

 CITY OF TUCSON	City of Tucson Central Safety Services Number: H-006 Subject:	Page 1 of 17
	TUBERCULOSIS (TB) EXPOSURE CONTROL PLAN	Effective Date: January 1, 1997
		Reviewed/ Revised: January 1, 2013

1.0 PURPOSE

The purpose of this Plan is to provide City of Tucson employees with policies and procedures to eliminate and/or reduce the risk of transmission of *Mycobacterium tuberculosis* (TB). The TB Exposure Control Plan also draws upon the fundamental elements of the OSHM IH-001, Respiratory Protection Program

2.0 SCOPE

Employees of the City of Tucson that have the potential for occupational exposure to TB shall be included in the City of Tucson Tuberculosis Exposure Control Plan. This may include but not be limited to certain personnel in the following areas:

- Emergency Medical Service (EMS) personnel;
- Fire Personnel;
- Police Personnel;
- Community Services;
- Zoo Personnel;
- Parks and Recreation Personnel.

The policies and procedures contained in this section are intended to assist in identifying and complying with OSHA Safety Standards. In all cases where there is a difference between specific OSHA standards and the Tuberculosis Exposure Control policies set forth in this Plan, the stricter of the two shall apply.

3.0 DEFINITIONS

Active TB - TB disease as demonstrated by clinical, bacteriologic, and/or radiographic evidence. Persons who have not completed a course in anti-TB treatment are considered to have active TB and may be infectious.

Adherent - Taking anti-TB medications as prescribed.

Case - An occurrence of active TB.

Commitment - The confinement of a person who has infectious TB or who is non-infectious, but who has not adhered to prescribed treatment. The purpose of commitment, which occurs under judicial or administrative order, is to prevent the transmission of tubercle bacilli to others, to prevent the development of drug-

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resistant organisms, or to ensure that persons receive a complete course of treatment.

Contact - A person exposed to a patient who has infectious TB.

Contact Investigation - Interviewing, counseling, educating, examining, and investigating activities directed at persons who have been in close contact with patients who have infectious TB.

Detention - The temporary confinement of a person who has or who is suspected of having TB.

Droplet Nuclei - Microscopic particles (i.e., 1-5 microns in diameter) produced when a person coughs, sneezes, shouts, or sings. The droplets produced by an infectious TB patient can carry tubercle bacilli and can remain suspended in the air for prolonged periods of time and be carried on normal air currents in the room.

Exposure - The sharing of air with a person who has infectious tuberculosis.

Immuno-suppressed - A condition in which the immune system is not functioning normally (e.g., severe cellular immuno-suppression resulting from HIV infection or immunosuppressive therapy). Immuno-suppressed persons are at greatly increased risk for developing active TB after they have been infected with *M. tuberculosis*.

Induration - An area of swelling produced by an immune response to an antigen. In tuberculin skin testing or anergy testing, the diameter of the indicated area is measured 48-72 hours after the injection, and the result is recorded in millimeters.

Infected - Having been exposed to someone with infectious tuberculosis, or having a positive response to a tuberculin skin test, but not having clinical or radiographic evidence of disease system does not respond) do not respond to a skin test but may still be infected.

Infectious TB - TB disease in a communicable or infectious stage as determined by a chest radiograph, the bacteriologic examination of body tissues or secretions, or other diagnostic procedures.

Isolation - An infection control practice designed to prevent the transmission of tubercle bacilli.

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Latent TB Infection - Infection with *M. tuberculosis*, usually detected by a positive PPD skin test result, in a person who has no symptoms of active TB and who is not infectious.

Multi-Drug-Resistant Tuberculosis (MDRTB) - Active TB caused by *M. tuberculosis* organisms that are resistant to more than one anti-TB drug; in practice, often refers to organisms that are resistant to both INH and Rifampin with or without resistance to other drugs.

Non-infectious - Not capable of transmitting tubercle bacilli. A determination of non-infectiousness can be made when a patient shows significant clinical improvement (e.g., the resolution of cough and/or fever) and has negative sputum smears on 3 consecutive days.

Nosocomial - An occurrence, usually an infection, that is acquired in a hospital or as a result of medical care.

PPD Skin Test - A method used to evaluate the likelihood that a person is infected with *M. tuberculosis*. A small dose of tuberculin (PPD) is injected just beneath the surface of the skin, and the area is examined 48-72 hours after injection. A reaction is measured according to the size of the induration. The classification of a reaction as positive or negative depends on the patient's medical history and various risk factors.

Radiography - A method of viewing the respiratory system by using radiation to transmit an image of the respiratory system to film. A chest radiograph is taken to view the respiratory system of a person who is being evaluated for pulmonary TB. Abnormalities (e.g., lesions or cavities in the lungs and enlarged lymph nodes) may indicate the presence of TB.

Quarantine - A limitation on the movement of persons exposed to, or infected with, TB to prevent the exposure of other persons.

Suspected Case - A person with signs of TB for whom the results of diagnostic studies are still pending completion.

Transmission - The spread of an infectious agent from one person to another. The likelihood of transmission is directly related to the duration and intensity of exposure to *M. tuberculosis*.

Tuberculosis (TB) - A clinically active, symptomatic disease caused by an organism in the Mycobacterium tuberculosis complex.

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4.0 RESPONSIBILITIES

A. Department Director/Administrator

1. The Director and/or Administrator of each Department where employees may be exposed to *M. tuberculosis* (TB) shall be responsible for the following:
 - a. Assigning an individual responsible for implementation of the TB Program in their Departments. This individual shall be afforded adequate time, resources, and authority to implement the requirements of this program;
 - b. Responsible for the enforcement of compliance with this program which includes appropriate disciplinary action for any City employee failing to follow the policies and procedures outlined in this program.

B. Department/Division

1. Each Department or Division will designate an individual to be responsible for the general coordination of the TB Exposure Control Plan. The designated individual, TB Coordinator, in each Department shall be responsible for the following:
 - a. Administer all aspects of this Plan;
 - b. Schedule baseline, annual, exposure baseline, and follow-up employee TB skin testing;
 - c. Coordinate, through Central Safety Services, appropriate training for employees that are covered by this Plan;
 - d. Perform and document periodic audits of their Department/Division's TB Exposure Control Plan.

C. Supervisors

1. Supervisors shall ensure full compliance with the policies and procedures set forth in the TB Exposure Control Plan and the Respiratory Protection Program and shall make immediate correction to non-compliant employee behavior up to and including documented disciplinary action, when warranted.

D. Employees

1. City of Tucson employees covered by the TB Exposure Control Plan and the Respiratory Protection Program shall be responsible for following the policies and procedures outlined in these procedures.

E. Central Safety Services

1. Central Safety Services shall be responsible for the following:
 - a. Annual review of this Program by the TB Control Plan Administrator.
 - b. Maintenance of TB skin-testing records and declination forms.

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- c. Coordinate training for all employees covered by this Plan.
- d. Periodically audit Departmental compliance with this Plan.
- e. Assisting Departments with PPD skin screening

5.0 EDUCATION AND TRAINING

A. Employees covered by this program shall receive information and training prior to initial assignment. Annual training shall be provided to all employees covered by this program.

B. Information and training shall include but not be limited to:

1. The basic concepts of mycobacterium tuberculosis transmission, pathogenesis, and diagnosis, including information concerning the difference between latent TB infection and active TB disease, the signs and symptoms of TB, and the possibility of re-infection;
2. The potential for occupational exposure to persons who have infectious TB, including information concerning the prevalence of TB in the community and situations with increased risk for exposure to TB.
3. The principles and practices of infection control that reduce the risk for transmission of TB, including information regarding the hierarchy of TB infection control measures and the written policies and procedures of the City of Tucson;
4. The purpose of PPD skin testing, the significance of a positive PPD test result, and the importance of participating in the skin-test program;
5. The principles of preventive therapy for latent TB infection. These principles include the indications, use effectiveness, and the potential adverse effects of the drugs;
6. The employee's responsibility to seek prompt medical evaluation if a PPD test conversion occurs or if symptoms develop that could be caused by TB. Medical evaluation will enable employees who have TB to receive appropriate therapy and will help to prevent transmission of TB to others.

6.0 GENERAL

A. Identification of Employees with Potential Exposure

1. Each Department shall specify which employees or groups of employees that are covered by this Plan. This determination of exposure does not consider the use of personal protective equipment. The following criteria shall be used to identify employees with exposure.
2. All job classifications where employees have routine contact with the following **high risk** groups:
 - a. Persons with active TB.
 - b. Foreign-born persons.
 - c. Medically under served populations.

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- d. Homeless persons.
 - e. Current or former correctional-facility inmates.
 - f. Alcoholics.
 - g. Injected-drug users.
 - h. Elderly persons.
 - i. Immuno-suppressed individuals (e.g., HIV infected, chronic kidney disease, diabetes, cancer, and those individuals under immunosuppressive therapy).
 - j. Elephants and/or non-human primates.
3. In general, individuals who have suspected or confirmed active TB should be considered infectious in that they meet any of the above criteria and:
 - a. Are coughing.
 - b. Are undergoing cough-inducing procedures.

B. TB Skin Testing

1. Employees covered by this Plan shall be provided TB skin testing. Skin testing for TB infection is a screening method to determine new cases of infection. The test involves a small amount of PPD-tuberculin (purified protein derivative) that is injected just beneath the surface of the skin. 48 to 72 hours later the site of injection is evaluated or read for induration (swelling). The size of induration indicates whether or not the body's immune system responded to the tuberculin (i.e., the individual has been previously exposed to *M. tuberculosis*).
2. Employees covered by this program shall be provided TB skin testing:
 - a. Upon initial assignment (fire and zoo personnel), and;
 - b. Annually for individuals with previous negative-PPD test results; (fire and zoo personnel), or;
 - c. Within 72 hours of exposure to known or suspected TB cases (exposure baseline), and;
 - d. Three months from the date of exposure to known or suspected TB cases (follow-up). Only test individuals with previous negative-PPD test results.

NOTE: Employees who refuse the TB skin testing shall sign a declination form (Appendix C). The TB skin testing shall be made available if the employee should change their mind.

C. Risk Assessment

1. Central Safety Services Industrial Hygienist shall perform a risk assessment for Departments that have employees covered by this Plan. This risk assessment shall be used to develop specific written procedures

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for reducing the risk of employee exposure to TB utilizing the protocol in Appendix B.

D. Classification of Risk

1. Classification of risk should be based on:
 - a. The profile of TB in the community;
 - b. The actual or estimated number of infectious TB patients to whom City of Tucson employees may have been exposed;
 - c. The results of employee PPD test conversions;
 - d. The number of documented person-to-person transmissions.

E. Categories of Risk

1. **Minimal Risk** applies to a facility located in a community in which there have not been any reported cases of TB in the previous year. The facility will not admit or provide services to TB patients. Therefore, there is essentially no risk of exposure to TB patients.
2. **Very Low Risk** applies to a facility in which TB patients are not admitted but may receive initial assessment and diagnostic evaluation. Any TB patients that need inpatient care are promptly referred to a collaborating facility equipped to handle TB patients.
3. **Low Risk** applies to areas or occupational groups in which:
 - a. The PPD test conversion rate is not greater than that for areas where exposure to TB is unlikely;
 - b. PPD conversion rate is not greater than the previous year;
 - c. No clusters of PPD test conversions have occurred;
 - d. Person-to-person transmission of TB has not been detected;
 - e. Fewer than six incidences of employee exposure to TB patients during the previous year.
4. **Intermediate Risk** applies to areas or occupational groups in which:
 - a. The PPD test conversion rate is not greater than that for areas where exposure to TB is unlikely;
 - b. No clusters of PPD test conversions have occurred;
 - c. Person-to-person transmission of TB has not been detected;
 - d. Six or more incidences of employee exposure to TB patients during the previous year.
5. **High Risk** applies to areas or occupational groups in which:

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- a. The PPD test conversion rate is significantly greater than for areas where occupational exposure to TB is unlikely;
- b. The PPD test conversion rate is significantly greater than previous conversion rates for the same area or group;
- c. Possible person-to-person transmission of TB has been detected.

F. Community TB Profile

1. A profile of TB in the community that is served by the City of Tucson is provided in available through the Pima County Health Department , in cooperation with the State of Arizona Department of Public Health. Current statistics on community profiles can be downloaded from the web site http://www.azdhs.gov/phs/oids/tuberculosis/tb_surv_reports.htm

G. Incidence Rate Of Employee Exposure To TB Patients

1. Each Department with employees covered by this Plan shall evaluate the number of incidences in which employees were exposed to confirmed or suspected TB patients.
2. The number of confirmed TB exposures shall be used to determine the risk category for their Department or group.

H. PPD Conversion Rates

1. Each Department with employees covered by this Plan shall evaluate all employee PPD test results for their Department:
 - a. When two or more employees from a single work group show PPD conversions during annual TB testing, or;
 - b. When two or more employees exposed to a confirmed or suspected TB patient show PPD conversions during post exposure follow-up TB testing, or;
 - c. Annually.
2. Employee PPD conversion rates shall be used to determine the overall Risk based on the risk assessment protocol.

I. Contact Investigation

1. Whenever pulmonary or laryngeal TB disease is suspected in an individual, all employees that had close contact with that individual shall be skin tested by the City Physician. Close contact includes any people who have shared air in an enclosed space with a potential infectious TB patient. A Significant Exposure to Blood or Other Infectious Material (Appendix D) shall be completed by each employee exposed to a suspected active TB patient. Copies of the exposure report shall be maintained by the Department TB Coordinator and one copy forwarded to Human Resources for inclusion in the employee's medical file.

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2. The “concentric circle” approach shall be used to determine the extent of contact investigation needed.
 - a. Identify those persons who were most likely to have been infected by the source case. Include in the first group: persons who shared breathing space for the longest time with the source case, persons who may have spent less time with the source individual but who are immuno-suppressed, and persons who have TB signs and/or symptoms.
 - b. If positive TB skin test reactions are identified among persons in the first group or “circle” (those with no previous history of TB infection), new infections have probably occurred. Expand the investigation in widening circles until skin testing identifies a group of persons among whom there is no evidence of new TB.

J. Investigating PPD Test Conversions

1. PPD test conversions may be detected as a result of a contact investigation, in which case the probable source of exposure and transmission is already known, or as a result of routine screening, in which case the probable source of exposure and infection is not already known and may not be immediately apparent. See Appendix B for protocol.
2. If a PPD skin test conversion is identified as part of routine screening or as a result of an exposure incident, the following steps shall be followed:
 - a. The employee shall be evaluated promptly by the City Physician for active TB. The initial exam shall include a thorough history, physical examination, and chest x-ray. On the basis of the initial evaluation, other diagnostic procedures (e.g., sputum examination) may be indicated;
 - b. If appropriate, the employee should be placed on preventative or curative therapy in accordance with current guidelines;
 - c. A history of possible exposure to *M. tuberculosis* shall be obtained from the employee to determine the most likely source of infection;
 - d. If the history suggests that the employee was exposed to and infected with *M. tuberculosis* outside of work, no further epidemiological investigation to identify the source is necessary. This case shall be referred to Pima County Disease Prevention for follow-up;
 - e. If the history suggests that the probable source of exposure was during work, then contacts of the suspected source patient should be identified and evaluated. PPD testing of PPD-negative employees should be performed immediately and repeated after 3 months;
 - f. If no additional PPD test conversions are detected on follow-up testing, the investigation can be terminated;
 - g. If additional PPD test conversions are detected on follow-up testing, the possible reasons for exposure and transmission should be

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reassessed. PPD testing of PPD-negative employees should be repeated after another 3 months;

- h. If no additional PPD test conversions are detected during the second round of follow-up testing, the investigation can be terminated;
- i. If additional PPD test conversions are detected during the second round of follow-up testing, a **high risk** protocol shall be implemented in the affected area or occupational group. The Pima County Disease Prevention Department or other persons with expertise in TB infection control shall be consulted.

K. Investigating Cases of Active TB

1. If an employee develops active TB, the following steps shall be taken:
 - a. The case shall be evaluated epidemiologically, in a manner similar to PPD test conversions, to determine the likelihood that it resulted from occupational transmission and to identify possible causes and implement appropriate interventions if the evaluation suggests such transmission.
 - b. Known contacts between an employee with active TB and other persons shall be identified and evaluated for TB infection and disease. The names of all contacts shall be forwarded to the Central Safety Services Industrial Hygienist immediately. Employee contacts shall be followed-up by the City Physician. Non-employee contacts shall be referred to Pima County Health Department Disease Control for consultation.

L. Administrative Controls

1. Emergency Medical Services (Police and Fire)

- a. When EMS personnel or others must transport patients who have confirmed or suspected active TB, a surgical mask should be placed, if possible over the patient's mouth and nose. Because administrative and engineering controls during emergency transport situations cannot be ensured, EMS personnel shall wear respiratory protection when transporting such patients. If feasible, the windows of the vehicle should be kept open. The heating and air-conditioning system should be set on a non-recirculation cycle.

2. Community Services

- a. Employees providing services in the homes of individuals, who have confirmed infectious TB, should re-schedule inspections until the client is deemed non-infectious. Until such patients are no longer infectious, City of Tucson employees shall wear respiratory protection when entering client homes.

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3. Parks and Recreation Personnel

- a. Employees who come in contact with patrons who have suspected or confirmed infectious TB should instruct such individuals to cover their mouths and nose with a tissue when coughing or sneezing. Individuals with a confirmed case of infectious TB shall be disqualified from program participation until a Physician's release documenting non-infectious TB, is presented to the Parks and Recreation Department.

4. Zoo Personnel

- a. Employees who come into contact with animals that have suspected or confirmed infectious TB shall wear respiratory protection and disposable latex (rubber) gloves, while performing animal contact measures (training, foot/skin/dental care, medical) or cleaning procedures. A Tuberculocidal agent shall be applied during all cleaning procedures involving the holding or exhibit space of an animal suspected or confirmed of having infectious TB, including avian tuberculosis (*Mycobacterium avium* or *Mycobacterium genavense*).

M. Engineering Controls

1. Engineering controls shall be instituted, if feasible, to reduce the potential for employee exposure to TB. Engineering controls may involve the use of increased ventilation rates, high efficiency filtration (HEPA), and ultraviolet lights.
2. Contact Central Safety Services regarding the applicability of engineering controls.

N. Respiratory Protection

1. Employees shall refer to and comply with all aspects of OSHM IH-001 for the medical evaluation, selection, performance and maintenance of respiratory protection equipment as part of the City of Tucson's Tuberculosis Exposure Control Plan.
2. Respiratory protection shall be used by:
 - a. Employees entering homes or rooms in which individuals with known or suspected TB are isolated.
 - b. Employees transporting individuals with known or suspected TB in vehicles.
 - c. Zoo personnel performing work in close proximity to animals known or suspected TB, including avian TB;
 - d. Employees performing first aid or other procedures requiring prolonged close contact with individuals with known or suspected TB.

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- e. Employees in other settings where the administrative or engineering controls are not likely to protect them from inhaling infectious droplet nuclei.
3. For protection against particulates, the employer shall provide one of the listed respirators:
 - a. An atmosphere-supplying respirator; or
 - b. An air-purifying respirator equipped with a filter certified by NIOSH under 30 CFR part 11 as a high efficiency particulate air (HEPA) filter, or an air-purifying respirator equipped with a filter certified for particulates by NIOSH under 42 CFR part 84; or
 - c. N95, N99 or N100 respirator.

In addition, the respirator shall have the ability to be:

- a. Qualitatively or quantitatively fit tested.
- b. Field fit checked each time they are worn.
- c. N95, N99, or N100 respirators shall be disposed after each wearing

O. Medical Evaluation and Information

1. The employee shall seek prompt medical evaluation if a PPD test conversion occurs or if symptoms develop that could be caused by exposure to an active TB case. Medical evaluation will enable employees who have been exposed to TB, to receive appropriate diagnosis, and if medically required treatment therapy that will help to prevent transmission of TB to others.
2. TB is a medically-reportable disease as determined by the State of Arizona. Additionally, it is required that the department notify the Central Safety Services if an employee is diagnosed with active TB so that contact investigation procedures can be initiated in cooperation with the Pima County Health Department.
3. Reference the City of Tucson Administrative Directive 2.05-2-Reasonable Accommodations of Applicants and Employees with Disabilities for options concerning for immuno-compromised employees.

P. Record Keeping

1. The TB Administrator – Central Safety Services shall be responsible for maintaining the following records;
 - a. Schedule of employee TB skin testing status;
 - b. Employee TB skin testing declination form;
 - c. Contact investigation data such as:

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- Employee report of exposure.
- Employee TB skin testing status.
- Employee declination forms.
- Any evidence of person-to-person transmission.

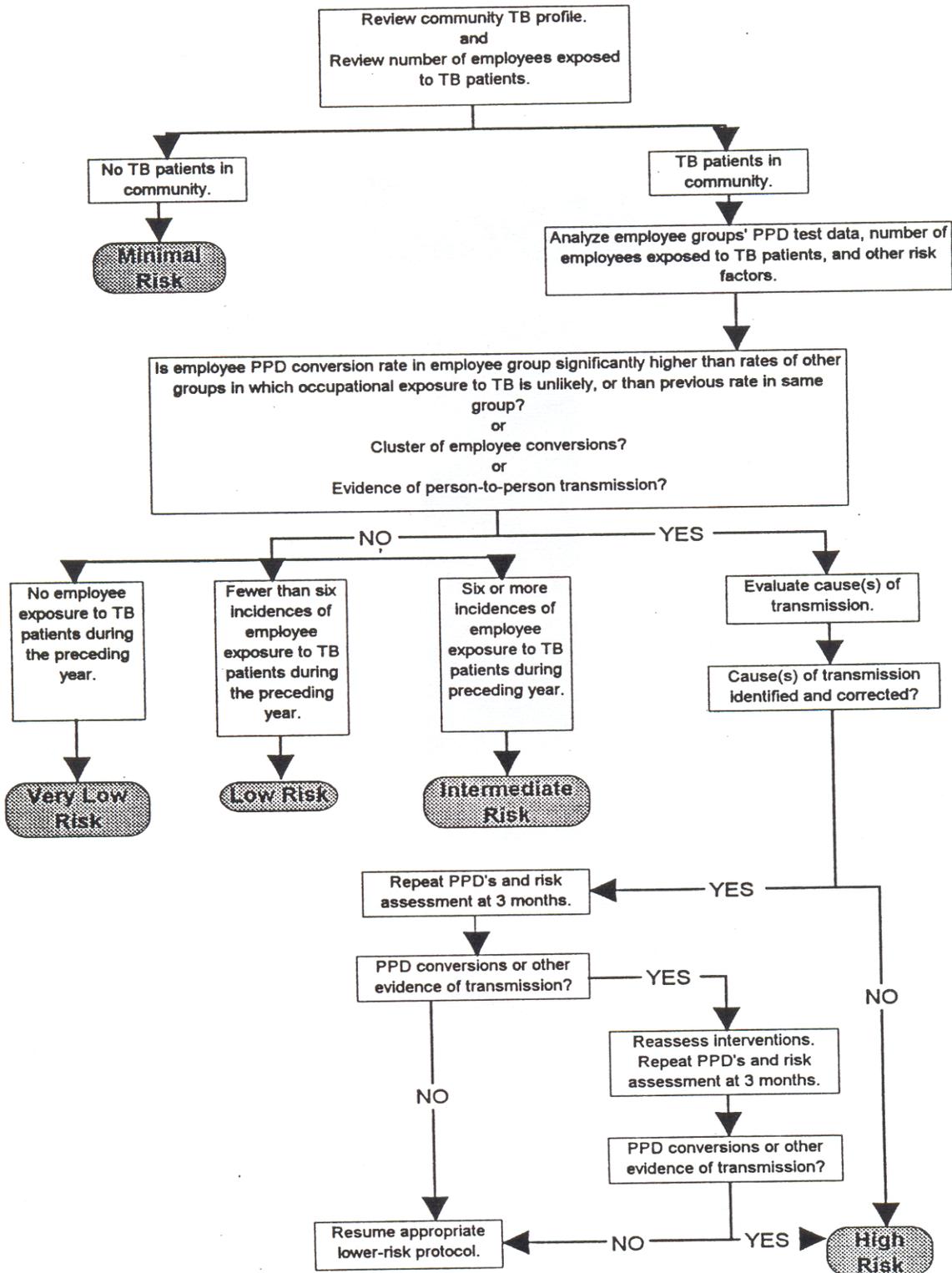
2. All other records relating to employee medical testing and test results are considered confidential and shall be maintained by Human Resources – Employee Leave Management and ADA.

7.0 ADVICE AND COUNSEL

Central Safety Services shall have the responsibility for the review of the City of Tucson's Tuberculosis Control Plan on an annual basis

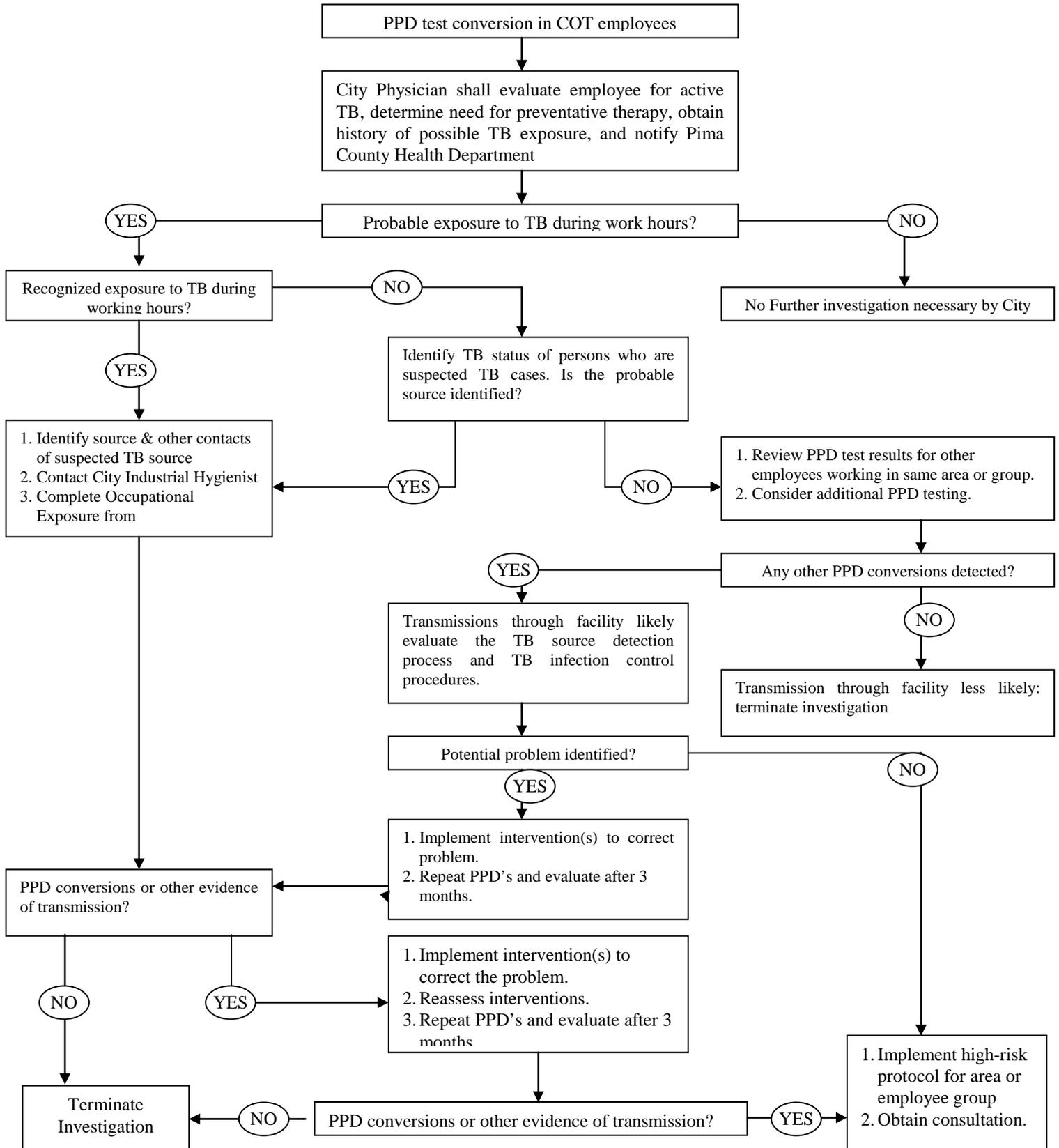
Appendix A

TB Risk Assessment Protocol



Appendix B

Protocol for Investigating PPD Test Conversion.



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APPENDIX C

SKIN TESTING DECLINATION FORM

I understand that due to my occupational exposure to “high risk” individuals that are known or suspected to have active TB, I may be at risk of acquiring Tuberculosis. I have been given the opportunity to be screened for TB through skin testing, at no charge to myself. However, I decline TB skin testing at this time. I understand that by declining this test, I continue to be at risk of acquiring and potentially transmitting TB, a serious disease. If in the future I continue to have occupational exposure to “high risk” individuals and I want to be tested, I can receive the skin test at no charge to me.

Employee Name _____

Department/Division _____

Employee Signature _____

Date _____

TB Coordinator _____

Date _____

REPORT OF SIGNIFICANT WORK EXPOSURE TO BODILY FLUIDS OR OTHER INFECTIOUS MATERIAL(This form is not a claim form, but a report of exposure. Forms to report a claim to the Industrial Commission are available at: www.ica.state.az.us.)

1. Exposed Employee _____ Birth Date _____ Job Title _____
Last Name First M.I.
2. Address _____ Phone No. _____
3. Employer's Full Name _____
4. Employer's Address _____
5. Date of Exposure _____ Time of Exposure _____ A.M. _____ P.M. _____
6. Address or Location of Exposure _____
7. Describe the circumstances surrounding the exposure, including (if applicable) personal protective equipment worn and the names of any witnesses to the exposure (be specific) _____

8. What were you exposed to? (Directly or indirectly via bandages, personal items, etc.) Check all that apply.

Blood	Vaginal fluid	Broken skin	Urine	Any other fluid(s) containing blood or infectious material (Describe) _____	
Semen	Surgical fluid(s)	Mucous membrane	Feces	Airborne/Respiratory/Oral Secretions	Other (specify): _____
Saliva	Vomitus	Skin infection (e.g. abscesses, boils, or pus-filled/red/swollen/painful skin lesions)			

9. Source person(s) information

Unknown Known

Name _____ DOB _____ Phone No. _____
 Address _____ City _____ State _____ Zip _____

10. What part(s) of your body was exposed to bodily fluids/infectious material? Did exposure take place through your skin or mucous membrane (be specific)? _____

11. Did you have any open cuts, sores, rashes, or other breaks/ruptures in your skin or mucous membrane that were exposed to bodily fluids/infectious material (please describe)? _____

I HAVE GIVEN THIS FORM TO MY EMPLOYER AND HAVE RECEIVED A COPY OF THIS COMPLETE FORM.

EMPLOYEE SIGNATURE _____ **DATE** _____

Other Required Steps to Establish Prima Facie Claim for HIV, AIDS or Hepatitis C (A.R.S. §§ 23-1043.02, -03; A.A.C. R20-5-164)

- You must file this report with your employer no later than ten (10) days after your exposure.
- You must have blood drawn no later than ten (10) calendar days after exposure.
- You must have blood tested for HIV or Hepatitis C by Antibody Testing no later than thirty (30) calendar days after exposure and test results must be negative.
- You must be tested or diagnosed as HIV positive no later than eighteen (18) months after the exposure, or tested and diagnosed as positive for the presence of Hepatitis C within seven (7) months after the exposure.
- You must file a workers' compensation claim with the Industrial Commission of Arizona no later than one (1) year from the date of diagnosis or positive blood test if you wish to receive benefits under the workers' compensation system.

Other Required Steps to Establish Prima Facie Claim for MRSA (A.R.S. § 23-1043.04; A.A.C. R20-5-164)

- You must file this report with your employer no later than thirty (30) days after your exposure.
- For a claim involving MRSA, you must be diagnosed with MRSA within fifteen (15) days after you report in writing to your employer the details of the exposure.
- You must file a workers' compensation claim with the Industrial Commission of Arizona no later than one (1) year from the date of diagnosis if you wish to receive benefits under the workers' compensation system.

Other Required Steps to Establish Prima Facie Claim for Spinal Meningitis or TB (A.R.S. § 23-1043.04; A.A.C. R20-5-164)

- You must file this report with your employer no later than ten (10) days after your exposure.
- For a claim involving spinal meningitis, you must be diagnosed within two (2) to eighteen (18) days of the possible significant exposure and for a claim involving tuberculosis, you must be diagnosed within twelve (12) weeks of the possible significant exposure.
- You must file a workers' compensation claim with the Industrial Commission of Arizona no later than one (1) year from the date of diagnosis if you wish to receive benefits under the workers' compensation system.

Employer: Keep Original (Notify Carrier) Employee: Keep Copy
 THIS FORM APPROVED BY THE INDUSTRIAL COMMISSION OF ARIZONA