OSHA Bloodborne Pathogens Requirements

The *OSHA Standard 29 CFR 1910.1030* https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051 requires employers to provide a safe and healthful work environment for all employees who face a significant health risk as the result of occupational exposure to blood and other potentially infectious materials because they may contain bloodborne pathogens including Hepatitis B Virus which causes Hepatitis B, a serious liver disease, and Human Immunodeficiency Virus, which causes Acquired Immunodeficiency Syndrome (AIDS). OSHA concludes that this significant health risk can be minimized or eliminated using a combination of task identification, engineering and work practice controls, personal protective clothing and equipment, training, medical follow-up of exposure incidents, vaccination (where applicable), and other provisions.

EXPOSURE CONTROL PLAN COMPONENTS:

UNCW Chairs/Department Heads whose employee's jobs may result in exposure to blood or other potentially infectious biological materials will establish and update as necessary (at least annually), a written ***Exposure Control Plan***. This plan should reflect significant changes in employee tasks and procedures as they occur. The plan should include the exposure determination and requirements for Universal Precautions, work practices/housekeeping, engineering controls, personal protective equipment, training and education, post exposure medical evaluation, a work site survey, program assessment and recordkeeping as detailed below**.** See Appendix A (Exposure Control Plan example)

Exposure Determination:

Each department will evaluate routine and reasonably anticipated tasks and procedures, without regard to the use of personal protective equipment and clothing, to determine whether there is actual or potential exposure to blood or other potentially infectious materials. All employees performing such tasks with actual or potential exposure should be identified.

Identification of "At Risk" Work Force Employees:

Occupational exposure can occur in many ways, including needle sticks, cuts or direct exposure to blood or body fluids. These include such occupations as law enforcement officers, housekeeping personnel, research laboratory workers, healthcare workers, athletic trainers, plumbers or any employees in any occupation where they are directly exposed to body fluids are considered to be at substantial risk of occupational exposure to HIV, HBV and other bloodborne diseases.

Most employees have virtually no increased risk or contact with body fluids as a result of their employment and they are at no greater risk of contracting bloodborne diseases than other members of the general population.

List of Job Classification and Job Titles at Risk:

Each department shall make a list of job classifications, tasks that will be at risk of exposure. Where some, but not all employees in a given job classification have exposure, the specific tasks or procedures

involving exposure should be determined and listed.

Universal Precautions for At-Risk Workers:

"Universal Precautions" shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials**.** **See Appendix B** (for Universal Precautions)

Work Practices/Housekeeping:

For all identified tasks, the department shall have written work practices (Exposure Control Plan). All employees who perform at risk tasks should have ready access to the **"Exposure Control Plan."** **See Appendix A** (Exposure Control Plan example)

Work practices should include provisions for safe collection of fluids and tissues and waste disposal. EH&S is available to help determine a suitable method of disposal. Provisions must be made for safe removal, handling, and disposal or decontamination of protective clothing and equipment, soiled linens, etc. Work practices should provide guidance on procedures to follow in the event of spills or personal exposure to fluids or tissues. These procedures should include instructions for personal and area decontamination, as well as appropriate supervisory personnel to whom the incident should be reported.

With regard to sharp objects, work practices should provide specific and detailed procedures to be observed. Puncture-resistant receptacles must be readily accessible for depositing sharp objects after use. These receptacles must be clearly marked and specific work practices must be provided to protect personnel responsible for disposing of them or processing their contents for reuse. Where applicable, work practices shall include the following:

Employees shall wash their hands immediately or as soon as possible after removal of gloves or other personal protective equipment and after hand contact with blood or other potentially infectious materials.

All personal protective equipment shall be removed immediately upon leaving the work area or as soon as possible if overtly contaminated, and placed in an appropriately designated containers for storage, washing, decontamination or disposal.

Used needles and other sharps shall not be sheared, bent, broken, recapped, or resheathed by hand.

Eating, drinking, smoking, applying cosmetics, lip balm, and handling contact lenses are prohibited in work areas where there is a potential for occupational exposure.

Food and drink shall not be stored in refrigerators, freezers, or cabinets where blood or other potentially infectious materials are stored or in other areas of possible contamination.

All procedures involving blood or other potentially infectious material shall be performed in such a manner as to minimize splashing, spraying, and aerosolization of these substances.

Mouth pipetting/suctioning is prohibited.

Cleaning and Disinfection - All equipment, environmental areas and working surfaces shall be properly cleaned and disinfected after contact with blood or other potentially infectious materials.
Work surfaces shall be decontaminated with an appropriate disinfectant frequently.

Protective coverings such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper may be used to cover equipment and environmental surfaces. These coverings shall be removed and replaced at the end of the work shift or when they become contaminated.

Equipment which may become contaminated with blood or other potentially infectious materials shall be checked, cleaned and disinfected prior to servicing or shipping.

All bins, pails, cans and similar receptacles intended for reuse that have a potential for becoming contaminated with blood or other potentially infectious materials shall be inspected, cleaned and disinfected on a regularly scheduled basis and cleaned and disinfected immediately or as soon as possible upon visible contamination.

Broken glassware that may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, a vacuum cleaner, tongs, cotton swabs or forceps.

Specimens of blood or other potentially infectious materials shall be placed in a closable, leak proof container labeled or color-coded prior to being stored or transported. If outside contamination of the primary container is likely, then a second leak proof container that is labeled or color-coded shall be placed over the outside of the first and closed to prevent leakage during handling.

Reusable items contaminated with blood or other potentially infectious materials shall be decontaminated prior to washing and/or reprocessing.

Laundry from workplaces that is contaminated with blood or other potentially infectious materials or may contain contaminated sharps shall be treated as if it were contaminated and shall be handled as little as possible and with a minimal agitation.

Contaminated laundry shall be placed and transported in bags that are labeled or color-coded. Whenever this laundry is wet and presents the potential for soak through of or leakage from the bag, it shall be placed and transported in leak proof bags.

<u>Engineering Controls:</u>

When possible, engineering controls shall be used as the primary method to reduce worker exposure to harmful substances. To the fullest extent possible, intrinsically safe substances, procedures, or devices should be substituted for hazardous procedures or devices. Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

An alternative engineering control technique is the isolation or containment of the hazard. For example, disposable puncture-resistant containers for used needles, blades, etc., isolate cut and needle-stick injury

hazards from the worker. Glove boxes, ventilated cabinets, or other enclosures for tissue homogenizers, sonicators, vortex mixers, etc., serve not only to isolate the hazard but also to contain spills or splashes and prevent spatter and mist from reaching the laboratory worker.

Personal Protective Equipment:

Listed below are common tasks/procedures that require the use of personal protective equipment. This list is not all-inclusive:

Laboratories - The use of gloves is required for processing body fluid and tissue specimens. Masks and protective eyewear are required when the worker's mucous membranes may come in contact with body fluids.

Laundry Operations - The department shall ensure that laundry workers wear protective gloves and other appropriate personal protective equipment to prevent occupational exposure during handling or sorting.

Law Enforcement - Whenever the possibility for exposure to blood or other body fluids exist the appropriate protection should be worn, if feasible under the circumstances. In case of blood contamination of clothing an extra change of clothing should be available at all times. Gloves should be provided or available to law enforcement personnel which may come in contact with blood, other bodily fluids, blood contaminated clothing, surfaces or blood contaminated hypodermic needles.

Gloves, facemask and eye protection or face shields are required for laboratory and evidence technicians whose jobs entail potential exposure to blood via a splash to the face, mouth, nose or eyes. This would also apply to evidence technicians removing or scraping dried blood.

Officers and crime scene technicians may require additional protective clothing, such as overalls, aprons, boots, or protective shoe covers - especially when the crime scene has unusual hazards or involve violent behavior where large amounts of blood are present. Pocket mouth-to-mouth resuscitation mask can be used by law enforcement personnel to isolate response personnel from contact with victim's bodily fluids.

Research Laboratory - Personal protective equipment includes laboratory coats, gowns, smocks, uniforms, gloves or other appropriate protective clothing shall be worn in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.

Accessibility/Maintenance:

When an employee is required to perform tasks where they are directly exposed to body fluids and are considered to be at substantial risk of occupational exposure to HIV, HBV and other bloodborne diseases, personal protective equipment must be:

Accessible - The department shall assure that appropriate personal protective equipment in the appropriate sizes is readily accessible or issued to employees. Hypoallergenic gloves shall be readily

accessible to those employees who have latex allergies.

Clean - The department shall provide for the cleaning, laundering or disposal of personal protective equipment.

Repair and Replacement - The department shall repair or replace required personal protective equipment as needed to maintain its effectiveness.

EH&S is available to assist in equipment selection.

Type:

The following suggestions are provided for Personal Protective Equipment (PPE) that the department should provide to employees at no cost.

Gloves

When the employee has the potential for the hands to have direct skin contact with blood, other potentially infectious materials, mucous membranes, non-intact skin, and when handling items or surfaces soiled with blood or other potentially infectious materials, gloves must be worn.

Disposable (single use) gloves, such as surgical or examination gloves, shall be replaced as soon as possible when visibly soiled, torn, punctured, or when their ability to function as a barrier is compromised. They ***shall not*** be washed or disinfected for reuse.

Utility gloves may be disinfected for reuse if the integrity of the glove is not compromised. However, they ***must be discarded*** if they are cracked, peeling, discolored, torn, punctured, or exhibit other signs of deterioration.

Gowns, Aprons, and Other Protective Body Clothing:

Gowns, lab coats, aprons, or similar clothing shall be worn if there is a potential for soiling of clothes with blood or other potentially infectious materials.

Fluid-resistant clothing, including hoods if applicable, shall be worn if there is a potential for splashing or spraying of blood or other potentially infectious materials.

Fluid-proof clothing shall be worn if there is potential for clothing becoming soaked with blood or other potentially infectious materials.

Fluid-proof shoe covers shall be worn if there is a potential for shoes to become contaminated and/or soaked with blood or other potentially infectious materials.

Masks, Eye Protection and Face Shields:

Masks and eye protection or chin-length face shields shall be worn whenever splashes, spray, spatter,

droplets, or aerosols of blood or other potentially infectious materials may be generated and there is a potential for eye, nose, or mouth contamination.

Resuscitation Equipment:

For emergency mouth-to-mouth resuscitation, pocket masks, resuscitation bags, or other ventilation devices should be supplied in areas where workers are trained in CPR.

Containment/Decontainment:

Containment equipment and devices such as biological safety cabinet (Class I, II, or III) shall be used for all activities that pose a threat of exposure to splashes, spills, or aerosols. Biological safety cabinets shall be certified when installed and at least annually thereafter by EH&S.

An autoclave for waste decontamination should be in or near as possible to the work area.

Hand washing and eye washing equipment shall be located near an exit to the laboratory area. These shall be capable of operation with foot, elbow or automatically.

Training and Education:

Material appropriate in content and vocabulary to educational level, literacy and language background of employees shall be used.

Job Specific:

An explanation of the department's Exposure Control Plan.

They shall receive training regarding the location and proper use of personal protective equipment. They shall be trained concerning proper work practices and should understand the concept of Universal Precautions as it applies to their work practices.

Training shall also include the meaning of color-coding or other methods used to designate contaminated articles or infectious waste. Proper disposal methods for contaminated waste and needles should be taught.

Employees shall be trained in the corrective actions to take in the event of spills or personal exposure to fluids or tissues, the appropriate reporting procedures and the medical monitoring recommended in cases of needle-stick injuries or other exposure to blood or body fluids.

Requirements:

Training shall be provided within 10 days of initial assignment and at least annually thereafter. Contact EH&S for training schedule.

The training programs shall contain the following elements:

A copy of the department's policy and procedure as well as a copy of the OSHA Standard and an explanation of its content.

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 appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.

An explanation of the use and limitations of practices that will prevent or reduce exposure including appropriate engineering controls, work practices and personal protective equipment.

Information on the types, proper use, location, removal, handling, decontamination and/or disposal of personal protective equipment.

An explanation of the basis for selection of personal protective equipment.

Information on the Hepatitis B vaccine, including information on its efficacy, safety and the benefits of being vaccinated.

Information on the appropriate actions to take and persons to contact in an emergency.

An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available. Also, information on medical counseling the employer is providing for exposed individuals.

An explanation of the signs and labels and/or color-coding.

An opportunity for interactive questions and answers with persons conducting the training session.

Medical Surveillance:

In addition to any health-care or surveillance required by other rules or regulations, UNCW will provide at no cost to employee:

If an exposure occurs following decontamination, contact EH&S (ext. 3057) to schedule this evaluation. If after hours call University Police (ext. 4911) to contact EH&S personnel.

Post-exposure medical evaluation performed by or under the supervision of a licensed physician.

Employee HBV vaccination. If employee refuses HBV vaccination, he/she must read and sign a ***Hepatitis B Vaccination Declination Form,*** See Appendix C (example of Hepatitis B Declination Form)

The vaccination will be made available after employee has received training and within (10) working days of initial assignment.

If an employee has received an HBV vaccination prior to an incident or from a previous employer, evidence of that vaccination must be obtained and placed in the employee departmental training and vaccination file. When contacted, EH&S will schedule inoculations and training.

If an employee has a percutaneous (needle-stick or cut) or mucous membrane (splash to eye, nasal mucosa, or mouth) exposure to blood and/or body fluids or has a cutaneous exposure to blood when the worker's skin is chapped, abraded, or otherwise non-intact, the source individual shall be informed of the incident and tested for HIV or HBV infections after consent is obtained.

Medical counseling for all employees found, as a result of monitoring described above, to be seropositive for HBV or HIV. Counseling guidelines have been published by the Public Health Service. For detailed information, reference Occupational Bloodborne Pathogen Standard 29 CFR Part 1910.

Following a report of an exposure incident, EH&S will coordinate a confidential medical evaluation and follow-up. The medical evaluation and follow-up shall include at least the following:

Documentation of routes of exposure and circumstances under which the exposure occurred.

Identification and documentation of source individual unless prohibited by law. Results of source individual testing shall be made available to exposed employee.

Testing of the exposed employee's blood by consent.

Post exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.

Counseling and evaluation of reported illnesses.

EH&S shall ensure that the health-care professional responsible for medical evaluation and follow-up is provided with a copy of **29 CFR 1910.1030** (Bloodborne Pathogens Standard).

The attending physician will provide the exposed employee with a copy of the evaluation within fifteen (15) days of completion of the evaluation.

Worksite Survey/Program Assessment:

Each department with at risk employees shall conduct a ***Workplace Self-Inspection*** at least annually to ensure that required work practices are observed and that protective clothing and equipment are provided and properly used. Investigation of known or suspected parenteral exposures to body fluids or tissues must be made to establish the conditions surrounding the exposure and to improve training, work practices, or protective equipment to prevent a recurrence. **See Appendix D** (example of Workplace Self-Inspection)

Follow-up - EH&S will evaluate the effectiveness of the Bloodborne Pathogen Program to include exposed employees, effectiveness of training and employee/management work practices in conformance with training, policy and procedures, and will report results to senior management. **See Appendix E** (OSHA Bloodborne Standard Check Sheet)

Recordkeeping:

If an employee is required to perform at risk tasks, the department will maintain records documenting:

Training records, indicating the dates of training sessions, the content of those training sessions along with the names of all persons conducting the training and their qualifications, as well as the names and job titles of all those receiving training. These records must be maintained for three (3) years. One copy of the training roster will be forwarded to Human Resources. **See Appendix F** (Bloodborne Pathogen Training Record)

The conditions associated with each incident of mucous membrane or parenteral exposure to body fluids or tissue, and evaluation of these conditions, and a description of any corrective measures taken to prevent a recurrence or other similar exposure. EH&S will assist in investigation. **See Appendix G** (Exposure Incident Report for Blood or Other Potentially Infectious Materials)

Medical Records - Each department will maintain HBV inoculation and declination records for each employee and annually, or when the employee separates from employment at UNCW, forward a copy to EH&S. This record shall include:

The name and social security number of the employee.

A copy of the employee's Hepatitis B vaccination or declination records and medical records relative to the employee's ability to receive vaccination or the circumstances of an exposure incident.

A copy of all results of physical examinations, medical testing and follow-up procedures as they relate to the employee's ability to receive vaccination or to post exposure evaluation following an exposure incident.

The department's copy of the physician's written opinion.

A copy of the information provided to the physician.

All post exposure recordkeeping will be maintained by EH&S.

Specific requirements should not preempt NCOSHA recordkeeping requirements.

Confidentiality - The department shall assure that employee medical records required are:

Are not disclosed or reported to any person within or outside the workplace except as required by this section or as may be required by law.

The department shall maintain this record for at least the duration of employment plus thirty (30) years.

Employee medical and training records required by this requirement shall be provided upon request for examination and copying to the subject employee and to anyone having written consent of the subject employee.

RESOURCE REFERENCES

1. Centers for Disease Control. "Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Other Bloodborne Pathogens in Health-Care Settings." Morbidity and Mortality Weekly Report. Vol. 37, No. 24, June 24, 1988.

2. American Hospital Association. "The Recommendations of the Technical Panel of Infections within Hospitals." Management of HIV Infection in the Hospital. 2d ed. Chicago, Illinois: AHA, November 1988.

3. "Joint Advisory Notice; Department of Labor/Department of Health and Human Services; HBV/HIV." Federal Register. Vol. 52, No. 210: 418124. October 30, 1987.

4. Centers for Disease Control. "Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public-Safety Workers." Morbidity and Mortality Weekly Report. Vol. 38, No. S-6, June 23, 1989.

5. U.S. Department of Labor. Occupational Safety and Health Administration. Instruction CPL 2-2.44A. "Enforcement Procedures for Occupational Exposure to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV)," Federal Register. August 15, 1988.

6. "Occupational Exposure to Bloodborne Pathogens; Federal Register, Vol. 56, No 235; 64175-64182 Dec. 6, 1991.

7. Takas, Marianne, and Theodore Hammett. "Legal Issues Affecting Offenders and Staff." National Institute of Justice, AIDS Bulletin. p.6. May 1989.

8. General Assembly of North Carolina. An Act to Amend the Communicable Disease Law. Chapter 698 of the 1989 Session Laws. North Carolina General Statutes, Sections 130A-148, 130A-135, and 130A-395.

Other Written Information:

American Dental Association. Infection Control: Fact and Reality-A Training Program for Dental Offices.

American Federation of Labor-Congress of Industrial Organizations. Service Employees International Union. The AIDS book: Information for Workers. 3d ed. Washington, D.C.

American Red Cross and U. S. Public Health Service. AIDS and Your Job - Are There Risks?

N.C. Medical Waste Rule.

U. S. Department of Health and Human Service. Surgeon General's Report on Acquired Immune Deficiency Syndrome. Washington, D.C.

U. S. Department of Labor. Occupational Safety and Health Administration. OSHA 3102. Worker Exposure to AIDS and Hepatitis B. 1988

Appendix A

SAMPLE BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

In accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030 (attached), the following exposure control plan has been developed:

Department Name:_____ Date of Preparation: _____

1. **Purpose:**

The purpose of this Exposure Control Plan is to eliminate or minimize employee occupational exposure to blood or other potentially infectious materials as detailed in the Bloodborne Pathogens Standard.

2. **Exposure Determination:**

Each UNCW department shall make an exposure determination of employees that may have occupational exposure to blood or other potentially infectious materials. This shall be made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). List all job classifications where employees may be expected to have such occupational exposure, regardless of frequency. The following job classifications (e.g., maintenance crew, police officers, lifeguards, athletic trainers, plumbers, nursing faculty, infectious waste handlers, housekeepers, etc.) are in this category:

(List here.)

3. **Compliance Methods: Unive rsal Precautions**

Universal Precautions will be observed in order to prevent contact with blood and other potentially infectious materials. All blood or other potentially infectious materials will be considered infectious regardless of the perceived status of the source individual. **See *UNCW OSHA Bloodborne Pathogens Requirement.***

Handwashing

Handwashing facilities shall be available to the employees who have an exposure to blood or other potentially infectious materials.

(List location of handwashing facilities here.)

After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as possible with soap and water.

If employees have an exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as appropriate as soon as possible following contact.

Work Practices

All procedures will be conducted to minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. Methods used to accomplish this goal are:

(Each department shall develop detailed instructions to cover actions to be taken when human blood and body fluids are present or anticipated in the work environment. List detailed instructions below.)

Personal Protective Equipment

Each department will provide personal protective equipment to employees without cost. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

(Include the list of personal protective equipment and use instructions here.)

Housekeeping

Decontamination of areas which have been contaminated with blood or other potentially infectious materials will be accomplished by using the following materials:

(List the materials, which will be used, such as fresh bleach solutions or EPA registered germicides.)

All contaminated work surfaces will be decontaminated as soon as possible.

Hepatitis B Vaccine

All at risk employees are offered the Hepatitis B vaccine, at no cost to the employee. Employees who decline the Hepatitis B vaccine shall sign a waiver, which uses the wording of the OSHA standard. **See *UNCW OSHA Bloodborne Pathogens Requirement***

The vaccine will be offered within ten (10) working days of their initial assignment unless the employee has previously had the vaccine or who wishes to submit to antibody testing which shows the employee to have sufficient immunity.

Employees who initially decline, but later wish to have the vaccine may do so at no cost.

(List here who has the responsibility for assuring that the vaccine is offered, the waivers are signed, etc.)

4. **Evaluation of Circumstances Surrounding Exposure Incidents.**

When an employee has an exposure incident, report it to EH&S and Human Resources.

(List who has the reporting responsibility.)

All employees who have an exposure incident will be offered post-exposure evaluation and follow-up by current contracted medical provider or Cape Fear Hospital Emergency Room (during off hours).

This follow-up will include:

Documentation of the route of exposure and the circumstances related to the incident.

If possible, the identification of the source individual and the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV.

Test results of the source individual will be made available to the exposed employee. The exposed employee shall be informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.

The employee will be offered the option of having their blood collected for testing. The blood sample will be preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to that time that testing will be conducted then the appropriate action can be taken and the blood sample discarded.

The employee will be offered post exposure prophylaxis by the current contracted medical provider.

The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.

Each Chair/Department Head with assistance from EH&S shall assure that the policy outlined here is effectively carried out as well as to maintain records related to this policy.

Recordkeeping

Each department will maintain all training and vaccination records. All post-exposure records will be forwarded to EH&S and maintained by EH&S. All medical records of persons separating from employment at UNCW will be forwarded to and maintained by EH&S.

(Insert the name of the person responsible for maintaining departmental records.)

APPENDIX B

UNIVERSAL BLOOD AND BODY FLUID PRECAUTION

Since medical history and examination cannot reliably identify all persons infected with HIV or other bloodborne pathogens, blood and body fluid precautions should be consistently used in all instances.

August 1987 CDC "Recommendations for Prevention of HIV Transmission":

1. All health-care workers should consider all patients as potentially infected with HIV and/or other bloodborne pathogens and to adhere rigorously to infection-control precautions for minimizing the risk of exposure to blood and body fluids of all patients.

2. Gloves should be worn for touching blood and body fluids, mucous membranes or nonintact skin of all patients, for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Gloves should be changed after contact with each patient. Glove boxes will be mounted in every patient room.

3. Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose and eyes.

4. Gowns or aprons should be worn during procedures that are likely to generate splashes or blood or other body fluids.

5. Needlestick injuries - Employees who get a needlestick injury should report it to a health- care provider for evaluation.

6. Cleaning agents - Any EPA approved cleaning agent (e.g., Staphene, Bactophene) can be used on blood and body fluid spills.

7. Dermatitis - An employee who has weeping or exudative dermatitis should be evaluated before working with patients or handling contaminated equipment.

8. Specimens - All specimens should be placed in a secured container. Any blood or body fluid spillage should be cleaned immediately with a 1:10 - 1:100 sodium hypochlorite solution or an approved EPA disinfectant.

9. Reusable equipment going to CSS from patients with Blood and Body Fluids signs on their door will be handled as other equipment and does not require bagging.

10. Linen from patients on Isolation/Precaution will no longer be placed in red linen bags. All linen will be placed in white bags with the exception of Nursery (blue), or (green), and Burn Center (yellow).

CONTINUE PRESENT GUIDELINES UNTIL FURTHER NOTICE FOR THE FOLLOWING:

1. Manual ventilation bags, airways, goggles are to be placed in rooms of HIV positive patients.

2. Specimens from patients with Blood and Body Fluid signs on the door should be labeled as required and placed in Ziploc bags.

APPENDIX C

HEPATITIS B VACCINE DECLINATION
(MANDATORY)

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.

_____
Employee Name - Print

_____
Employee Signature

_____
Social Security Number

_____
Date

APPENDIX D

BLOODBORNE PATHOGEN WORKPLACE SELF-INSPECTION

DATE:_____ INSPECTOR'S NAME: _____

1. WORK PRACTICE BEING PERFORMED.

2. AREAS OF NONCOMPLIANCE.

3. CORRECTIVE ACTIONS TAKEN OR RECOMMENDED.

INSPECTOR'S SIGNATURE _____

DATE CORRECTIVE ACTION COMPLETED _____

APPENDIX E

OSHA BLOODBORNE STANDARD CHECK SHEET

Supervisor _____ Department _____

Safety and Health Officer _____ Department _____

Yes	No	Description	Comments
•	•	Exposure determination made for routine and reasonably anticipated tasks or potential exposure to blood, body fluids or other potentially infectious materials and classify work related tasks.	
•	•	Work practices to include Exposure Control Plan. The department's oral or written policy and implementation of work practices relating to the control of infectious disease for all identified at risk tasks where employees may be exposed to direct contact with body fluids.	
•	•	Are engineering controls used as the primary method to reduce workers exposure to harmful substances?	
•	•	Are specific items provided where personal protective equipment is required? 29 CFR 1910.132.	
•	•	Signs for research labs and labels affixed to containers of blood or infectious waste or are containers color-coded; labels affixed to all refrigerators and freezers containing blood or infectious materials? 29 CFR 1910.145 (F).	
•	•	Are infectious waste disposal and sanitation control procedures followed: 29CFR 1910.141(a)(4)(I)&(ii) general housekeeping effective, requirements 29 CFR 1910.22(a)(1)&(a)(2)?	
•	•	Records documenting employee training in Exposure Control Plan and work practices in control of bloodborne Pathogen transmission for all identified at risk employees.	

APPENDIX E (continued)

- Immunization and testing policy and procedure.

- Worksite surveys conducted at annual intervals to verify work practices are observed and that protective clothing and equipment are provided and properly used. Management evaluation of Exposure Control Plan annually to review Effectiveness of training and employee/management work practices conforms with training, policy and procedures.

- Are administrative procedures used to classify job tasks, work practices, training records, dates and content of all training sessions and names and qualifications of persons conducting training as well as names of all receiving training on file?

- Records of routine inspections of the workplace.

- Records of incidents of exposure to body fluids or tissue exposure conditions, evaluation and corrective measures.

- Medical records for employees.

APPENDIX F

BLOODBORNE PATHOGEN TRAINING RECORD

DATE:_____ INSTRUCTOR: _____

INSTRUCTOR QUALIFICATION:

_____
_____
_____
_____
_____

SUMMARY OF TRAINING COURSE CONTENTS:

_____
_____
_____
_____
_____
_____
_____

ATTENDANCE:

NAME	DEPARTMENT	SOCIAL SECURITY #

NOTE: Upon completion forward a copy of this training record to Human Resources

APPENDIX G

EXPOSURE INCIDENT REPORT FOR
BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS

Employee_____ Department_____

Supervisor_____ Date of Incident_____ Time of Incident_____

Description of Incident and Procedure Being Performed:

_____

_____

_____

Nature of Exposure (parenteral, non-intact skin, mucous membrane):

_____

_____

_____

Engineering Controls in Place at Time of Incident:

_____

_____

_____

Work Practice Controls in Use:

_____

_____

_____

PPE Being Used:

_____

_____

_____

APPENDIX G (continued)

Policy or Exposure Control Failures Involved in Incidents:

_____

_____

_____

Employee/Department Response to Incident:

_____

_____

_____

Recommendations for Corrective Measures:

_____

_____

_____

_____ _____

Environmental Health & Safety Department Date