon of water).

It is also acceptable to use a solution of 90 percent isopropyl alcohol. However, never mix the bleach solution with the alcohol.

Use a disinfectant solution to clean equipment or facilities as soon as possible when there is an overt contamination, or after any spill of blood or other potentially infectious materials, and at the end of the work shift if the surface may have become contaminated since the last cleaning.

Procedure for Needles and Other Sharps

Contaminated needles and other contaminated sharps shall not be bent, recapped, removed, sheared or purposely broken. If this is necessitated by the medical procedure, then the recapping or removal of the needle must be done by use of a mechanical device, or by a one-handed technique.

Sharps containers shall be available to all employees who may come into contact with needles or other sharps as an occupational exposure. Sharps containers shall be closeable, constructed to contain all contents and prevent leakage of fluids during handling, labeled and color-coded, to be closed prior to removal to prevent spillage and protrusion of contents during handling.
Never pickup any needles by hand. Use pliers or other tool to prevent accidental punctures to your skin or glove.

Human Bites

In case of human bites, take the following actions:
a. Squeeze the area of the wound and encourage the wound to bleed.
b. Wash the area throughly with an antibacterial soap, or a one to ten bleach solution, or with isopropyl alcohol.
c. Notify your supervisor, complete the appropriate reports and seek medical attention.

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 tops or bench tops where blood or other potentially infectious materials are present.

7. PERSONAL PROTECTIVE EQUIPMENT

All personal protective equipment for employees with an occupational exposure to Blood or other potentially infectious materials shall be provided to employees based upon their anticipated occupational exposure.

Protective equipment shall be considered effective only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use for the duration of time that the protective equipment is used.

Personal protective equipment may include the following:
-Protective Gloves
-Protective Eyewear; ie. non-prescription glasses, goggles or face shields
-Protective Masks
-Tyvek or Similar Coveralls or Protective Apron or Gown
-Protective Boots or Other Footwear
-Protective One Way Valve (Microshield) for CPR

When wearing PPE, if it becomes penetrated by blood or other potentially infectious materials, try to remove this equipment as soon as possible.

Protective one way valves or pocket masks are designed to isolate you from contact with a victim's saliva and body fluids. Always try to avoid unprotected mouth-to-mouth resuscitation.

Protective gloves shall be worn when it becomes reasonably anticipated that you may have hand contact with blood or any potentially infectious materials. Since gloves can be torn or punctured, cover any hand cuts with bandages before putting on gloves. Dispose of all torn, punctured or contaminated gloves, never try to wash for reuse.

8. REGULATED WASTE DISPOSAL

Biohazardous waste, or regulated medical waste, may include clothing, bandages, gloves, sharps or body parts that contain blood, or other potentially infectious materials. These shall be stored in a labeled container and placed in a properly marked, red bag with the biohazard symbol.

Regulated medical waste means semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other infectious materials that are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood and other potentially infectious materials.

This storage bag should be placed in a properly designated area, until removed by the city's designated regulated waste hauler, as contracted by the City's Purchasing Division.

9. PRE-EXPOSURE HEPATITIS B VACCINATION

For all employees identified in Appendix A, under Classification A, (job classifications in which ALL employees may have an occupational exposure to blood or other potentially infectious materials), employees shall be offered a Hepatitis B vaccination series and following completion of the vaccine series a Hepatitis B titer at no cost.

Within 10 working days of the initial assignment, this vaccination series shall be offered to new employees who may have an occupational exposure, unless the employee has previously received the vaccine and wishes to submit to antibody testing to document immunity, or the employee may provide official medical records to document having received the full series of Hepatitis B vaccinations, or unless the employee chooses to decline the vaccine.

The City, Hepatitis B Vaccination form may be found in Appendix B, and shall be used to document Hepatitis B vaccinations. It is a requirement that this form be completed for every employee in Appendix A, Classification A.

For all employees identified in Appendix A, under Classification B, (job classifications in which SOME employees may have an occupational exposure to blood or other potentially infectious materials), employees shall receive required annual training, and personal protective equipment but not the Hepatitis B vaccination series or titer.

10. TRAINING

All effected employees shall be trained annually during working hours as per OSHA General Industry Standards, 29 CFR 1910.1030, Occupational Exposure To Blood borne

11. RECORD KEEPING

1. Annual Training Record:

Annual blood borne pathogen training records shall be maintained by each department for 3 years from the date on which the training occurred.

Training records shall include the following information:
The dates of the training sessions;
The contents or a summary of the training sessions;
The names and qualifications of persons conducting the training; and
The names and job titles of all persons attending the training sessions.

2. Occupational Exposure Record:

An accurate record for each employee with occupational exposure shall be established and maintained, in accordance with 29 CFR 1910.1020.

This record shall include:

The name and social security number of the employee;

A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination;

A copy of all results of examinations, medical testing, and follow-up procedures related to occupational exposure;

A copy of the completed City Exposure Report Form;

A copy of all written information and instructions provided by to the employee related to the occupational exposure;

All records related to employee occupational exposure are kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by OSHA's Occupational Exposure to Blood borne Pathogens Standard, CFR 1910.1030 or as may be required by law.

These records shall be maintained for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.

12. DEFINITIONS

Blood borne Pathogens- means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Contaminated-means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Exposure Incident(or significant exposure) - means a specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from performance of an employees duties.

HCV- Hepatitis C virus

HBV - Hepatitis B virus

Hepatitis B Titer - a blood test used to determine a person's immunity to Hepatitis B virus infection.

HIV - human immunodeficiency virus

Occupational Exposure - means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may results from performance of an employees duties.

Other Potentially Infectious Materials - means 1) Human body fluids such as the following: semen, vaginal secretions, cerebrospinal, synovial, pleural, pericardial, peritoneal, amniotic, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; and 2) Any unfixed tissue or organ(other than intact skin) from a human(living or dead); and 3) HIV containing cell or tissue cultures, organ cultures and HIV, HBV and HCV containing culture medium or other solutions and blood, organs, or other tissues from experimental animals infected with HIV, HBV, and HCV.

Parenteral - a piercing of mucous membranes or skin barrier by means of a needlestick, human bite, cut and/or abrasion.

Regulated Waste - means a liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other infectious materials that are capable of releasing these materials during handling; contaminated sharps; and pathological and microbial wastes containing blood and other potentially infectious materials.

Source Individual - means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

Universal Precautions - is an approach to infection control which requires that all human blood and certain other human body fluids are treated as if known to be infectious for HIV, HBV, HCV and other blood borne pathogens.

Questions concerning this policy will be addressed by:

Risk Management Division
Human Resources Department
555 S. 10th Street
Lincoln, Ne. 68508
(402) 441-7671

APPENDIX A

The following is a listing of ALL City of Lincoln job classifications that have a potential occupational exposure to blood or other potentially infectious materials as defined by 29 CFR 1910.1030:

Classification A: Lists employee job classifications in which **ALL** employees in these job classifications have an occupational exposure to blood or other potentially infectious materials. All employees in this classification must receive training and be offered a pre-exposure Hepatitis B vaccination.

Classification B: Lists employee job classifications in which **SOME** employees in these job classifications have an occupational exposure to blood or other potentially infectious materials. Employees in this classification must receive training but will not receive a Hepatitis B vaccination.

Classification A:

Class Code	Class Title
3002	Assistant Fire Chief
3005	Firefighter
3006	Fire Apparatus Operator
3007	Fire Captain
3009	Fire Chief
3020	Fire Captain
3028	Urban Search & Rescue Specialist
3030	Captain - EMS Training
3031	Firefighter/Paramedic
3110	Police Officer
3112	Police Sergeant
3123	Police Captain
3125	Assistant Chief of Police
3126	Chief of Police
3136	Forensic Lab Manager
3138	Police Property and Evidence Manager
3008	Battalion Chief
3011	EMS Supply Specialist
3612	Dental Division Manager
3613	Dental Hygienist I
3614	Dental Hygienist II
3655	Licensed Practical Nurse
3657	Physician Assistant
3659	Registered Nurse
3660	Nurse Practitioner
3661	Public Health Nurse I
3662	Public Health Nurse II
3672	Public Health Lab Technician
3674	Public Health Lab Technologist
3675	Public Health Lab Scientist

4975	Police Trainee
4979	Firefighter Trainee

Classification B:

Class Code	Class Title
3108	Service Desk Supervisor
3129	Public Service Officer
3601	Health Director
3669	Community Health Services Manager
4015	Recreation Manager
4907	Pool Manager
4910	Recreation Aide I
4912	Recreation Aide II
5009	Laborer II
5008	Laborer I
5010	Labor Supervisor
5031	Landfill Equipment Operator I
5032	Landfill Equipment Operator II
5033	Landfill Equipment Operator III
5205	Equipment Operator I
5206	Equipment Operator II
5225	Utilities Equipment Operator I
5226	Utilities Equipment Operator II
5229	Public Works Equipment Operator I
5230	Public Works Equipment Operator II
5320	Environmental Specialist I
5321	Environmental Specialist II
5407	Custodian
5510	Gardener
5524	District Park Supervisor
5526	Assistant Golf Course Superintendent
5527	Golf Course Superintendent

APPENDIX B

CITY OF LINCOLN
EMPLOYEE HEPATITIS B VACCINATION FORM

A Hepatitis B vaccination will be made available at no cost to every employee with an occupational exposure to blood or other potentially infectious materials.

The Hepatitis B vaccination is not an absolute guarantee against infection, but it can significantly reduce an individual's risk of infection.

___ Yes, I would like the Hepatitis B vaccination. I understand that the vaccination includes a series of three injections. I agree to complete the series.

___ I have already had the Hepatitis B vaccination. I agree to submit to antibody testing to show sufficient immunity.

___ No, I would not like the Hepatitis B vaccination. I understand that due to my occupational exposure to blood or other potentially infectious materials that I may be at risk of acquiring Hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, 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 the likelihood of an 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 me.

_____

Employee Signature Employee Social Security No. Date

Appendix C

CITY OF LINCOLN
EMPLOYEE CONSENT FOR HBV, HCV AND HIV TESTING FOLLOWING A SIGNIFICANT EXPOSURE TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS AND RELEASE OF INFORMATION

As an employee of the City of Lincoln, this will confirm that I have communicated with medical care providers who believe I have had a significant exposure to blood, or other potentially Infectious materials, in the course of my job duties.

I therefore voluntarily give permission for a sample of my blood to be drawn and tested for:

(Initial next to each test to be performed)

____ Hepatitis B antibody (**Do Not** initial if you were tested in the past and found to have immunity to Hepatitis B)

____ HIV Antibody (Human Immunodeficiency Virus)

____ Hepatitis C antibody (**Do Not** initial unless source individual has been documented to have Hepatitis C virus infection)

I understand the provisions of Neb. Rev. Stat. 71-503.01, (Cum. Supp. 1998) with respect to confidentiality and/or anonymity will be strictly followed.

I also understand that state law(Neb. Rev. Stat. 71-503.01, Cum. Supp.1998) requires that if these test results, in combination with other data, leads the medical consultant or my physician to make a diagnosis of HIV, HBV or HCV infection, that my case must be reported to the Nebraska Health and Human Services Communicable Disease Program .

I have been informed that if either the HIV, HBV or HCV are positive, a physician will provide counseling for follow-up care and for precautions against transmitting these infections.

I understand that if I refuse, my exposure to HIV, HBV or HCV will remain unknown. My ability to infect others with these viruses will also remain unknown.

I have been advised about the nature of the HIV, HBV and HCV tests, their expected benefits and risks and have been given an opportunity to ask questions. I freely give my informed consent and have not been subjected to any constraint or inducement. I understand that I may withdraw this consent anytime prior to having my blood drawn.

I also consent to allow the Lincoln-Lancaster County Health Department, access to my test results to provide me with information and counseling regarding my condition.

_____

Employee Signature Social Security. No. Date

Appendix D

CITY OF LINCOLN
CITIZEN CONSENT FOR HBV, HCV AND HIV TESTING FOLLOWING A SIGNIFICANT EXPOSURE TO A CITY OF LINCOLN EMPLOYEE AND RELEASE OF INFORMATION

This will confirm that I, or my minor child/ward, have exposed a City of Lincoln employee to blood, or other potentially infectious materials.

I, or my minor child/ward, therefore voluntarily give permission for my, or my minor child/ward's blood to be drawn and tested for Hepatitis B, Hepatitis C and HIV. I understand that this will be paid for by the City of Lincoln.

I understand the provisions of Neb. Rev. Stat. 71-503.01, (Cum. Supp. 1998) with respect to confidentiality and/or anonymity will be strictly followed.

I also understand that state law(Neb. Rev. Stat. 71-503.01, Cum. Supp.1998) requires that if these test results, in combination with other data, leads the medical consultant or my/our physician to make a diagnosis of HIV, HBV or HCV infection, that my/our case must be reported to the Nebraska Health and Human Services Communicable Disease Program .

I/we have been informed that if either the HIV, HBV or HCV are positive, that my/our designated physician will be contacted with the results.

I/we understand that if I refuse, my exposure to HIV, HBV or HCV will remain unknown. My ability to infect others with these viruses will also remain unknown.

I, or my minor child/ward, have been advised about the nature of the HIV, HBV and HCV tests, their expected benefits and risks and have been given an opportunity to ask questions. I/we freely give my/our informed consent and have not been subjected to any constraint or inducement. I/we understand that I, or my minor child/ward may withdraw this consent anytime prior to having my blood drawn.

I also consent to allow the Lincoln-Lancaster County Health Department, access to my test results to provide me with information and counseling regarding my condition.

_____

Citizen, or Parent/Legal Guardian Signature Social Security. No. Date

Appendix E

CITY OF LINCOLN
EMPLOYEE CONSENT TO POST HIV EXPOSURE PROPHYLAXIS

I have had an occupational exposure to blood/body fluids that may contain human immunodeficiency virus(HIV), the virus that causes AIDS. I have been offered treatment with _____, _____, _____, which might reduce my risk of infection. This is considered a prophylaxis, designed to preserve health and prevent the spread of disease. This is consistent with the recommendations from the Centers for Disease Control and Prevention.

If I decide to proceed with this treatment, the following will occur:

1. A sample of my blood will be drawn and tested for baseline HIV, complete blood count, renal and hepatic function tests, and serum pregnancy(female) if appropriate.

2. I will be given a seven day supply of medications and instructions for their use.

3. Appropriate blood tests will be repeated 2 weeks, 6 weeks, 12 weeks and 6 months after my exposure and other times if indicated.

4. If I experience adverse reactions or develop abnormal laboratory tests, the drug dosages may be adjusted or discontinued after consultation with my personal physician or an infectious disease specialist.

Benefits of Treatment

The risk of infection from my exposure is not known with certainty. However, should HIV infection occur, the outcome eventually may be death. The drugs I will be given may prevent infection after exposure to HIV.

The benefit from the drugs is not certain. Experiments strongly suggest that they may prevent infection when treatment is started within 1-2 hours after exposure. They also may be worthwhile even up to 1-2 weeks after exposure, but the longer the delay in instituting prophylaxis, the less effective the drugs will be.

Risks

By taking the drugs, I acknowledge that I might develop side effects, including headache, nasal stuffiness, nausea, diarrhea, vomiting, muscle pain or tiredness. Although unlikely, I might also develop anemia, low white blood cell count, pancreatitis or a change in taste sensation. These adverse effects are expected to disappear after drug treatment is stopped, but could be life-threatening or irreversible.

Although considered unlikely, delayed effects could include cancer or mutations in my genetic material.

Treatment Options

Treatment with these drugs is voluntary. If I decide to stop taking them, I should notify the Lincoln-Lancaster County Health Department Communicable Disease Program at (402) 441-8053 within 24 hours. If I elect not to receive or discontinue the drugs listed above, neither my employment nor other treatment and follow-up for my exposure will be affected. Declining or discontinuing drug treatment will not affect benefits to which I am otherwise entitled as a result of my exposure.

I have been given the opportunity to ask questions relevant to drug treatment for exposure to HIV.

I have been given a copy of the "Employee Information about Post-HIV Exposure Prophylaxis" sheet.

My signature indicates my willingness to undertake drug treatment for post-HIV exposure prophylaxis.

I _____, Have had this consent fully explained to me and I
(Print Full Name)

have read it and fully understand and accept its terms and conditions.

_____ _____
Signature Date and Time

_____
Witness

COMPLETE THE SECTION BELOW <u>ONLY</u> IF THE EMPLOYEE DECLINES POST-HIV EXPOSURE PROPHYLAXIS.

I _____, Have had this consent fully explained to me and I
(Print Full Name)
have read it and fully understand and decline post-HIV exposure drug treatment at this time.

_____ _____
Signature Date and Time

_____
Witness

CITY OF LINCOLN Appendix F

EXPOSURE REPORT FORM FOR BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIAL

Location of Incident: _____ Date Incident: _____ Time Incident: _____ AM/PM

EMPLOYEE: _____ SS#: _____

Address: _____ City: _____ State/Zip: _____

Phone (Work): _____ (Home): _____

Physician _____ Phone _____

Address _____

Provider Agency _____ Phone _____

Have you received the Hepatitis B vaccine? YES NO Date received: #1 _____ #2 _____ #3 _____

If NO, did you sign a declination waiver? YES NO

Employees date of birth _____

Exposure Description

Type of fluid to which you were exposed (check all that apply)

☐ Blood ☐ Vomit ☐ Saliva ☐ Feces ☐ Urine ☐ Other _____

A. Blood or Body Fluids

Entered into natural body openings?
☐ none ☐ mouth ☐ eye ☐ specify other _____

Entered into cut or wound less than 24 hours old?
☐ Yes ☐ No
Describe cut or wound _____

☐ Needle stick with contaminated needle
☐ Other (describe) _____

B. Respiratory

☐ Mouth-to-mouth resuscitation

☐ Resuscitation using airway

☐ Other (describe) _____

SOURCE INDIVIDUAL: (If minor, also name parent or guardian) Phone _____

Name: _____ Sex: M F DOB _____ SS# ___/___/___

Parent or Guardian: _____

Address: _____ City _____ State/Zip: _____

Health Care Facility Receiving Patient: _____

Physician _____ Phone _____

Describe actions taken to remove the contamination (hand washing, type of cleanup): _____

What protective measures were being taken at the time of exposure (e.g. wearing gloves, goggles): _____

Explain incident in detail: _____

I hereby consent to the release of this information to the designated physician and to the heath care facility.

Employee signature: _____ Date: _____

COMPLETE, SIGN, AND FAX TO THE HEALTH DEPARTMENT @ (402) 441-6205

This report pursuant to Neb. Rev. Stat. Sections 71-507 to 71-514.

Risk Management bloodfrm 10/11/16