

# MARYLAND DEPARTMENT OF JUVENILE SERVICES



## POLICY & PROCEDURE

**SUBJECT:** Bloodborne Pathogen Policy  
**NUMBER:** HC-1-05 (Health Care)  
**APPLICABLE TO:** All DJS Employees  
**EFFECTIVE DATE:** September 12, 2005

Approved: "/s/signature on original copy"  
**Kenneth C. Montague, Jr., Secretary**

1. **POLICY.** Each Facility Administrator shall ensure that each facility develops and enforces procedures that specify safe work practices and engineering controls to decrease the chance of occupational exposure to bloodborne pathogens. The Medical Director or the Medical Director's designee and Health Administrator shall develop the central office and district Bloodborne Pathogen Exposure Control Plan. The facility plans and the plan for the central office and districts shall be reviewed at least annually and updated as needed. All employees, including vendors, volunteers, and interns shall follow the procedures outlined in this Policy and Procedure.
2. **AUTHORITY.**
  - a. 29 CFR 19.1030, OSHA Standard on Bloodborne Pathogens.
  - b. COMAR 09.12.31.
  - c. Article 83 C, §§ 2-211 & 2-218.
3. **DEFINITIONS.**
  - a. *Blood* means human blood, human blood components, and products made from human blood.
  - b. *Bloodborne Pathogen* means pathogenic micro-organisms present in human blood which can cause disease in humans. These include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).
  - c. *Contaminated* means the presence or reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
  - d. *Contaminated laundry* means laundry which has been soiled with blood or other potentially infectious materials.
  - e. *Contaminated sharps* mean any contaminated object that can penetrate the skin including, but not limited to, needles.
  - f. *Decontamination* means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
  - g. *Engineering Controls* means methods, procedures, or systems used to isolate or

remove the bloodborne pathogens hazard from the workplace (e.g., sharps disposal containers).

- h. *Exposure Incident* means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.
- i. *Hand washing facilities* means the location of an adequate supply of running portable water, soap, and single use towels or hot air drying machines.
- j. *Licensed Healthcare Professional* means a person whose legally permitted scope of practice allows him or her to independently perform the activities required by the Task and Job Classification Forms of this plan, Hepatitis B vaccination and Post-exposure Evaluation and Follow-up.
- k. *HBV* means Hepatitis B Virus.
- l. *HIV* means the Human Immunodeficiency Virus - the virus which causes AIDS.
- m. *Occupational exposure* means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
- n. *Other Potentially Infectious Materials* means:
  - 1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or possible to differentiate between body fluids.
  - 2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
  - 3. HIV-containing cell or tissue cultures, organ cultures and HIV-or HBV-containing culture medium or other solutions.
- o. *Parenteral* means piercing mucous membranes or the skin's barrier through such events as needle sticks, human bites, cuts, and abrasions.
- p. *Personal Protective Equipment* means specialized clothing or equipment worn by an employee for protection against a hazard.
- q. *Regulated Waste* means 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 potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
- r. *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. Examples include, but are not limited to clients in institutions, trauma victims, and clients of drug and alcohol treatment facilities.
- s. *Sterilize* means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
- t. *Universal Precautions* means an approach to infection control. All human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
- u. *Work Practice Controls* means procedures or methods used that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g.,

prohibiting recapping needles using a two-handed technique.)

4. **PROCEDURES.**

a. **Exposure Determination.**

- (1) All employees in job classifications listed in the **Job Classifications in Which All Employees have Occupational Exposure Form** shall be considered as having potential occupational exposure to bloodborne pathogens and shall be eligible for mandated training, elective vaccinations, and post-exposure follow-up as specified in this Policy and Procedure.
- (2) Employees in job classifications listed on the **Task Classifications in Which Some Employees have Occupational Exposure Form** may have potential occupational exposure due to particular job duties assigned. Based on the procedures outlined in this Policy and Procedure determination will be made based on tasks performed. Employees in such positions who are determined to have potential occupational exposure shall be eligible for mandated training, elective vaccinations, and post-exposure follow-up as specified in this Policy and Procedure.
- (3) The following is a list of tasks and procedures in which potential occupational exposure can occur:
  - (i) Clinical Procedures:
    - (a) Physical examinations;
    - (b) Inoculations;
    - (c) Blood samples taken;
    - (d) Care of wounds;
    - (e) Dressing changes; and
    - (f) Laboratory tests and activities.
  - (ii) Restraint Duties:
    - (a) Assaults/physical altercations;
    - (b) Searches/shakedowns;
    - (c) Secure transportation of youth;
    - (d) Accident scene investigations; and
    - (e) First Aid/C.P.R.
- (4) Any other employees, not in the classifications or positions identified above, who may suffer an exposure to bloodborne pathogens shall be eligible for all post-exposure evaluation and follow-up as specified in this Policy and Procedure.

b. **Compliance with the OSHA Standard.**

- (1) Each facility and office in which potential occupational exposure may occur shall prepare and maintain an ***Exposure Control Plan (Appendix 1)***

in which compliance with the specific, applicable elements of the Standard are documented. The **Exposure Control Plan** shall be maintained, reviewed annually and revised when necessary by the Facility Administrator.

- (2) All facilities and offices shall follow the principle of Universal Precautions, by which all human blood and certain body fluids are treated as if known to be infectious.
- (3) Engineering Controls and Work Practice Controls:
  - (i) Engineering and work practice controls shall be used to eliminate or minimize employee exposures to bloodborne pathogens. Where potential exposure remains after implementation of such controls, appropriate personal protective equipment shall also be used.
  - (ii) Engineering controls shall be examined, updated, and/or replaced at least annually to ensure their continued effectiveness.
  - (iii) Appropriate work practice controls, in accordance with the standard, shall be implemented as applicable to the tasks and procedures performed where potential occupational exposure may occur.
  - (iv) Each facility and office shall ensure that such work practice controls are documented, approved, established, and implemented, and that employees are informed as to the applicable controls established.
- (4) Personal protective equipment shall be provided and shall be used when appropriate, in accordance with the standard and by following the principle of Universal Precautions:
  - (i) Appropriate personal protective equipment shall be provided at no cost to employees, in appropriate sizes, and shall be readily available.
  - (ii) Protective equipment shall be inspected regularly and repaired or replaced as needed.
  - (iii) Employees shall be instructed as to the proper use, disposal and/or decontamination of all applicable personal protective equipment.
- (5) Housekeeping controls shall be implemented in accordance with the standard and in order to maintain work sites in a clean and sanitary condition.
  - (i) Written cleaning schedules shall be established at each facility and office.
  - (ii) All equipment and surfaces shall be cleaned and decontaminated using appropriate methods, after contact with blood or other potentially infectious materials.
  - (iii) Contaminated sharps shall be discarded as soon as feasible, in

- appropriate containers that are easily accessible.
- (iv) Other potentially contaminated waste materials shall be placed in appropriately constructed and labeled containers and shall be disposed of in accordance with applicable federal, state and local regulations.
- (v) Potentially contaminated laundry shall be handled, bagged, or containerized, stored, and transported in accordance with the standard and with appropriate work practice controls and hazard warning measures.

**c. Hepatitis B Vaccination and Post Exposure Follow-Up.**

**(1) Vaccination.**

- (i) The Department of Juvenile Services (DJS) will offer the Hepatitis B vaccination series, at no cost to employees identified on the **Job and Task Classification Forms** who have a potential occupational exposure to bloodborne pathogens.
- (ii) The vaccination will be made available after employees have received training as required in the standard and, for new employees, within 10 days of initial assignment in positions identified as having potential occupational exposure.
- (iii) Eligible employees who decline to accept the vaccination offer must sign a prescribed **Declination Statement** verifying their decision not to participate in the vaccination program. **Declination Statements** must be retained in the employee's medical records.

**(2) Post-Exposure Evaluation and Follow-up.**

- (i) Exposure Incident Report.
  - (a) Incidents of potential exposure to bloodborne pathogens shall be reported in writing as soon as possible by the employee concerned to the employee's immediate supervisor or other designated management official. Employees shall refer to the DJS Policy on Incident Reporting where applicable.
  - (b) The supervisor or other designated person shall review the employee's report and shall initiate an investigation of the potential exposure incident. Results of the review of the employee's report and supervisory investigation shall be documented by completion of a confidential **Exposure Incident Report Form**. In addition, a separate Employer's First Report of Injury Form shall be completed in order to report the incident to the Worker's Compensation Commission and Injured Worker's Insurance Fund.
  - (c) The **Exposure Incident Report Form** shall document the routes of exposure, circumstances of exposure, description of the employee's duties as related to the exposure incident

and, unless prohibited by law, identification of the source individual.

- (d) The source individual's blood may be tested to determine HBV or HIV infectivity, if informed consent is obtained. Under certain circumstances, involuntary testing of the source individual's blood may be mandated. The results of the testing, if obtained, shall be made known to the exposed employee and recorded on the **Exposure Incident Report Form**. The employee shall be informed of applicable laws and regulations regarding disclosure of the identity and infectious status of the source individual.
- (ii) Medical Evaluation.
  - (a) Employees suffering an exposure incident to bloodborne pathogens shall be referred as soon as possible for medical evaluation and counseling from a licensed healthcare professional designated by the Department.
  - (b) The licensed healthcare professional shall be provided with a copy of the Bloodborne Pathogens Standard (29 CFR Part 1910.1030) and a confidential copy of the **Exposure Incident Report Form**, as well as all medical records relevant to the appropriate treatment of the employee, including Hepatitis B vaccination status.
  - (c) The licensed healthcare professional shall offer the employee the opportunity to have the employee's blood tested for HBV and HIV serological status and shall provide counseling and evaluation of reported illnesses relating to the exposure incident.
  - (d) The Department shall obtain a written opinion from the licensed healthcare professional regarding the Hepatitis B vaccination status of the employee and confirmation that the employee has been informed of the results of the evaluation and medical follow-up. The employee shall be provided a copy of the written opinion within 15 days of the completion of the medical evaluation.

**d. Communication of Hazards.**

**(1) Labels and Signs.**

Appropriate warning labels shall be affixed to containers of regulated waste; contaminated sharps; refrigerators or freezers containing blood or other potentially infectious material; and other containers used to store or transport blood, or other potentially infectious material. Red bags or red containers may be substituted for labels.

**(2) Information and Training.**

- (i) All employees with potential occupational exposure (employees

listed on the **Job and Task Classification Form**) shall participate in initial and annual training programs regarding bloodborne pathogens.

- (ii) Initial training of current employees and annual training shall be provided by the Department using a standard training program which includes interactive questions and answers between trainers and employees.
- (iii) New employees with potential exposures shall receive required bloodborne pathogen training within 10 days of initial assignment in positions identified as having potential occupational exposure.
- (iv) Additional training shall be provided as necessary whenever new or modified tasks or procedures may affect the potential occupational exposure of employees concerned.

**e. Recordkeeping.**

**(1) Medical Records.**

- (i) The Health Administrator shall maintain a medical record for each employee identified as having a potential occupational exposure.
- (ii) The medical record shall consist of:
  - (a) Employee's name and Social Security Number;
  - (b) Employee's Hepatitis B Vaccination status including dates of all vaccinations, medical records indicating vaccination is not warranted, or employee declination of vaccination offer; and
  - (c) Copy of all results of post-exposure evaluation and testing, Exposure Incident Reports and licensed health care professional's written opinions.
- (iii) All medical records shall be kept confidential and shall not be disclosed without the employee's written consent, except to the employee, to anyone having written consent of the employee, or as otherwise required by law.
- (iv) Medical records shall be maintained for the duration of employment plus 30 years.

**(2) Training Records.**

- (i) The training unit of the Office of Human Resources shall maintain copies of all required records of training.
- (ii) A training record shall include the dates of each training session attended; a summary of the training received; and the names and qualifications of persons conducting the training.
- (iii) Training records shall be maintained for at least 3 years from the date on which the training occurred.
- (iv) Medical and training records shall be transferred with the employee upon the employee's permanent transfer to another State agency.

**5. DIRECTIVES/POLICIES AFFECTED.**

- a. Directives/Policies Rescinded - **Bloodborne Pathogens Directive, 1-4-93.**
- b. Directives Referenced - **Incident Reporting Policy.**

**6. FAILURE TO COMPLY.**

Failure to obey a Secretary's Policy and Procedure shall be grounds for disciplinary action up to and including termination of employment.

**Appendices – 1**

- 1. Exposure Control Plan



# **EXPOSURE CONTROL PLAN**

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**JOB CLASSIFICATIONS IN WHICH ALL EMPLOYEES HAVE OCCUPATIONAL EXPOSURE**

| <b><u>CODE CLASS</u></b> | <b><u>CLASSIFICATION</u></b>        |
|--------------------------|-------------------------------------|
| 3054                     | COOK I                              |
| 1797                     | COOK II                             |
| 2615                     | DJS YOUTH CENTER COOK I             |
| 2616                     | DJS YOUTH CENTER COOK II            |
| 2617                     | DJS YOUTH CENTER COOK LEAD          |
| 2618                     | DJS YOUTH TRANSPORTATION OFFICER I  |
| 2619                     | DJS YOUTH TRANSPORTATION OFFICER II |
| 2620                     | DJS YOUTH TRANSPORTATION OFFICER    |
| LEAD                     |                                     |
| 2621                     | DJS YOUTH TRANSPORTATION OFFICER    |
| SUPERVISOR               |                                     |
| 2600                     | DJS YOUTH TRANSPORTATION OFFICER    |
| TRAINEE                  |                                     |
| 4285                     | REGISTERED NURSE CHARGE PSYCH       |
| 4284                     | REGISTERED NURSE MED                |
| 4286                     | REGISTERED NURSE CHARGE MED         |
| 4288                     | REGISTERED NURSE SUPERVISOR MED     |
| 2609                     | DJS RESIDENT ADVISOR SUPERVISOR     |
| 2610                     | DJS RESIDENTIAL GROUP LIFE MGR I    |
| 2611                     | DJS RESIDENTIAL GROUP LIFE MGR II   |
| 2622                     | DJS YOUTH RECREATION SPECIALIST I   |
| 2623                     | DJS YOUTH RECREATION SPECIALIST II  |
| 2624                     | DJS COORDINATOR OF RECREATION       |
| 2606                     | DJS RESIDENT ADVISOR I              |
| 2607                     | DJS RESIDENT ADVISOR II             |
| 2608                     | DJS RESIDENT ADVISOR LEAD           |
| 2599                     | DJS RESIDENT ADVISOR TRAINEE        |



**JOB CLASSIFICATIONS IN WHICH  
SOME EMPLOYEES HAVE OCCUPATIONAL EXPOSURE**Error! Bookmark not defined.

| <b><u>CODE CLASS</u></b> | <b><u>CLASSIFICATION</u></b>           |
|--------------------------|--|
| 1563                     | A/D ASSOCIATE COUNSELOR                |
| 1562                     | A/D ASSOCIATE COUNSELOR PROVISIONAL    |
| 1564                     | A/D ASSOCIATE COUNSELOR LEAD           |
| 1566                     | A/D PROFESSIONAL COUNSELOR             |
| 1567                     | A/D PROFESSIONAL COUNSELOR ADVANCED    |
| 1565                     | A/D PROFESSIONAL COUNSELOR PROVISIONAL |
| 1568                     | A/D PROFESSIONAL COUNSELOR SUPERVISOR  |
| 1561                     | A/D SUPERVISED COUNSELOR               |
| 1560                     | A/D SUPERVISED COUNSELOR PROVISIONAL   |
| 2247                     | ADMINISTRATOR OFFICER III              |
| 2586                     | ADMINISTRATOR I                        |
| 2587                     | ADMINISTRATOR II                       |
| 3588                     | ADMINISTRATOR III                      |
| 2589                     | ADMINISTRATOR IV                       |
| 4560                     | FOOD SERVICE WORKER I                  |
| 4561                     | FOOD SERVICE WORKER II                 |
| 0598                     | ELECTRICIAN HIGH VOLTAGE               |
| 1445                     | FOOD ADMINISTRATOR II                  |
| 1441                     | FOOD SERVICE MANAGER I                 |
| 0473                     | FOOD SERVICE MANAGER II                |
| 1038                     | FOOD SERVICE SUPERVISOR I              |
| 0525                     | FOOD SERVICE SUPERVISOR II             |
| 2590                     | DJS CASE MGMT SPECIALIST I             |
| 2591                     | DJS CASE MGMT SPECIALIST II            |
| 2592                     | DJS CSE MGMT SPECIALIST III            |
| 2593                     | DJS CASE MGMT SPECIALIST SUPERVISOR    |
| 2594                     | DJS CASE MGMT PROGRAM SUPERVISOR       |
| 2598                     | DHS PROGRAM SPECIALIST                 |

| <b><u>CLASS CODE</u></b> | <b><u>CLASSIFICATION</u></b>            |
|--------------------------|---|
| 2736                     | MAINTENANCE ASSISTANT                   |
| 2811                     | MAINTENANCE CHIEF II                    |
| 1964                     | MAINTENANCE CHIEF III                   |
| 1107                     | MAINTENANCE MECHANIC                    |
| 0606                     | MAINTENANCE MECHANIC SENIOR             |
| 1976                     | MAINTENANCE SUPERVISOR I                |
| 1978                     | MAINTENANCE SUPERVISOR II               |
| 0612                     | PSYCHOLOGIST I                          |
| 0613                     | PSYCHOLOGIST II                         |
| 0608                     | PSYCHOLOGY ASSOCIATE I MASTERS          |
| 0609                     | PSYCHOLOGY ASSOCIATE II MASTERS         |
| 0610                     | PSYCHOLOGY ASSOCIATE III MASTERS        |
| 4512                     | SOCIAL WORKER I FAMILY SERVICES         |
| 1991                     | SOCIAL WORKER I HEALTH SERVICES         |
| 2003                     | SOCIAL WORKER I CRIMINAL JUSTICE        |
| 2004                     | SOCIAL WORKER II CRIMINAL JUSTICE       |
| 2005                     | SOCIAL WORKER ADVANCED CRIMINAL JUSTICE |
| 2958                     | TEACHER AIDE II                         |
| 3563                     | TEACHER ASSISTANT                       |
| 0974                     | VOLUNTEER ACTIVITIES COORDINATOR I      |
| 2262                     | VOLUNTEER ACTIVITIES COORDINATOR II     |
| 3370                     | VOLUNTEER ACTIVITIES COORDINATOR III    |



**DEPARTMENT OF JUVENILE SERVICES**

**EXPOSURE CONTROL PLAN: OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS**

**OFFICE/FACILITY** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PLAN PREPARED BY** \_\_\_\_\_

**TITLE** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**DATE PREPARED** \_\_\_\_\_

**DATE REVIEWED FOR ANNUAL UPDATE** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OFFICE/FACILITY HEAD** \_\_\_\_\_

**TITLE** \_\_\_\_\_

**DATE** \_\_\_\_\_

Written: 1993, reviewed 94, 95, 96, 97,98,99,00

Revised: 7/1/01, reviewed 7/1/02, 7/1/03

Revised: 2/18/04, 11/15/04

This plan must be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure and any changes in technology that eliminate or reduce exposure to bloodborne pathogens.

DJS (1)-1406 (rev 11/04)



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## I. POTENTIAL EXPOSURE DETERMINATION LIST

### A. Job Categories-All Employees Have Occupational Exposure

Attached to this compliance plan is the Job Classification Form listing employee in Job Classifications in which all employees have occupational exposure. All employees in this job classification have already been identified as having a reasonably anticipated occupational exposure to blood or other potentially infectious material.

### B. Job Categories-Some Employees Have Occupational Exposure

In the following procedures performed in this facility/office occupational exposure can occur:

1. Clinical Procedures
  - Patient Exams
  - Vaccinations
  - Blood Samples Taken
  - Care of Wounds
  - Dressing Changes
  - Laboratory Tests and Activities
  - Others (List)

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2. Restraint Duties
  - Assaults/Physical Altercations
  - Searches/Shakedown
  - Transportation of Youth
  - Accident Scene Investigations
  - First Aid/CPR
  - Others (List)

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Attached to this compliance plan is the Task Classification Form. Employees listed on the Task Classification Form have been identified as having a reasonably anticipated occupational exposure to blood or other potentially infectious material not by reason of their job classification alone but rather due to the task or tasks they are required to perform which makes it necessary for them to receive Bloodborne Pathogen training and be eligible for vaccination. Those tasks which dictate the occupational exposure are to be listed next to each job classification.

- C. Any other employees, not in the classifications of positions identified above, who may suffer bona fide exposure to bloodborne pathogens shall be eligible for all post-exposure evaluation and follow-up as specified.

**II. IMPLEMENTATION: ALL PROCEDURES ARE MANDATORY, WHERE APPLICABLE.**

Where procedures are not applicable to your facility/office, note N/A beside the procedure in the left margin.

A. Engineering Controls

The following engineering controls are in place in this facility/office:

- Sharps containers. This container is examined, maintained, or replaced when it becomes full. The container meets the requirements as outlined in the OSHA Regulations.
- Safety sharps are used when practical and cost effective

B. Work Practice Controls

1. GENERAL: Universal precautions are followed in situations where employees are exposed to blood or other potentially infectious materials. This means that all human blood and certain body fluids are considered potentially infectious.
2. HAND WASHING is required in this facility/office, and employees have been instructed in this procedure, and have been informed where facilities are located. Employees are required to wash their skin, or flush mucous membranes as soon as feasible after contact with blood or other potentially infectious materials.
3. RECAPPING OF SHARPS and bending and breaking of needles is prohibited in this facility/office. Employees have been trained in these procedures.
4. DISPOSING OF SHARPS: After use, all sharps are placed in appropriate receptacles for disposal. Sharps containers meet the requirements as outlined in the OSHA Regulations for engineering controls.
5. SHARPS CONTAINERS in this facility/office are closeable and puncture and leakproof:
  - a. Staff have been instructed not to overfill containers.
  - b. Staff have been instructed to close the container when moved to prevent spillage.

- c. Closeable, leak-proof containers with appropriate color-coding or labeling are available and used in the event that the sharps container appears to be leaking.
  - d. Closeable, leak-proof containers with appropriate color-coding or labeling are available and used for all other regulated waste such as disposable gloves or bloodied bandages.
6. EATING, DRINKING, SMOKING, APPLYING COSMETICS, OR HANDING CONTACT LENSES in work areas where potential exposure is likely is prohibited.
  7. FOOD OR DRINK are not kept in areas where blood or other potentially infectious materials are present.
  8. SPECIMEN HANDLING-Specimens of blood or other potentially infectious materials are placed in containers which prevent leakage during collection, transport, handling, storage, or shipping.
  9. THIS FACILITY/OFFICE USES COLOR-CODING AND/OR BIOHAZARD LABELS to mark all potentially hazardous items. Hazardous items that are so marked include:
    - a. Sharps containers are marked with:
      - Red Color-Coding and/or
      - Biohazard labels
    - b. Containers of other regulated waste (laundry, used gloves, etc.) are marked with:
      - Red Color and/or
      - Biohazard labels
    - c. Refrigerators/freezers that hold potentially infectious materials are marked with:
      - Red Color-Coding and/or
      - Biohazard labels
    - d. Containers used to transport, ship, or store potentially infectious materials, including U.S. Postal Services such as express packages, UPS, or Federal Express packages, are marked with:
      - Red Color-Coding and/or
      - Biohazard labels

C. Personal Protective Equipment

1. The following Personal Protective Equipment (P.P.E.) is provided in this facility/office at no cost to employees:

a. Disposable gloves in appropriate sizes are available for all employees at risk of exposure, for use at their discretion at the following locations in this facility:

\_\_\_\_\_

Explanation of when used, if applicable, or reason for lack of use:

\_\_\_\_\_

\_\_\_\_\_

b. Hypoallergenic gloves or glove liners are available to employees allergic to regular gloves at the following locations:

\_\_\_\_\_

\_\_\_\_\_

Explanation of when used, or reason for lack of use:

\_\_\_\_\_

\_\_\_\_\_

2. The following protective body clothing is required in this facility:

- Clinic Jackets
- Gowns
- Lab Coats
- Aprons
- Other (List)

\_\_\_\_\_

\_\_\_\_\_

Explanation of when used, if applicable, or reason for lack of use:

\_\_\_\_\_

\_\_\_\_\_

3. The following respiratory equipment (check one) is required in this facility:

- Mouthpieces
- Resuscitation Bags
- Other (List)

\_\_\_\_\_

4. Protective equipment is inspected, repaired, or replaced as needed.
5. Garments penetrated by blood or potentially infectious material are removed as soon as feasible.
6. All protective equipment is taken off prior to leaving the work area and placed in a designated area \_\_\_\_\_ or container located \_\_\_\_\_ after being removed.
7. Single-use gloves are replaced as soon as practical when contaminated, or when their ability to function as a barrier is compromised. They are not washed or decontaminated for reuse.
8. Utility gloves are discarded when they exhibit signs or deterioration.

D. Housekeeping

In order to maintain this facility/office in a clean and sanitary condition, the following housekeeping procedures are in place:

1. A written schedule for cleaning and decontaminating work sites is established (copy attached, if applicable).
2. Employees are responsible for ensuring that equipment or surfaces are cleaned with an appropriate disinfectant and decontaminated immediately after a spill or leakage occurs and at the end of the work shift.
3. Employees have been instructed to clean reusable receptacles with a reasonable likelihood for being contaminated with an appropriate disinfectant and replace protective coverings for surfaces and equipment after decontamination or at the end of the work shift.
4. **Broken Glass.** Staff have been instructed to never pick up by hand any broken glassware that may be contaminated. A brush and dust pan located \_\_\_\_\_ are available for picking up broken glassware that may be contaminated. The implements used for these purposes are cleaned and decontaminated after use.
5. **Refuse Handling.** Those refuse receptacles likely to be contaminated with blood or other potentially infectious materials are inspected and decontaminated on a regularly scheduled basis and as soon as feasible after they become visibly contaminated.
6. **Regulated Waste** is placed in closable containers that prevent spillage during transport and handling and is disposed of in accordance with

appropriate department of Health and Mental Hygiene or Maryland Department of environment requirements.

7. **Contaminated Laundry** is containerized where it was used and not sorted or rinsed in the location of use. Such laundry is placed in properly labeled containers including leak-proof containers when laundry is wet.
8. Employees having contact with soiled laundry wear appropriate gloves and personal protective equipment.

E. Hepatitis B Vaccination

A procedure has been established wherein all employees with occupational exposure are trained on bloodborne pathogens and offered the Hepatitis B vaccination free of charge. New employees with occupational exposure are trained on bloodborne pathogens and offered the Hepatitis B vaccine free of charge within ten (10) days of initial assignment. The vaccination is performed under the supervision of a licensed healthcare professional. Eligible employees who decline the Hepatitis B vaccination are required to sign a waiver. Employees who initially decline vaccination but request it at a later date will be eligible to be vaccinated.

F. Information and Training

All employees who are occupationally exposed to bloodborne pathogens will be provided a training program that is:

- Conducted by a person knowledgeable on the subject matter;
- Provided at no cost to the employee;
- Conducted during working hours;
- Provided at appropriate levels of literacy; and
- Open for interactive questions and answers.

The following items will be included in the training:

- The Bloodborne Pathogen Standard will be explained.
- A copy of the Standard is located \_\_\_\_\_ and employees have been advised they may read and review it.

- A general explanation of the epidemiology, modes of transmission, and symptoms of bloodborne pathogens.
- An explanation of the exposure control plan and how they can obtain a copy.
- An explanation of the methods for recognizing tasks and activities that may involve exposure to potentially infectious material.
- An explanation of the use and limitations of methods that are used in this facility/office to prevent or reduce exposure, such as engineering controls, protective equipment, and work practices.
- Information on the types, use, location, removal, handling, decontamination, and disposal of personal protective equipment.
- An explanation of the basis for selection of personal protective equipment.
- Information about the Hepatitis B vaccination including information on its efficacy, safety, method of administration, benefits of being vaccinated, and the fact there is no charge to the employee.
- Information on appropriate actions to take and persons to contact in the event of an emergency involving blood or other potentially infectious materials.
- Information on the procedure to follow if an exposure incident occurs including the method of reporting the incident and the medical follow-up.
- Information on the post-exposure evaluation and follow-up.

#### G. Record keeping

The following record keeping procedures are to be followed:

##### 1. **Medical Records**

- a. Confidential medical records are kept for all employees with occupational exposure by the Office of Human Resources. They include:
  - Employee's name and Social Security number. Hepatitis B vaccination status (including dates of vaccinations, records relating to employee's ability to receive the vaccine, and signed declination form, where applicable).



- All information given to evaluating health care professional in the event of an exposure incident involving the employee, including a copy of the evaluator's written opinion, results of all examinations and follow-up procedures.
- b. Written permission from the employee is required for access to these medical records.

## 2. **Training Records**

The training unit of the Office of Personnel Management shall maintain records for the training of all workers at risk of occupational exposure.

- a. These records shall include:
  - Date of training sessions.
  - Material covered.
  - Names and qualifications of the trainers.
  - Name and job titles of the trainees.
- b. Training records are kept for three (3) years from the date of the training sessions.
- c. These records are available upon request to all employees or their representatives and to the Assistant Secretary and the Director of OSHA.

### **Sharps Injury Log**

A Sharps Injury Log shall be maintained to record percutaneous injuries from contaminated sharps. The information in the Log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee. The Sharps Injury Log will contain columns to record: the type and brand of device involved in the incident; the work area where the exposure incident occurred and an explanation of how the incident occurred. The Sharps Injury Log is located: \_\_\_\_\_

**Sharps Committee**

A Sharps Committee consisting of registered nurses from different facilities has been organized by the DJS Nurse Manager. The Sharps Committee has received various types of syringes and needles from different manufacturers for review and trial. Minutes are kept of their meetings and recommendations. The minutes are available in the office of the Nurse Manager.

### III. POST-EXPOSURE EVALUATION AND FOLLOW-UP (This is a mandatory procedure to be used in all facilities/offices).

#### A. Incident Management

In the event of an exposure incident the employee shall immediately cleanse the affected area with copious amounts of soap and running water. Following the initial first aid procedure the employee shall follow the protocol listed below:

1. Employees are required to report each incident of bloodborne pathogen exposure by completing an Employee Report of Exposure Incident form (DJJ [1]-1402) and submitting that form to their immediate supervisor or designee.
2. The supervisor or other designated person shall review the employee's report and shall immediately initiate an investigation of the exposure incident using Supervisor's Investigation of Exposure Incident form (DJJ [1]-1403). In addition, a separate Employer's First Report of Injury Form (ACORD 4) shall be completed in order to report the incident to the Worker's compensation Commission and Injured Worker's Insurance Fund. All forms are to be forwarded to the Department's Office of Personnel Management as directed on the form.
3. The source individual shall be identified where possible and not prohibited by State or local law.
4. Under certain circumstances, HIV and HBV blood testing of the source individual is required if informed consent is obtained, unless source is known to be infected with HIV or HBV. The exposed employee is informed of source blood test results, if available, and of applicable laws governing disclosure of this information.
5. Employees suffering an exposure incident shall be referred **within two (2) hours** for medical evaluation and counseling from a healthcare professional designated by the Department using the Post-Exposure Referral to Medical Consultant form (DJJ [1]-1404). A licensed professional shall perform evaluation and medical follow-up for the exposed employee at no cost to the employee, including counseling and evaluation of reported illnesses, if any. A copy of the healthcare professional's written opinion shall be provided to the employee within fifteen (15) days of completion of the evaluation.
6. The exposed employee is offered blood collection and/or testing. If the exposed employee gives consent for blood collection, but not for HIV testing, the blood is kept for ninety (90) days, during which time the employee can choose to have the sample tested.

7. Appropriate post-exposure preventive treatment shall be offered the exposed employee, including Hepatitis B vaccination and further evaluation or treatment if recommended by the designated healthcare professional.

B. Information Provided to Healthcare Professional

1. A Post-Exposure Referral to Medical Consultant form is to be completed by \_\_\_\_\_ (the designated official responsible for making the referral) and sent with the employee being referred.
2. The form shall contain the following information required by the Standard:
  - a. Description of the employee's duties which relate to the exposure incident.
  - b. Documentation concerning the route(s) of exposure and circumstances under which the exposure incident occurred.
  - c. Results of the source individual's blood testing if available.
  - d. Other relevant medical information, including vaccination status, if available.

**Appendix of Forms**

|              |  |
|--------------|--|
| DJJ (1)-1399 | Hepatitis B Vaccine Declination                  |
| DJJ (1)-1400 | Bloodborne Pathogen Standard-Training Record     |
| DJJ (1)-1401 | Hepatitis B Exposure Record Form-Employee Record |

Exposure Incident Report Forms:

|              |   |
|--------------|---|
| DJJ (1)-1402 | Employee Report of Exposure Incident            |
| DJJ (1)-1403 | Supervisor's Investigation of Exposure Incident |
| DJJ (1)-1404 | Post-Exposure Referral to Medical Consultant    |
| DJJ (1)-1405 | Report of Evaluation by Medical Consultant      |
| DJJ (1)-1398 | Informed Consent to HIV Testing                 |
| DJJ (1)-1407 | Task Classification Form                        |
| DJJ (1)-1408 | Job Classification Form                         |

**DEPARTMENT OF JUVENILE SERVICES**

**HEPATITIS B VACCINE DECLINATION**

I understand that under Federal and State law all employees who have occupational exposure to potential infectious materials and who do not wish to receive a Hepatitis B vaccine must complete this declination. 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. 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 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.

I have read and understand this declination. I am signing it freely and without any coercion.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name - Printed or Typed)

\_\_\_\_\_  
Social Security Number



**Department of Juvenile Services**  
**HEPATITIS B EXPOSURE RECORD FORM – EMPLOYEE RECORD**  
**\*CONFIDENTIAL INFORMATION\***

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Facility where Employed; \_\_\_\_\_

Job Category: \_\_\_\_\_

**HEPATITIS B VACCINE INFORMATION**

Date Hepatitis B Vaccine Offered: \_\_\_\_\_  
 Accepted Hepatitis B Vaccine: (circle one) Y=Yes N=No Date: \_\_\_\_\_  
 If declined please complete Declination Form and Attach

Vaccination Dates:

|             |              |                                    |
|-------------|--------------|------------------------------------|
| Vax 1 _____ | Mfg. 1 _____ | Due 2 _____                        |
| Vac 2 _____ | Mfg. 2 _____ | Due 3 _____                        |
| Vac 3 _____ | Mfg. 3 _____ |                                    |
|             |              | Seradue _____ (Date due for titer) |
| Vac 4 _____ | Mfg. 4 _____ | Due 5 _____                        |
| Vac 5 _____ | Mfg. 5 _____ | Due 6 _____                        |
| Vac 6 _____ | Mfg. 6 _____ |                                    |

Hepatitis B Serology Dates: Results (P= Positive N= Negative)

|              |              |              |              |
|--------------|--------------|--------------|--------------|
| Sero 1 _____ | HBsAb1 _____ | HBcAb1 _____ | HBxAg1 _____ |
| Sero 2 _____ | HBsAb2 _____ | HBcAb2 _____ | HBsAg2 _____ |
| Sero 3 _____ | HBsAb3 _____ | HNcAb3 _____ | HBsAg3 _____ |

Comments; \_\_\_\_\_

**Exposure Incident Information**

EXPOS: \_\_\_\_\_ (Any exposure incidents?) Y=Yes N=No  
 No of Exposures: \_\_\_\_\_

Describe Expos 1: \_\_\_\_\_ (Date of Exposure Incident 1)  
 (Des 1 A) \_\_\_\_\_  
 (Des 1 B) \_\_\_\_\_

Describe Expos 2: \_\_\_\_\_ (Date of Exposure Incident 2)  
 (Des 2 A) \_\_\_\_\_  
 (Des 2 B) \_\_\_\_\_

Describe Expos 3: \_\_\_\_\_ (Date of Exposure Incident 3)  
 (Des 3 A) \_\_\_\_\_  
 (Des 3 B) \_\_\_\_\_



**EXPOSURE INCIDENT REPORT FORMS**

**EMPLOYEE REPORT OF EXPOSURE INCIDENT**

Directions: Employee completes this form immediately following an exposure incident and submits it to their supervisor prior to seeking medical attention.

1. Name: \_\_\_\_\_
2. Job Classification: \_\_\_\_\_
3. Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_
4. Location (room, building) where exposure incident occurred: \_\_\_\_\_
5. Source of the blood or potentially infectious material (if known): \_\_\_\_\_
6. Describe the exposure incident: \_\_\_\_\_
7. Type of exposure incident (check all that apply):
  - a.  Percutaneous
  - b.  Non-intact skin
  - c.  Mucous Membrane
  - d.  Other
8. Type of blood or potentially infectious material:
9. Task being performed at time of incident:
10. Personal protective equipment in use at the time of the incident (check all that apply)
  - a.  Gloves
  - b.  Goggles
  - c.  Mask
  - d.  None
  - e.  Other
11. Tools/engineering controls in use at time of incident (check all that apply)
  - a.  Needle Shield
  - b.  Sharps Container
  - c.  Syringe, self-sheath
  - d.  None
  - e.  Other
12. Measures performed after the incident (check all that apply)
  - a.  Washed affected part
  - b.  Flushed with water/saline
  - c.  Allowed wound to bleed
  - d.  Applied antiseptic
  - e.  Reported to supervisor
  - f.  Evaluated by medical consultant
  - g.  Other (specify)

Signature of Employee: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**Department of Juvenile Services**  
**SUPERVISOR’S INVESTIGATION OF EXPOSURE INCIDENT**

1. Name of Employee: \_\_\_\_\_ Facility: \_\_\_\_\_  
 2. Date of Exposure Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  
 3. Describe Exposure Incident: \_\_\_\_\_

4. Personal Protective Equipment in Use at Time of Incident:

| Equipment       | In Use | Required by Procedure/Policy? | Condition of Equipment (Good, Fair or Poor) |
|-----------------|--------|-------------------------------|---|
| Gloves          |        |                               |   |
| Mask            |        |                               |   |
| Goggles         |        |                               |   |
| Face Shield     |        |                               |   |
| Other (Specify) |        |                               |   |

5. Describe any defects in items checked fair of poor:  
 6. Tools/engineering equipment in use at the time of incident:  
 Equipment in Use?      Yes \_\_\_\_\_      No \_\_\_\_\_      Condition of Equipment  
 Sharps Container?      Yes \_\_\_\_\_      No \_\_\_\_\_  
 7. Evaluation of procedural causes of exposure incident: \_\_\_\_\_

8. Recommendations to prevent similar exposure incident: \_\_\_\_\_

Name: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Directions: Attach a copy of the Employee’s Report of Exposure Incident and forward all reports to Office of Health Care Services, Attn: Health Administrator in an envelope marked “Confidential Information.”

**Department of Juvenile Services**  
**POST-EXPOSURE REFERRAL TO MEDICAL CONSULTANT**

This employee is referred following an exposure incident to blood or other potentially infectious material.

1. Employee Name: \_\_\_\_\_
2. Employee Classification: \_\_\_\_\_ Facility: \_\_\_\_\_
3. Employee's duties which relate to incident: (check)
  - a.  Handles needles, sharps
  - b.  Performs wound care
  - c.  Performs first responder care/CPR
  - d.  Handles medical waste
  - e.  Restrains assaultive clients
  - f.  Other (explain) \_\_\_\_\_
4. Route of Exposure: (check)
  - a.  Needlestick
  - b.  Puncture wound from other sharp
  - c.  Non-intact skin exposure
  - d.  Splash/spatter of mucous membrane
  - e.  Other (explain) \_\_\_\_\_
5. Type of body fluid involved: (check)
  - a.  Blood
  - b.  Other
6. Describe exposure:  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Knowledge of the source of exposure:  Known  Unknown

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| HIV Status                        | HBsAG Status                      |
| <input type="checkbox"/> Positive | <input type="checkbox"/> Positive |
| <input type="checkbox"/> Negative | <input type="checkbox"/> Negative |
| <input type="checkbox"/> Unknown  | <input type="checkbox"/> Unknown  |
| <input type="checkbox"/> Pending  | <input type="checkbox"/> Pending  |

 Other information: \_\_\_\_\_
8. Employee's history of Hepatitis B immunization: (date)
 

|                            |                            |                            |
|----------------------------|----------------------------|----------------------------|
| 1 <sup>st</sup> dose _____ | 2 <sup>nd</sup> dose _____ | 3 <sup>rd</sup> dose _____ |
|----------------------------|----------------------------|----------------------------|

 Booster dose(s) \_\_\_\_\_  
 Results of antibody testing: (date/result) \_\_\_\_\_
9. Other relevant medical history:
  - a.  Adverse reaction to HB vaccine (describe): \_\_\_\_\_
  - b.  History of yeast allergy
  - c.  Other: \_\_\_\_\_
10. Copy of OSHA Bloodborne Pathogen Standard enclosed?  Yes  No

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Phone Number

**Department of Juvenile Services  
REPORT OF EVALUATION BY MEDICAL CONSULTANT**

1. Employee Name: \_\_\_\_\_
2. Employee Classification: \_\_\_\_\_
3. Name of Facility where employee works: \_\_\_\_\_
4. Is Hepatitis B Vaccine indicated for this employee?
  - a.  Basic Series
  - b.  Booster Dose
  - c.  None
5. The following doses of Hepatitis B Vaccine/HBIG have been administered to this employee:
  - a.  Hepatitis B Immune Globulin (HBIG)      Date given: \_\_\_\_\_
  - b.  Hepatitis B Vaccine:  
Date of 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_
  - c.  None
6. Has the employee been informed of the results of this evaluation?
  - a.  Yes      Date informed: \_\_\_\_\_
  - b.  No
7. Has the employee been counseled regarding the results?
  - a.  Yes      Date counseled: \_\_\_\_\_
  - b.  No
  - c.  Not Applicable

\_\_\_\_\_  
Print Name of Medical Consultant

\_\_\_\_\_  
Signature of Medical Consultant

\_\_\_\_\_  
Date

Please return this form to the Department of Juvenile Services, Health Services Administrator in an envelope marked “confidential medical records.” This will be placed in the employee’s confidential bloodborne pathogen medical file

**Department of Juvenile Services**  
**INFORMED CONSENT AND AGREEMENT TO HIV TESTING**

I understand the following information, which I have read or has been read to me:

1. Blood, or another body fluid or tissue sample, will be tested for the human immunodeficiency virus (HIV), the virus that causes AIDS;
2. Consent to be tested for HIV should be given FREELY;
3. Results of this test, like all medical records, are confidential, but confidentiality cannot be guaranteed;
4. If positive test results become known, an individual may experience discrimination from family or friends and at school or work.

What a NEGATIVE result means is that HIV infection has not been found at the time of the test. What a POSITIVE result means is that a person is infected with HIV and can transmit the virus by having sex, sharing needles, childbearing (from mother to child), breastfeeding, or donating organs, blood, plasma, tissue, or breast milk. A positive HIV test DOES NOT mean a diagnosis of AIDS-other tests are needed to determine this.

WHAT Will Happen if the Test is Positive:

1. The Doctor will offer advice about services which are available;
2. Women who are pregnant or may become pregnant will be told of treatment options which may reduce the risk of transmitting HIV to the unborn child;
3. Information will be provided on how to keep from transmitting HIV infection;
4. My name will be reported to the local health department when my doctor finds that I have AIDS;
5. The local health department or my doctor will offer assistance in notifying and referring my partners for services. If I refuse to notify my partners, my doctor may notify them or have the local health department do so. If local health department staff notifies my partners, my name will not be used. Maryland law requires that when the local health department knows of my partners, it must refer them for care, support, and treatment.

I have had a chance to have my questions about this test answered.

I agree to be tested for the HIV Antibody: \_\_\_\_\_

Signature

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_



**MARYLAND DEPARTMENT OF JUVENILE SERVICES  
EMPLOYEE STATEMENT OF RECEIPT  
POLICY AND PROCEDURE**

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**SUBJECT:** Bloodborne Pathogen Policy  
**POLICY NUMBER:** HC-1-05 (Health Care)  
**EFFECTIVE DATE:** September 12, 2005

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I have received one copy (electronic or paper) of the Policy and/or Procedure as titled above. I acknowledge that I have read and understand the document, and agree to comply with it.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

**(THE ORIGINAL COPY MUST BE RETURNED TO YOUR IMMEDIATE SUPERVISOR FOR FILING WITH PERSONNEL, AS APPROPRIATE.)**