**BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

Bureau of Risk Management

DOA

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**[Institution/University Campus/Center]**

**[Date of Preparation]**

**I. PURPOSE**

The purpose of this Bloodborne Pathogens Exposure Control Plan is to protect the health and safety of all employees who can be reasonably expected, as the result of performing their job duties, to be exposed to blood or potentially infectious materials and to comply with the OSHA Standard 29 CFR 1910.1030 Bloodborne Pathogens Exposure Control Plan. Definitions of terms relating to this exposure control plan are found in ***Appendix A***.

**II. AUTHORITY AND REFERENCE**

Occupational Safety and Health Administration (OSHA) 29 CFR 1910.1030

Dept. of Safety and Professional Services (Chapter 332) (DSPS) 332.15

**III. APPLICATION**

This plan applies to all employees and personnel who are engaged in activities that involve exposures to blood or other potentially infectious materials.

**IV. RESPONSIBILITY FOR COMPLIANCE**

The development and administration of this Bloodborne Pathogens Exposure Control Plan will be the responsibility of the [Position Designated]. These responsibilities will include:

1. Establishing a written exposure control plan and developing a schedule for implementing other provisions of the standard.
2. Developing written procedures for cleaning and handling contaminated materials as well as disposing of hazardous waste generated within all buildings and facilities.
3. Providing appropriate personal protective equipment that is readily accessible to employees.
4. Providing hepatitis B vaccines under specific circumstances as defined by an exposure determination and/or medical follow-up for exposure incidents.
5. Providing warning labels or color-coded containers for use with hazardous waste.
6. Providing training to current employees within 90 days of the effective date, of the plan and initially to new employees and thereafter, annually.
7. Developing written procedures for meeting the requirements of medical record keeping.
8. Providing retention of medical records for the duration of employment, plus 30 years.
9. Conducting an annual review of the effectiveness of this exposure control plan and updating the plan as needed.

**V. EXPOSURE DETERMINATION**

[Institution/University Campus/Center] will determine which employees can reasonably be expected to be exposed to blood or other potentially infectious materials in the course of their work. Examples may include: (a) designated first aid providers, (b) employees assigned to clean areas that may be contaminated, (c) patient caregivers, (d) laboratory research personnel. All decisions relating to bloodborne pathogen exposure by job classification will be documented using the form found in ***Appendix B***.

**NOTE:** These exposure determinations may be performed by a qualified person (Ex:

occupational public health or infection control nurse, industrial hygienist,

safety professional) or a committee consisting of qualified persons with

appropriate education, experience, and training. The committee should include

one or more representatives from both management and employees.

**NOTE:** Non-Contact Directive **(*See Appendix K*)**: All employees whose job

classifications do not have reasonable anticipation for exposure to blood or potentially infectious materials will be trained to avoid contact and report incidents immediately to supervisor.

1. **Job Classifications**

[Position Designated] has identified the following job classifications as those in which employees could be exposed to bloodborne pathogens in the course of fulfilling their job requirements:

Job Classifications:

1. **Tasks and Procedures**

[Institution/University Campus/Center] will develop a list of specific tasks performed by employees in the above job classifications in which exposure to bloodborne pathogens may occur (without regard to the use of personal protective equipment). A list of safety control measures and personal protective equipment required to prevent contact with bloodborne pathogens will be implemented. (***See Appendix C***)

**NOTE:** These tasks/procedures may include, but not be limited to:

1. Care of minor injuries. (Ex: bloody nose, scrape, minor cuts)
2. Initial care of injuries that require medical or dental assistance. (Ex: damaged teeth, broken bone protruding through the skin, severe laceration)
3. Care of students/patients/inmates with medical needs (Ex: tracheotomy, colostomy, injections)
4. Care of students or residents who need assistance in daily living skills. (Ex: toileting, dressing, hand washing, feeding, menstrual needs)
5. Care of students or residents who exhibit behaviors that may injure themselves or others. (Ex: biting, hitting, scratching)
6. Care of an injured person in laboratory setting, vocational education setting, or art class.
7. Care of injured person during a sport activity.
8. Cleaning tasks associated with other potentially infectious material spills.

**VI. METHOD OF COMPLIANCE**

The following methods of compliance, as mandated by OSHA standard 29 CFR 1910.1030, will be incorporated into this exposure control plan. [Institution/University Campus/Center] will determine appropriate specific guidelines for cleaning, decontamination, and waste disposal procedures.

**NOTE:** Once these guidelines are written, they are to be distributed to the affected

employees and/or posted in appropriate locations along with the contents

included in the training program. Some organizations may need assistance from

an outside consultant, the staff of their local county health department, or

infection control unit of their local hospital to help develop this method of

compliance.

**A. Universal Precautions**

Universal precautions will be used in order to prevent contact with blood or other potentially infectious materials (OPIM). All blood or potentially infectious materials will be considered hazardous. Under circumstances in which body fluid types are difficult or impossible to determine, all body fluids will be considered potentially infectious materials.

**B. Engineering and Work Practice Controls**

Engineering and work practice controls are designed to eliminate or minimize employee exposure. If occupational exposure remains after institution of both of these controls, personal protective equipment needs to be used. Engineering controls shall be examined and maintained/replaced on a regular schedule to ensure their effectiveness.

**C. Exposure Incident Investigation**

An exposure incident is defined as contact with blood or other potentially infectious materials on an employee's non-intact skin, eye, mouth, mucous membrane, or by piercing the skin or mucous membrane through such events as needle sticks. An exposure incident investigation form will be completed each time an exposure incident occurs. (***See Appendix D***)

**D. Hand Washing**

1. [Institution/University Campus/Center] will provide handwashing facilities which are readily accessible to employees. When provision for handwashing facilities is not feasible, [Institution/University Campus/Center] will provide either an appropriate antiseptic hand cleanser in combination with clean cloth/paper towels or antiseptic towelettes.
2. Employees will wash hands or any other skin with soap and water. Flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
3. Employees will wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. When antiseptic hand cleaners or towelettes are used, hands will be washed with soap and running water as soon as feasible. Gloves may not be reused.

**E. Housekeeping and Waste Procedures**

1. [Institution/University Campus/Center] will ensure that the worksite is maintained in a clean and sanitary condition. [Institution/University Campus/Center] will also determine and implement an appropriate written schedule for cleaning, method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and the tasks or procedures being performed.
2. All equipment, materials, environmental, and working surfaces will be cleaned and decontaminated after contact with blood or OPIM.
3. Contaminated work surfaces will be decontaminated with an appropriate disinfectant immediately after completion of procedures/task/therapy, or as soon as feasible.
4. Protective coverings used to cover equipment and environmental surfaces will be removed and replaced as soon as feasible when they become contaminated with blood or OPIM.
5. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM will be inspected and decontaminated on a regularly scheduled basis and cleaned/decontaminated immediately or as soon as feasible upon visible contamination.
6. Materials such as paper towels, gauze squares, and clothing used in the treatment of blood or OPIM spills that are blood-soaked or caked with blood will be bagged, tied, and designated as a biohazard. The bag will then be removed from the site as soon as feasible and replaced with a clean bag. Bags designated as biohazard, containing blood or OPIM, will be red in color affixed with a biohazard label and will be available at the following locations:

Locations:

**NOTE:** According to the Department of Health Services, biohazardous waste for this

standard's purposes will only include items that are blood-soaked, caked with

blood, or contain liquid blood that could be wrung out of the item. This would

also include items such as sharps, broken glass, or plastic on which there is

fresh blood.

1. A trained custodian will respond immediately to any major blood or OPIM incident with spill clean-up supplies and personal protective equipment so that the area can be cleaned, decontaminated, and the material removed immediately.

**NOTE:** A major blood or OPIM incident is one in which there will be biohazardous material

for disposal.

1. A marked biohazard container will be available in the [Custodial Area] for the containment of biohazard designated bags.
2. In the event that regulated waste leaks from a bag or container, the waste will be placed in a second container and the area will be cleaned and decontaminated.
3. Broken glass contaminated with blood or OPIM will not be picked up directly with the hands. The glass will be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps. All broken glass will be placed in a container. Mechanical items used must be cleaned and decontaminated.
4. Contaminated sharps, broken glass, needles, plastic, or other sharp objects will be placed into appropriate sharps containers. The sharps containers will be closeable, puncture resistant, labeled with a biohazard label, and leak proof. Containers will be maintained in an upright position. Containers will be easily accessible to staff and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found. If an incident occurs where there is contaminated material that is too large for a sharps container, custodial services will be contacted immediately to obtain an appropriate biohazard container for this material.
5. Reusable sharps that are contaminated with blood or other potentially infectious materials will not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
6. Employees will notify [Position Designated] prior to sharp containers reaching the full marking so that the containers can be disposed of properly.

**NOTE:** Contaminated needles will not be bent, recapped, removed, sheared, or

purposely broken. The local hospital or county health department may provide

assistance in determining appropriate disposal procedures.

1. Disposal of all regulated waste will be in accordance with applicable regulations of the Environmental Protection Agency, Department of Safety and Professional Services, and the Department of Natural Resources.
2. Food and drink will not be kept in refrigerators, freezers, cabinets, on shelves, counter-tops, or bench tops where blood or other potentially infectious materials are present.
3. All procedures involving blood or OPIM will be performed in such a manner as to minimize splashing, spraying, splattering, and generating droplets of these substances. Mouth pipetting/suctioning of blood or OPIM is prohibited. (Ex: sucking out snakebites)
4. Specimens of blood or OPIM will be placed in containers which prevent leaking during collection, handling, processing, storage, transport, or shipping. These red containers will be labeled with a biohazard symbol.
5. Equipment which may become contaminated with blood or OPIM is to be examined prior to servicing, shipping, and is to be decontaminated, if feasible. If not feasible, a readily observable biohazard label stating which portions are contaminated is to be affixed to the equipment. This information is to be conveyed to all affected employees, the service representative, and manufacturer prior to handling, servicing, or shipping. Equipment to consider may include communication devices and vocational equipment needing repair after an exposure incident.
6. Contaminated laundry will be handled as little as possible. Medical grade gloves must be worn when handling contaminated laundry. Contaminated laundry will be bagged or containerized at the location where it was used and will not be sorted or rinsed in the location of use. Containers must be leak-proof if there is reasonable likelihood of soak-through or leakage. All contaminated laundry will be placed and transported in bags or containers that are biohazard-labeled and colored red.

**F. Personal Protective Equipment (PPE)**

1. Where the potential of occupational exposure remains after institution of engineering and work controls, personal protective equipment will be used. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used. The employer shall clean, launder, repair, replace, and dispose of personal protective equipment at no cost to the employee. The types of personal protection equipment (PPE) available to employees include:

Personal Protective Equipment:

1. Medical grade gloves will be worn when it can be reasonably anticipated that the employee may have hand contact with blood, OPIM, mucous membranes, and non-intact skin. Also use when handling or touching contaminated items or surfaces.
2. Medical grade gloves will be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when the ability to function as a barrier is compromised. Medical grade gloves will not be washed or decontaminated for re-use. Contaminated medical grade gloves do not meet the DNR definition of infectious waste and do not need to be disposed of in red or specially labeled bags.
3. Hypoallergenic medical grade gloves or other similar alternatives will be readily accessible to employees.
4. Masks, in combination with eye protection devices, such as goggles, glasses with solid side shields, or chin-length face shields, will be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated. This includes wearing eye, nose, or mouth where contamination can be reasonably anticipated. (Ex: custodian cleaning a clogged toilet, nurses or aides who are performing suctioning)
5. Appropriate protective clothing will be worn in occupational exposure situations. The type and characteristics will depend upon the task, location, and degree of exposure anticipated.
6. [Institution/University Campus/Center] will ensure that appropriate personal protective equipment is readily accessible at the worksite. Personal protective equipment will be available in the following locations:

Locations:

1. [Position Designated] will clean, launder, and dispose of personal protective equipment at no cost to the employee.
2. [Position Designated] will repair or replace personal protective equipment as needed to maintain its effectiveness at no cost to the employee.
3. All personal protective equipment will be removed prior to leaving the work area. When personal protective equipment/supplies are removed, the equipment will be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.
4. If a garment(s) is penetrated by blood or OPIM, the garment(s) will be removed immediately or as soon as feasible, and placed in bags or containers that are biohazard labeled and red in color.
5. Supervisors will ensure that their employees use the appropriate personal protective equipment. If an employee temporarily and/or briefly declines to use personal protective equipment because the equipment is in his/her judgment posed an increased hazard to the employee or others, the [Institution/University Campus/Center] will investigate and document the circumstances in order to determine whether changes can be instituted to prevent such occurrences in the future.

**NOTE:** HIV and HBV research laboratories and production facilities have additional

requirements found in OSHA 1910.1030(e).

**VII. HEPATITIS B VACCINATION**

A. Hepatitis B vaccines will be available for employees whose designated job

assignment includes the rendering of first aid treatment, or who have occupational exposure to blood or OPIM.

1. After the employee(s) have been given information on the hepatitis B vaccine, including information on its efficacy, risks, safety, method of administration, and the benefits of being vaccinated, the vaccinations will be offered at no cost to the employee. [Institution/University Campus/Center] will make the hepatitis B vaccination series available to all employees who have occupational exposure.
2. [Position Designated] will make the hepatitis B vaccination series available after the training and within 10 working days of initial assignment to all employees who have occupational exposure.
3. The hepatitis B vaccination series will be made available to the employee at a reasonable time, place, and performed by or under the supervision of a licensed physician according to the most current recommendations of the U.S. Public Health Service. [Institution/University Campus/Center] will assure that the laboratory tests are then conducted by an accredited laboratory.
4. [Institution/University Campus/Center] will not make participation in a pre-employment screening program a prerequisite for receiving the hepatitis B vaccine.
5. If an employee initially declines the hepatitis B vaccination series, but at a later date while still covered under the standard decides to accept the vaccination, [Institution/University Campus/Center] will make available the hepatitis B vaccine at that time.
6. [Position Designated] will assure that employees who decline the hepatitis B vaccine offered by [Institution/University Campus/Center] will sign the declination statement established under the standard. (**See *Appendix E***).
7. If a routine booster dose of hepatitis B vaccine is recommended by the U.S. Public Health Service or other health care provided at a future date, the booster dose will be made available at no charge to the employee.
8. Records regarding HBV vaccinations or declinations will be maintained by [Position Designated].
9. [Position Designated] will ensure that the health care professional responsible for employee's hepatitis B vaccination is provided with a copy of this regulation.

B. Post Exposure.

1. All first aid incidents involving the presence of blood or OPIM will be immediately reported to [Institution/University Campus/Center] or [Position Designated].
2. [Institution/University Campus/Center] exposure incident investigation form (***See Appendix D***) will be used to report first aid incidents involving blood or OPIM. The incident description must include a determination of whether or not, in addition to the presence of blood or other potentially infected materials, an "exposure incident," as defined by the standard, occurred.
3. This determination is necessary in order to ensure that the proper post-exposure evaluation, prophylaxis, and follow-up procedures are immediately made available, if there has been an exposure incident as defined by the standard.
4. The full hepatitis B vaccination series will be made available as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or other potentially infectious materials regardless of whether or not a specific "exposure incident," as defined by the standard, has occurred.
5. The hepatitis B vaccination record or declination statement will be completed for each exposed employee (***See Appendix E or F***). All other pertinent conditions will also be followed for those who receive the pre-exposure hepatitis B vaccine.
6. This incident investigation form will be recorded privately.
7. This reporting procedure will be included in the training program.

**VIII. POST-EXPOSURE EVALUATION AND FOLLOW-UP**

A. Following a report of an exposure incident, [Institution/University Campus/Center]

will immediately make available to the exposed employee a confidential medical examination and follow-up, including at least the following elements. (***See Appendix G***)

1. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred.
2. Identification and documentation of the source individual, if possible, or unless [Institution/University Campus/Center] can establish that identification is infeasible or prohibited by state or local law.
   1. The source individual's blood will be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, [Institution/University Campus/Center] will establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
   2. Results of the source individual's testing will be made available to the exposed employee only after consent is obtained, and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
3. The exposed employee's blood will be collected as soon as feasible and tested after consent is obtained. If the employee consents tobaseline blood collection but does not consent at that time for HIV serological testing, the sample will be preserved for at least 90 days. If within 90 days of the exposure incident the employee elects to have the baseline sample tested, such testing will be done as soon as feasible.
4. For post-exposure prophylaxis, [Institution/University Campus/Center] will follow recommendations established by the U.S. Public Health Service.
5. Counseling will be made available at no cost to employees and their families on the implications of testing and post-exposure prophylaxis.
6. An evaluation of any reported illnesses will be conducted.

B. [Institution/University Campus/Center] will ensure that all medical evaluations and

procedures, including prophylaxis, are made available at no cost and at a reasonable time and place to the employee. All medical evaluations and procedures will be conducted by or under the supervision of a licensed physician and laboratory tests will be conducted in accredited laboratories.

C. Information provided to the health care professional who evaluates the employee will

include (***See Appendix G***):

1. A description of the employee's duties as they relate to the exposure incident.
2. Documentation of the route of exposure and the circumstances under which the exposure occurred. (***See Appendix J***)
3. Results of the source individual's blood testing, if consent was given and the results are available.
4. All medical records relevant to the appropriate treatment of the employee, including vaccination status, which are [Institution/University Campus/Center] responsibility to maintain.

D. [Institution/University Campus/Center] will obtain and provide the employee with

a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation.

1. The health care professional's written opinion for hepatitis B vaccination will be limited to whether hepatitis Bvaccination is indicated for an employee, and if the employee has received such vaccination.
2. The health care professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information.
   1. This employee has been informed of the results of the evaluation.
   2. This employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation and or treatment.
3. All other findings or diagnoses will remain confidential andwill not be included in the written report.

**IX. COMMUNICATION AND LABELS**

1. Warning labels will be affixed to containers of regulated waste, refrigerators, and freezers containing blood or OPIM; and other containers used to store, transport,

ship blood, or other potentially infectious materials.

1. These labels will be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color. (***See Figure 1***)
2. These labels will be an integral part of the container or will be affixed as close as feasible to the container by string, wire, adhesive, or other methods that prevent their loss or unintentional removal.

**(Figure 1)**

1. Labels for contaminated equipment must follow the same labeling requirements. In addition the labels will also state which portions of the equipment remain contaminated.

**X. INFORMATION AND TRAINING**

1. [Institution/University Campus/Center] will ensure that all current and new employees with potential for occupational exposure participate in an initial and annual training program at no cost to employees.
2. Non-contact directive: All employees whose job classification Do Not have reasonable expectation of exposure to blood or other potentially infectious materials will be trained annually to avoid contact and report immediately to a supervisor.
3. Training will be provided at the time of initial assignment to tasks when occupational exposure may take place and at least annually thereafter.
4. [Institution/University Campus/Center] will provide additional training when changes such as modifications of tasks or procedures affect employee potential for occupational exposure. The additional training may be limited to addressing the new exposures created.
5. Only material appropriate in content and vocabulary to the educational level, literacy, and language of employees will be used in the training. ***Appendix H*** contains the required content for training.
6. The person conducting the training will be knowledgeable in the subject matter covered by the elements contained in the training program, as it relates to [Institution/University Campus/Center] workplace.

**X. RECORDKEEPING**

A. Medical Records (***See Appendix G***):

1. [Institution/University Campus/Center] will establish and maintain an accurate medical record for each employee with an occupational exposure. This record will include:
   1. The name and identification number of employee.
   2. A copy of employee's hepatitis B vaccination record or declination form and any additional medical records relative to hepatitis B.
   3. Exposure incident(s) that have occurred (if applicable), a copy of all results of examinations, medical testing and follow-up procedures.
   4. Exposure incident(s) that have occurred (if applicable), a copy of the health care professional's written opinion.
   5. If exposure incident(s) have occurred, a copy of the information provided to the health care professional. (Ex: exposure incident investigation form and the results of the source individual's blood testing, if available and if consent has been obtained for release.)
2. [Institution/University Campus/Center] will insure that the employee's medical records are kept confidential and are not disclosed or reported without the employee's expressed written consent to any person within or outside of [Institution/University Campus/Center], except as required by law. These medical records will be kept separate from other personnel records.
3. These medical records will be maintained for the duration of employment plus 30 years.

B. Training Records (***See Appendix H***)

1. Training records will include:
   1. The date(s) of the training session.
   2. The contents or a summary of the training sessions.
   3. The name(s) and qualifications of person(s) conducting the training.
   4. The name(s) and job titles of all persons attending the training session.
2. Training records will be maintained for three years from the date the training occurred.

C. Availability of Records

1. [Institution/University Campus/Center] will ensure:
2. All records required to be maintained by this standard will be made

available upon request to the Department of Safety and Professional Services for examination and copying.

1. Employee training records required by this paragraph shall be provided

upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary.

1. Employee medical records required by this standard will be provided

upon request for examination and copying to the subject employee and to anyone having written consent of the affected employee and to the Department of Safety and Professional Services.

1. [Institution/University Campus/Center] will comply with the

requirements involving the transfer of records set forth in this standard.

**XI. EVALUATION AND REVIEW**

A. [Position Designated] will conduct an annual evaluation and review

the effectiveness of this exposure control plan. [Position Designated] will ensure corrective actions and updates to the plan are corrected.

**Appendix A**

**DEFINITIONS FOR THE PURPOSES OF THIS**

**EXPOSURE CONTROL PLAN**

* **Antibody -** a substance produced in the blood of an individual which is capable of producing a specific immunity to a specific germor virus.
* **Amniotic Fluid** - the fluid surrounding the embryo in the mother's womb.
* **Antigen -** any substance which stimulates the formation of an antibody.
* **Assistant Secretary -** the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.
* **Biohazard Label -** a label affixed to containers of regulated waste, refrigerators/freezers and other containers used to store, transport or ship blood and other potentially infectious materials. The label must be fluorescent orange-red in color with the biohazard symbol and the word biohazard on the lower part of the label.
* **Blood -** human blood, human blood components, and products made from human blood.
* **Bloodborne Pathogens -** pathogenic (disease producing) 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).
* **Cerebrospinal Fluid -** a clear, colorless fluid surrounding the brain and spinal cord. It can be withdrawn by performing a spinal puncture.
* **Clinical Laboratory -** a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
* **Contaminated -** the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
* **Contaminated Laundry -** laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.
* **Contaminated Sharp -** any contaminated object thatcan penetrate the skin including, but not limited to needles, scalpels, broken glass, capillary tubes, and the exposed ends of dental wires.
* **Decontamination -** 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.
* **Engineering Controls -** controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.
* **Exposure Control Plan -** a written program developed and implemented by the employer which sets forth procedures, engineering controls, personal protective equipment, work practices and other methods that are capable of protecting employees from exposures to bloodborne pathogens, and meets the requirements spelled out by the OSHA bloodborne Pathogens Standard.
* **Exposure Determination -** how and when occupational exposure occurs and which job classifications and/or individuals are at risk of exposure without regard to the use of personal protective equipment.
* **Exposure Incident -** a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
* **Handwashing Facilities -** a facility providing an adequate supply of running potable water, soap and single use towels, medicated towelettes or hot air drying machines.
* **HBV -** Hepatitis B Virus.
* **HIV -** Human Immunodeficiency Virus.
* **Licensed Healthcare Professional -** is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.
* **Medical Consultation -** a consultation which takes place between an employee and a licensed healthcare professional for the purpose of determining the employee's medical condition resulting from exposure to blood or other potentially infectious materials, as well as any further evaluation or treatment that is required.
* **Mucus -** a thick liquid secreted by glands, such as those lining the nasal passages, the stomach and intestines, the vagina, etc.
* **Mucous Membranes -** a surface membrane composed of cells which secrete various forms of mucus, as in the lining of the respiratory tract and the gastrointestinal tract, etc.
* **Occupational Exposure -** a 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.
* **OSHA -** the Occupational Safety and Health Administration of the U.S. Department of Labor; the Federal agency with safety and health regulatory and enforcement authorities for most U.S. industry and business.
* **(OPIM) 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 impossible to differentiate between body fluids; (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- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
* **Parenteral -** piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
* **Pathogen -** a bacteria or virus capable of causing infection or disease.
* **Pericardial Fluid -** fluid from around the heart.
* **Pericardium -** the sheath of tissue encasing the heart.
* **Peritoneal Fluid -** the clear straw-colored serous fluid secreted by the cells of the peritoneum.
* **Peritoneum -** the lining membrane of the abdominal (peritoneal) cavity. It is composed of a thin layer of cells.
* **Personal Protective Equipment -** specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (Ex: uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment. Personal protective equipment may include, but is not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection equipment, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membrane under nominal conditions of use and for the duration of time which the protective equipment is used.
* **Pleural -** the membrane lining the chest cavity and covering the lungs. It is made up of a thin sheet of cells.
* **Pleural Fluid -** fluid from the pleural cavity.
* **Production Facility -** a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.
* **Prophylaxis -** the measures carried out to prevent diseases.
* **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.
* **Research Laboratory -** a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIVor HBV but not in the volume found in production facilities.
* **Sharps with Engineered Sharps Injury Protections** **-** means a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.
* **Serous Fluids -** liquids of the body, similar to blood serum, which are in part secreted by serous membranes.
* **Source Individual -** 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, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.
* **Sterilize -** the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
* **Synovial Fluid -** the clear amber fluid usually present in small quantities in a joint of the body (Ex: knee, elbow).
* **Universal** **Precautions -** an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
* **Vascular -** pertaining to or composed of blood vessels.
* **Work Practice Controls -** controls that reduce the likelihood of exposure by altering the manner in which the task is performed. (e.g. prohibiting recapping of needles by a two-handed technique)

**Appendix B**

**EXPOSURE DETERMINATION FORM**

**Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Job Classification**  **(List Job Title)** | **All Employees Have Exposure** | **Some Employees Have Exposure** | **None Have Exposure** |
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**Appendix C**

**TASK AND PROCEDURES RECORD**

**Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Bodily Fluid/Substance to Which Exposure is likely:**

**1. Blood 6. Unfixed human tissues or organs 11. HIV-containing cell or tissue cultures**

**2. Semen 7. Amniotic fluids 12. Organ cultures**

**3. Vaginal secretions 8. Synovial fluids 13. HIV-or HBV-containing culture media**

**4. Cerebrospinal fluid 9. Saliva 14. OPIM visibly contaminated with blood**

**5. Pericardial fluids 10. Peritoneal fluids**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Job Classification** | **Task/Procedure** | **Type(s) of Exposure**  **(See Code)** | **Protective Procedure(s)** | **Protective Barrier(s)**  **(Gloves, Gown, Apron, Mask, Eyewear etc.)** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
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| 9. |  |  |  |  |

**Appendix D**

**EXPOSURE** **INCIDENT INVESTIGATION FORM**

**Date of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Incident:**

**Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person(s) Involved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Potentially Infectious Materials Involved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Source:**

**Circumstances (what was occurring at the time of the incident):**

**How was the incident caused: (accident, equipment malfunction, etc.) List any tool,**

**machine, or equipment involved:**

**Personal protective equipment being used at the time of the incident:\_\_**

**Actions taken (decontamination, clean-up, reporting, etc.)**

**Recommendations for avoiding repetition of incident:**

**Appendix E**

**HEPATITIS B VACCINE DECLINATION**

Mandatory OSHA 1910.1030 App. A

**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 which is 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 understand that I can receive the vaccination series at no charge to me.**

**Employee Name** **(Please** **Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Signature:**

**Date**:

**Appendix F**

**HEPATITIS B VACCINATION RECORD**

**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 information on the hepatitis B vaccine, including information on its efficacy, risks, safety, method of administration and the benefits of being vaccinated. I also understand that the vaccine and vaccination series will be offered free of charge.**

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**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have completed the following FDA approved vaccinations using:**

**[Vaccination Product]**

**❒ Vaccination 1 Date: Administered By:**

**❒ Vaccination 2 Date: Administered By:**

**❒ Vaccination 3 Date: Administered By:**

**NOTE: Typical Vaccine Sequence:**

-First injection-At any given time.

-Second injection-At least one month after the first dose.

-Third injection-Six months after the first dose.

**Appendix G**

**EMPLOYEE MEDICAL RECORD CHECKLIST**

**NAME:**

**IDENTIFICATION NUMBER:**

**LOCATION:**

**JOB CLASSIFICATION:**

Attach a copy of the employee's hepatitis B vaccination record or declination form. Attach

any additional medical records relative to hepatitis B.

---------------------------------------------------------------------------------------------------------

Brief Description of Exposure Incident:

**Log and attach copy of: (Check all that apply) – Employee Record**

🞐 The information provided to the health care professional

🞐 The Exposure Incident Investigation Report

🞐 The results of the source individual's blood testing, if consent for release has been obtained

and results are available

🞐 The health care professional's written opinion

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Brief Description of Exposure Incident:

**Log and attach a copy of:** **(Check all that apply) – Employer Record**

🞐 The information provided to the health care professional

🞐 The Exposure Incident Investigation Report

🞐 The results of the source individual's blood testing, if consent for release has been obtained

and results are available

🞐 The health care professional's written opinion

**Appendix H**

**INFORMATION AND TRAINING RECORD FOR**

**EMPLOYEES WITH POTENTIAL EXPOSURE**

**TO BLOODBORNE PATHOGENS**

**Date(s) of training:**

**Trainer(s) name and qualifications:**

**Names and Job Titles of all employees attending this training: (See Attached)**

**Agenda and/or materials presented to participants included:**

* An accessible copy of the text of the DSPS/OSHA Standard and an explanation of its contents.
* A general explanation of the epidemiology and symptoms of Bloodborne diseases.
* An explanation of the modes of transmission of Bloodborne pathogens.
* An explanation of the exposure control plan and the means by which employees can

obtain a copy of the written plan.

* An explanation of the appropriate methods for recognizing tasks/activities that may involve exposure to blood and other potentially infectious materials.
* An explanation of the use and limitations of methods that will prevent or reduce exposure: i.e., engineering controls, work practices, and personal protective equipment.
* Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment or other contaminated items.
* An explanation of the basis for selection of personal protective equipment.
* Information on the HBV vaccine, its efficacy, risks, safety, method of administration, benefits of vaccination, and provision at no cost to the employee.
* Information on the appropriate actions to take and persons to contact in an emergency involving blood and other potentially infectious materials.
* An explanation of the procedure to follow if an exposure incident occurs, the method

of reporting, and the medical follow-up that is available.

* Information on the post-exposure evaluation and follow-up that is provided.
* An explanation of the signs, symbols, and color-coding of biohazards.
* A question and answer session between the trainer(s) and employee(s).
* List of contacts within the health community that can be resources to the employees if they have questions after training

**Signature of Training Coordinator:**

**NOTE:** HIV/HBV research laboratories and production facilities have additional requirements

found in OSHA 1910.1030(g)(2)(ix).

**Appendix I**

**NEEDLESTICKS/SHARPS EXPOSURE LOG**

**Instructions:**

1. Complete a log for each employee exposure incident involving a sharp
2. Make a photocopy for your own record; and
3. Ensure that the form is received by your department’s Worker’s Compensation Department.
4. Ensure the form is kept confidential.

|  |  |  |
| --- | --- | --- |
| Employee exposed: | Identification Number: | Phone number/ E-mail: |
| Department: | Supervisor: | Phone number/ E-mail: |

|  |  |  |  |
| --- | --- | --- | --- |
| Date and Time of Stick or contact with Sharp: | Location of Incident: | | Job classification of employee: |
| Nature of exposure: | Body part stuck: | Procedure being performed at time of exposure: | |
| Describe how the incident occurred:  Patient agitated/ hostile Emptying or handling sharps container  During disposal Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Re-sheathing needle | | | |

|  |
| --- |
| Sharps information if known (Type, Brand, Model)e.g. 18g needle/ABC Medical/ “no stick” syringe: |
| 1. Was the sharp/ needle contaminated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. If yes, what was the contaminant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Did the device used have a retractable or self-sheathing needle? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. If yes, was training provided on its proper use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| For the employee: What do you think could have been done to prevent this injury? |
| For the employer: What do you think could have been done to prevent this injury? |

|  |  |
| --- | --- |
| Employee’s Signature: | Date: |

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| --- | --- | --- | --- |
| **Date of injury** | **Type and brand of the device involved** | **Department of work area where the incident occurred** | **Explanation of how the incident occurred** |
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**Appendix J**

**SHARPS INJURY LOG**

**Date/Year\_\_\_\_\_\_\_\_\_**

**Appendix K**

**NON-CONTACT DIRECTIVE INSTRUCTIONS**

In recognition of the need to prevent the transmission of potentially harmful or fatal diseases like Human Immunodeficiency Virus(HIV**)**, Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV) which can be carried in human blood and passed between people via blood to blood contact or exchange of infectious body fluids, [Position Designated] has developed a plan to minimize the possibility for occupational exposure through a program of education and procedural training. This non-contact directive applies to all employees of job classification identified with no exposure to blood or other potentially infectious materials at [Institution/University Campus/Center], which will receive awareness training and the following instructions to prevent personal exposure to bloodborne disease.

**UNIVERSAL PRECAUTIONS**  [Institution/University Campus/Center] practices the concept of Universal Precautions which recognizes that because anyone’s blood can be infectious without their knowledge, ALL BLOOD (or other potentially infection materials) WILL BE CONSIDERED TO BE INFECTIOUS AND WILL REQUIRE YOU TO AVOID CONTACT WITH THESE SUBSTANCES PRODUCED BY THE INJURIES OR ILLNESSES OF OTHER EMPLOYEES OR VISITORS.

**DURING INCIDENTS INVOLVING SERIOUS INJURIES / ILLNESSES** Do not contact the victim’s blood or other potentially infectious materials. Advise the victim to remain still and to control his or her own bleeding with direct pressure on the wound site. Be careful not to contact equipment, tools or debris that may be bloody and could also injure you. Call your supervisor immediately. If you feel an ambulance is needed, promptly advise your supervisor of your concerns and be prepared to assist by calling 911 for rescue assistance.

**DURING INCIDENTS INVOLVING MINOR INJURIES / ILLNESSES** Do not contact the victim’s blood or other potentially infectious materials. Advise them to control their own bleeding with direct pressure on the wound site. Again, be careful not to contact equipment, tools or debris that may be bloody and could injure you. Inform your supervisor immediately and request their assistance. If bleeding is significant, instruct the person to stay still until the bleeding is controlled. Once bleeding has been stopped the injured or ill person can be directed or assisted with further treatment by personnel trained in first aid.

**PERSONAL INJURY / ILLNESS** [Institution/University Campus/Center] requires all employees to promptly report all injuries to their supervisor regardless of severity. If you find that you are bleeding, apply direct pressure on the wound site. If your arm, hand, or leg is affected, elevating the limb in combination with direct pressure on the wound will help slow your loss of blood. Protect others from coming in contact with your wound, any surface or object that may have your blood on it. Avoid creating blood trails as you seek first aid.

**REPORT ALL AREAS OF SPILLED BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS PROMPTLY** To your supervisor. You will be assisted in the cleanup that will effectively disinfect the equipment, materials, surfaces, tools, and first aid treatment areas that have your blood or other potentially infectious materials on them. If you discover spilled blood or other potentially infectious materials, contact your supervisor immediately. Do not contact the blood or other potentially infectious materials by attempting to clean up the spill yourself. Your supervisor or other designated bloodborne pathogen responders will handle proper clean up and incident investigation.

**IN CASES OF ACCIDENTAL SIGNIFICANT EXPOSURE TO BLOOD OR OTHER POTENITALLY INFECTIOUS MATERIALS** You will be considered to have potential occupational exposure to bloodborne disease if someone’s blood or other potentially infectious materials contacts an opening in your skin, you are pierced or cut by an object tainted by another person’s blood or other potentially infectious materials, or you have mouth, eye or other mucous membrane contact with another person’s blood or other potentially infectious materials while on Company Property. Report your exposure immediately to your supervisor who will make arrangements for prompt medical evaluation and possible treatment according to the [Institution/University Campus/Center] Bloodborne Pathogen Exposure Control Plan. This is found on file in the office of the BBP Program Administrator.