

**Bloodborne
Pathogens
Standard**



Model Exposure Control Plan and Employer Guide

**Bloodborne Pathogens
Standard
29 CFR 1910.1030**



**Public Employees
Occupational Safety
and Health Program**

Revised January 2003



**James E. McGreevey
Governor**



**Clifton R. Lacy, M.D.
Commissioner**



**Albert G. Kroll
Commissioner**



State of New Jersey
DEPARTMENT OF HEALTH AND SENIOR SERVICES
PO BOX 360
TRENTON, N.J. 08625-0360

JAMES E. MCGREEVEY
Governor

www.state.nj.us/health

CLIFTON R. LACY, M.D.
Commissioner

January 2003

Dear Public Employer:

The PEOSH Bloodborne Pathogens Standard was published in the New Jersey Register on July 6, 1993 and applies to all employees with occupational exposure to blood or other potentially infectious materials. In order to assist employers in complying with the standard, the New Jersey Department of Health and Senior Services (NJDHSS) Public Employees Occupational Safety and Health (PEOSH) Program developed an *Employer Guide and Model Exposure Control Plan* in December 1993.

The revised PEOSH Bloodborne Pathogens Standard was adopted on September 4, 2001. The revised standard applies to all public employees with occupational exposures to blood or other potentially infectious materials. The Bloodborne Pathogens Standard (29 CFR 1910.1030(c)) requires that each employer, having an employee(s) with occupational exposure, establish a written Exposure Control Plan (ECP) designed to eliminate or minimize such exposure. **The ECP should reflect the new requirements of the revised standard, which include additional definitions (e.g., engineering controls); solicitation of input from non-managerial employees; and maintaining a sharps injury log.**

To assist you in your efforts to comply with the revised Bloodborne Pathogens Standard, the NJDHSS PEOSH Program has provided you with this revised *Bloodborne Pathogens Standard Model Exposure Control Plan and Employer Guide*. The Model is written in a clear, concise manner and contains relevant reference materials, samples of all forms needed to fulfill recordkeeping requirements, and other appropriate information. The Model is designed to guide you through the compliance process. **Areas in bold type in the Exposure Control Plan (ECP) refer to the new requirements in the revised standard.** After your revised ECP is developed and implemented, the plan will help protect employees from occupational exposure to hepatitis B virus (HBV), hepatitis C virus (HCV), human immunodeficiency virus (HIV), as well as other bloodborne pathogens within their workplace.

As its title indicates, the *Bloodborne Pathogens Standard Model Exposure Control Plan and Employer Guide* is intended to serve as an employer compliance guide to the revised Bloodborne Pathogens Standard (Appendix R). A central component of your compliance effort will be the development of an ECP tailored to your worksite. At a minimum, the plan should include the following elements:

- statement of employer policy

- designation of employees responsible for implementation of various plan elements
- determination of employee exposure
- implementation of various methods of exposure control, including:
 - universal precautions
 - engineering controls and work practices
 - personal protective equipment
 - training
 - hepatitis B vaccination
 - post-exposure evaluation and follow-up
 - housekeeping
 - labeling
 - employer recordkeeping

Before proceeding to use this document, you should have read the revised Bloodborne Pathogens Standard found in Appendix R. After you have familiarized yourself with the standard, follow the Model Exposure Control Plan in the order in which it is presented, adding information specific to your worksite wherever indicated. The Model must be completed in its entirety if you wish to be assured that your ECP complies with the revised standard. You will note that in several places within the Model, it will be necessary for you to exercise judgement as to how you will proceed. References to hepatitis C have been added to reflect the U.S. Public Health Service, Centers for Disease Control and Prevention's (CDC) recommendation to include blood-testing for hepatitis C antibody (in addition to hepatitis B and HIV blood-testing) following an exposure incident.

The *Bloodborne Pathogens Standard Model Exposure Control Plan and Employer Guide* also contains forms that may be used to comply with recordkeeping requirements of the Standard. Information pamphlets, highlights of the program's requirements, and a resource list are also provided to assist employers with the training provisions of the Standard. Note that PEOSH now offers expanded educational and consultative services. The Model will be available in a usable form on the PEOSH website: www.state.nj.us/health/peoshweb.

If you have any questions regarding the revised Model ECP, the revised Bloodborne Pathogens Standard, or need further assistance, please contact the NJDHSS, PEOSH Program, at (609) 984-1863.

Sincerely,

Eric Beckhusen, Acting Program Manager
Public Employees Occupational Safety
and Health Program

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INTRODUCTION

Acquired Immune Deficiency Syndrome (AIDS), hepatitis B, and hepatitis C warrant serious concern for workers occupationally exposed to blood and certain other body fluids that contain bloodborne pathogens. It is estimated nationally that more than 5.6 million workers in health care and public safety occupations could be potentially exposed. In recognition of these potential hazards, the New Jersey Public Employees Occupational Safety and Health Program has adopted the Occupational Safety and Health Administration (OSHA) regulation [Bloodborne Pathogens 29 Code of Federal Regulations (CFR) 1910.1030] to help protect New Jersey public workers from these health hazards.

The major intent of this regulation is to prevent the transmission of bloodborne diseases within potentially exposed workplace occupations. The standard is expected to reduce and prevent employee exposure to the human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV) and other bloodborne diseases. The Occupational Safety and Health Administration (OSHA) estimates the standard could prevent more than 200 deaths and about 9,000 infections per year from HBV alone. The standard requires that employers follow universal precautions, which means that all blood or other potentially infectious materials must be treated as being infectious for HIV, HBV, and other bloodborne pathogens. (This includes hepatitis C.) Each employer must determine the application of universal precautions by performing an employee exposure evaluation. If employee exposure is recognized, as defined by the standard, then the standard mandates a number of requirements. One of the major requirements is the development of an Exposure Control Plan, which mandates engineering controls, work practices, personal protective equipment, HBV vaccinations and training. The standard also mandates practices and procedures for housekeeping, medical evaluations, hazard communication, and recordkeeping.

POLICY

The Collingswood Board of Education is committed to provide a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with the PEOSH Bloodborne Pathogens Standard, Title 29 Code of Federal Regulations 1910.1030.

The ECP is a key document to assist our facility in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- I.** Employee exposure determination
- II.** The procedures for evaluating the circumstances surrounding an exposure incident, and
- III.** The schedule and method for implementing the specific sections of the standard, including:
 - < Methods of compliance
 - < Hepatitis B vaccination and post-exposure follow-up
 - < Training and communication of hazards to employees
 - < Recordkeeping

PROGRAM ADMINISTRATION

- Alfred Hird is responsible for the implementation of the ECP and will maintain and update the written ECP at least annually and whenever necessary to include new or modified tasks and procedures.
- Those employees who are reasonably anticipated to have contact with or exposure to blood or other potentially infectious materials are required to comply with the procedures and work practices outlined in this ECP.
- Alfred Hird will have the responsibility for written housekeeping protocols and will ensure that effective disinfectants are purchased.
- District Nurses will be responsible for ensuring that all medical actions required are performed and that appropriate medical records are maintained.
- Alfred Hird will be responsible for training, documentation of training, and making the written ECP available to employees, PEOSH and NIOSH representatives.
- Alfred Hird will maintain and provide all necessary personal protective equipment (PPE), engineering controls (i.e., sharp containers, self-sheathing needles, etc.), labels and red bags as required by the standard. Alfred Hird will ensure that adequate supplies of the aforementioned equipment are available.

EMPLOYEE EXPOSURE DETERMINATION

I. Employee Exposure Determination

- A. As part of the exposure determination section of our ECP, the following is a list of all job classifications at our establishment in which **all** employees have occupational exposure:

Building Custodians _____

Nurses _____

- B. The following is a list of job classifications in which **some** employees at our establishment have occupational exposure. Included are a list of tasks and procedures in which occupational exposure may occur for these individuals.

Teachers _____

Maintenance Staff _____

All exposure determinations for A and B were made without regard to the use of Personal Protective Equipment (PPE).

If needed, additional job classification lists and task sheets for Section A and B are provided in the Appendix Section (see Appendix A-3 and A-4).

Note to Employer: “Good Samaritan” acts which result in exposure to blood or other potentially infectious materials from assisting a fellow employee (i.e., assisting a coworker with nosebleed, giving CPR or first aid) are not included in the Bloodborne Pathogens Standard. PEOSH, however, encourages employers to offer Post-Exposure Evaluation and Follow-up in such cases.

EFFECTIVE DATES

II. Effective Dates:

The Bloodborne Pathogens Standard was published in the New Jersey Register on July 6, 1993. The standard became operative on October 4, 1993. The dates for completing the different parts of the Standard were:

Exposure Control Plan	December 3, 1993
Recordkeeping	January 6, 1994
Information and Training	January 6, 1994
Methods of Compliance (Except Universal Precautions)	February 6, 1994
Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-Up	February 6, 1994
Labels and Signs	February 6, 1994
PEOSH Revised Bloodborne Pathogens Standard Published in New Jersey Register	September 4, 2001 (Effective Date)

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this Exposure Control Plan.

EXPOSURE CONTROL PLAN

III. Methods of Implementation and Control

1.0 Universal Precautions

1.1 All employees will utilize Universal Precautions. Universal Precautions is an infection control method which requires employees to assume that all human blood and specified human body fluids are infectious for HIV, HBV and other bloodborne pathogens and must be treated accordingly. (This includes hepatitis C.)

2.0 Exposure Control Plan (ECP)

2.1 Employees covered by the Bloodborne Pathogens Standard will receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees will have an opportunity to review this Plan at any time during their work shifts by contacting Alfred Hird. Employees seeking copies of the Plan may contact Alfred Hird. A copy of the Plan will be made available free of charge and within 15 days of the request.

2.2 Alfred Hird will be responsible for reviewing and updating the ECP annually or sooner if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

3.0 Engineering Controls and Work Practices

3.1 Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practices used are listed below:

- *For example, non-glass capillary tubes, sharps with engineered sharps injury protections (SESIP's), needleless systems*

- _____
- _____

Sharps disposal containers are inspected and maintained or replaced by (Name of responsible person or department) every (list frequency) or whenever necessary to prevent overfilling.

This facility identifies the need for changes in engineering controls and work practices through Examples: review of PEOSH records, employee interviews, committee activities, etc.

We evaluate new procedures or new products regularly by (Describe the process, literature reviewed, supplier information, products considered)

Both front-line workers and management officials are involved in this process. (Describe how employees will be involved)

Alfred Hird will ensure effective implementation of these recommendations.

ENGINEERING CONTROLS

Examples of engineering controls include, but are not limited to:

- self-sheathing needles
- puncture-resistant disposal containers for contaminated sharps
- sharps with engineered sharps injury protections (SESIPs)
- needleless systems

Examples of work practice controls include, but are not limited to:

- providing readily accessible hand washing facilities
- washing hands immediately or as soon as feasible after removal of gloves
- at non-fixed sites (i.e., emergency scenes, mobile blood collection sites) which lack hand washing facilities, providing interim hand washing measures, such as antiseptic towelettes and paper towels. Employees can later wash their hands with soap and water as soon as feasible
- washing body parts as soon as possible after skin contact with blood or other potentially infectious materials occurs
- prohibiting the recapping or bending of needles
- shearing or breaking contaminated needles is prohibited
- labeling
- equipment decontamination

PERSONAL PROTECTIVE EQUIPMENT

- prohibiting eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses in work area where there is a likelihood of occupational exposure
- prohibiting food and drink from being kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present
- requiring that all procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, splattering, and generation of droplets of these substances
- placing specimens of blood or other potentially infectious materials in a container which prevents leakage during collection, handling, processing, storage, transport or shipping
- examining equipment which may become contaminated with blood or other potentially infectious materials prior to servicing or shipping and decontaminating such equipment as necessary. Items will be labeled per the standard if not completely decontaminated

4.0 Personal Protective Equipment (PPE)

Personal protective equipment must be used if occupational exposure remains after instituting engineering and work practice controls, or if the controls are not feasible. Training will be provided by District Nurses or Alfred Hird in the use of the appropriate personal protective equipment for employees' specific job classifications and tasks/procedures they will perform.

Additional training will be provided, whenever necessary, such as if an employee takes a new position or if new duties are added to their current position.

Appropriate personal protective equipment is required for the following tasks; the specific equipment to be used is listed after the task:

Task	Equipment
_____	_____
_____	_____
_____	_____
_____	_____

PERSONAL PROTECTIVE EQUIPMENT

Note to Employer: The employer should decide how to make PPE "readily accessible" for employees' use. Specify in writing what will be issued, how, when and who will provide the PPE. For large facilities which might have numerous tasks present, a summary of the tasks and required PPE can be used. The important part to remember is that it is imperative that employees wear appropriate protective body coverings such as gowns, aprons, caps, and boots when occupational exposure is anticipated. The type and characteristics will depend upon the task and degree of exposure anticipated.

PPE items include:

- < gloves
- < masks
- < gowns
- < eye protection (splash-proof goggles, safety glasses with side shields)
- < laboratory coats
- < resuscitation bags and mouthpieces
- < face shields

Note to Employer: Employers with first aid responders are reminded to have quick access to kits having impervious gloves, resuscitation bags or mouthpieces, eye protection, aprons, disinfectant towelettes for hand washing, and red bags or biohazard-labeled bags.

4.2 As a general rule, all employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- Remove protective equipment before leaving the work area and after a garment becomes contaminated.
- Place used protective equipment in appropriately designated areas or containers being stored, washed, decontaminated, or discarded.

PERSONAL PROTECTIVE EQUIPMENT

Note to Employer: Designate areas or containers which are to be used and their location.

{ _____

- Wear appropriate gloves when it can be reasonably anticipated that you may have contact with blood or other potentially infectious materials and when handling or touching contaminated items or surfaces. Replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
- Following any contact of body areas with blood or any other infectious materials, you must wash your hands and any other exposed skin with soap and water as soon as possible. Employees must also flush exposed mucous membranes (eyes, mouth, etc) with water.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised. The decontamination procedure will consist of _____.
- Discard utility gloves when they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate *disposable* gloves for reuse or before disposal.
- Wear appropriate face and eye protection such as a mask with glasses with solid side shields or a chin-length face shield when splashes, sprays, splatters, or droplets of blood or other potentially infectious materials pose a hazard to the eye, nose, or mouth.
- If a garment is penetrated by blood and other potentially infectious materials, the garment(s) must be removed immediately or as soon as feasible. If a pullover scrub (as opposed to scrubs with snap closures) becomes minimally contaminated, employees should be trained to remove the pullover scrub in such a way as to avoid contact with the outer surface; e.g., rolling up the garment as it is pulled toward the head for removal.

TRAINING

However, if the amount of blood exposure is such that the blood penetrates the scrub and contaminates the inner surface, not only is it impossible to remove the scrub without exposure to blood, but the penetration itself would constitute exposure. It may be prudent to train employees to cut such a contaminated scrub to aid removal and prevent exposure to the face.

- < Repair and/or replacement of PPE will be at no cost to employees.

Refer to Appendix I for additional information on PPE.

5.0 Training

5.1 All employees who have or are reasonably anticipated to have occupational exposure to bloodborne pathogens will receive training conducted by District Nurses will provide training on the epidemiology of bloodborne pathogen diseases. OSHA pamphlet “Occupational Exposure to Bloodborne Pathogens” and Fact Sheets located in the Appendix Section and _____ will be used to inform employees of the epidemiology, symptoms, and transmission of bloodborne diseases. In addition, the training program will cover, at a minimum, the following elements:

- < A copy and explanation of the revised standard
- < Epidemiology and symptoms of bloodborne pathogens
- < Modes of transmission
- < Our Exposure Control Plan and how to obtain a copy
- < Methods to recognize exposure tasks and other activities that may involve exposure to blood
- < Use and limitations of Engineering Controls, Work Practices, and PPE
- < PPE - types, use, location, removal, handling, decontamination, and disposal
- < PPE - the basis for selection

TRAINING

- < Hepatitis B Vaccine - offered free of charge. Training will be given prior to vaccination on its safety, effectiveness, benefits, and method of administration (See Appendix P)
- Emergency procedures - for blood and other potentially infectious materials
- Exposure incident procedures
- Post-exposure evaluation and follow-up
- Signs and labels - and/or color coding
- Questions and answer session

Note to Employer: The training materials, such as overheads, pictures, work sheets, pamphlets, etc., can be made a part of the ECP.

An Employee Education and Training Record (see Appendix B) will be completed for each employee upon completion of training. This document will be kept with the employee's records at Board Office.

TRAINING PROGRAM ELEMENTS

Highlights of Training Program Elements

-
- γ Contents of revised standard
 - γ Epidemiology of bloodborne diseases
 - γ Exposure Control Plan
 - γ Job duties with exposure
 - γ Types of controls
 - γ Protective equipment
 - γ Hepatitis B vaccination program
 - γ Emergency procedures
 - γ Post-exposure procedures
 - γ Signs/labels/(color coding)
 - γ Question and answer session
-

HEPATITIS B VACCINATION

6.0 Hepatitis B Vaccination

6.1 District Nurses will provide information on hepatitis B vaccinations addressing its safety, benefits, efficacy, methods of administration and availability. A general overview of these considerations is given in Appendix L for review. The hepatitis B vaccination series will be made available at no cost within 10 days of initial assignment of employees who have occupational exposure to blood or other potentially infectious materials unless:

- the employee has previously received the series
- antibody testing reveals that the employee is immune
- medical reasons prevent taking the vaccination; or
- the employee chooses not to participate

Hepatitis B vaccination will be provided by *(list healthcare professional at location)* _____

All employees are strongly encouraged to receive the hepatitis B vaccination series. However, if an employee chooses to decline HB vaccination, then the employee must sign a statement to this effect.

Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the HB vaccination (see Appendix C2) will be kept in _____ with the employee's other medical records.

Appendix C1 is an optional form that may be used to record the employee vaccination series information.

Note to Employer: To ensure that employees are aware of the importance of the hepatitis B vaccination, it is necessary to thoroughly discuss the efficacy, safety, methods of administration, benefits of the vaccination, the fact that it is given at no cost, and during work hours.

HEPATITIS B VACCINATION

Highlights of Hepatitis B Vaccination Other Requirements

- γ Participation in pre-screening is not a prerequisite for receiving the hepatitis B vaccination
- γ Hepatitis B vaccination provided even if employee declines but later accepts vaccine
- γ Employee must sign statement when declining HB vaccination
- γ Vaccination administered in accordance with United States Public Health Service (USPHS) recommended protocol*
- γ HB vaccination booster doses must be available to employees if recommended by USPHS

Antibody Testing after the Hepatitis B Vaccination

The CDC stated in their latest report* that health-care personnel (HCP) (e.g., employees, students attending clinicians, public safety workers or volunteers) who have contact with patients or blood and are at ongoing risk for percutaneous injuries should be tested 1-2 months after completion of the 3-dose vaccination series for antibodies for hepatitis B surface antigen (anti-HBs).

The PEOSH Bloodborne Pathogens Standard (29 CFR 1910.1030) requires that the most recent CDC guidelines be followed regarding the hepatitis B vaccine and post-exposure follow-up. *Therefore, employers of New Jersey public safety workers (e.g., EMT's, police, firefighters, corrections officers) and other public employees covered under the PEOSH Bloodborne Pathogens Standard must determine if their employees are at ongoing risk for percutaneous injuries. If so, then the employer is required to offer blood testing to those employees 1-2 months after completion of the 3-dose vaccination series for antibodies for hepatitis B surface antigen (anti-HBs). (If the employee does not respond to the primary vaccine, consult the CDC report* for additional recommendations.) The employer does not have to offer antibody testing to those employees who have been previously vaccinated.*

* See the "Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposure to HBV, HCV, and HIV and Recommendations for Post Exposure Prophylaxis (June 29, 2001/50 (RR11); 1-42 at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5o11a1.htm>

POST EXPOSURE EVALUATION

7.0 Post Exposure Evaluation and Follow-up and Procedures for Reporting, Documenting and Evaluating the Exposure

- 7.1 Should an exposure incident occur contact a District Nurse immediately. Each exposure must be documented by the employee on an “Exposure Report Form” (see Appendix D). Alfred Hird will add any additional information as needed.

An immediately available confidential medical evaluation and follow-up will be conducted by District Nurses or Alfred Hird. The following elements will be performed:

- Document the routes of exposure and how exposure occurred.
- Identify and document the source individual (see Appendix E), unless the employer can establish that identification is infeasible or prohibited by State or local law (See Note #1).
- Obtain consent (See Note #2) and test source individual's blood as soon as possible to determine HIV and HBV infectivity (See footnote) and document the source's blood test results.
- If the source individual is known to be infected with either HIV or HBV (See footnote), testing need not be repeated to determine the known infectivity.
- Provide the exposed employee with the source individual's test results and information about applicable disclosure laws and regulations concerning the source identity and infectious status.
- After obtaining consent, collect exposed employee's blood as soon as feasible after the exposure incident and test blood for HBV and HIV serological status. (See footnote)
- If the employee does not give consent for HIV serological testing during the collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days. (See Note #3)

Appendix D “Exposure Incident Report” and Appendix E “Request for Source Individual Evaluation” and Appendix F “Employee Exposure Follow-Up Record” (see Note #4) will be provided to the employee so they may bring them along with any additional relevant medical information to the medical evaluation. Original copies of these appendixes will be maintained with the employee's medical records.

* Update: The U .S. Public Health Service, Centers for Disease Control and Prevention (CDC) recommend including blood-testing of the source and the exposed individual for the presence of hepatitis C antibody (anti-HCV). See footnote, page 16 and Appendix M.

POST EXPOSURE EVALUATION

Alfred Hird or District Nurses will review the circumstances of the exposure incident to determine if procedures, protocols and/or training need to be revised.

Note to Employer:

Note #1 New Jersey Law (N.J.S.A. 26-5C et. seq.) and Regulation (N.J.A.C. 8:57-2) requires information about AIDS and HIV to be kept confidential. While the law requires reporting of positive HIV results to the State Health Department, the law strictly limits disclosure of HIV-related information. When disclosure of HIV-related information is authorized by a signed release, the person who has been given the information **MUST** keep it confidential. Redisclosure may occur **ONLY** with another authorized signed release.

Note #2 If, during this time, the exposed employee elects to have the baseline sample tested, testing shall be done as soon as feasible.

Note #3 Appendixes D, E, and F are optional forms which have been provided to assist employers with gathering information that is required by the standard. If an employer chooses not to use these forms, this information must still be provided and recorded in accordance with the Standard: Also note that HIV Confidential Case Report form and/or the AIDS Adult Confidential Case Report form, as well as, the HIV Testing Policy information applicable to New Jersey public sector employers can be obtained by contacting:

The New Jersey State Department of Health
and Senior Services
Data Analysis Unit
PO Box 363
Trenton, New Jersey 08625-0363
(609) 984-6204

Note #4 Following an exposure incident, prompt medical evaluation and prophylaxis is imperative. Timeliness is, therefore, an important factor in effective medical treatment

POST EXPOSURE EVALUATION

Highlights of Post Exposure Evaluation and Follow-Up Requirements

- γ Documentation of exposure routes and how exposure incident occurred
- γ Identification and documentation of source individual's infectivity, if possible
- γ Collection and testing of employee's blood for HBV and HIV serological status (employee's consent required) (See footnote)
- γ Post-exposure prophylaxis when medically indicated
- γ Counseling
- γ Evaluation of reported illnesses

For Health Care Providers and Health Care Professionals there is a 24-hour Hotline where clinicians can obtain post-exposure prophylaxis treatment guidelines.

For staff that has been exposed, the Hotline also provides counseling on treatment issues.

The Toll-free number is: 1-888-448-4911, 24 hours a day, 7 days a week, on call staff can always be reached.

The internet address is: www.ucsf.edu/hivcntr

Once you access the Internet go onto the PEPLINE (Post-exposure prophylaxis)

* Update: The U.S. Public Health Service, Centers for Disease Control and Prevention (CDC) recommend including blood-testing of the source and the exposed individual for the presence of hepatitis C antibody (anti-HCV). See footnote, p. 16 and Appendix M.

HEALTH CARE PROFESSIONALS

8.0 Health Care Professionals

8.1 District Nurses will ensure that health care professionals responsible for employee's HB vaccination and post-exposure evaluation and follow-up be given a copy of the PEOSH Bloodborne Pathogens Standard. _____ will also ensure that the health care professional evaluating an employee after an exposure incident receives the following:

- a description of the employee's job duties relevant to the exposure incident
- route(s) of exposure
- circumstances of exposure
- if possible, results of the source individual's blood test; and
- relevant employee medical records, including vaccination status

8.2 Healthcare Professional's Written Opinion

_____ will provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days after completion of the evaluation.

For HB vaccinations, the healthcare professional's written opinion will be limited to whether the employee requires or has received the HB vaccination.

The written opinion for post-exposure evaluation and follow-up will be limited to whether or not the employee has been informed of the results of the medical evaluation and any medical conditions which may require further evaluation and treatment.

All other diagnoses must remain **confidential** and not be included in the written report to our facility.

Note to Employer: If the employer is also the health care professional, the employer must ensure that the results of the employee's post-exposure evaluation remain confidential from his/her co-workers.

8.3 Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

Alfred Hird or District Nurses will review the circumstances of all exposure incidents to determine.

- **engineering controls in use at the time**
- **work practices followed**
- **a description of the device being used (including type and brand)**
- **protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)**
- **location of the incident**
- **procedure being performed when the incident occurred**
- **employee's training**

HEALTH CARE PROFESSIONALS

District Nurses will record all percutaneous injuries from contaminated sharps in the Sharps Injury Log.

If it is determined that revisions need to be made, District Nurses and/or Alfred Hird will ensure that appropriate changes are made to this ECP. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

HOUSEKEEPING

9.0 Housekeeping

9.1 Alfred Hird and Brandon Davis has developed and implemented a written schedule for cleaning and decontaminating work surfaces as indicated by the standard.

Cleaning Schedule

Area	Scheduled Cleaning (Day/Time)	Cleaners and Disinfectants Used	Specific Instructions

HOUSEKEEPING

- ❑ Decontaminate work surfaces with an appropriate disinfectant after completion of procedures, immediately when overtly contaminated, after any spill of blood or other potentially infectious materials, and at the end of the work shift when surfaces have become contaminated since the last cleaning.
- ❑ Remove and replace protective coverings such as plastic wrap and aluminum foil when contaminated.
- ❑ Inspect and decontaminate, on a regular basis, reusable receptacles such as bins, pails, and cans that have a likelihood for becoming contaminated. When contamination is visible, clean and decontaminate receptacles immediately, or as soon as feasible.
- ❑ Always use mechanical means such as tongs, forceps, or a brush and a dust pan to pick up contaminated broken glassware; never pick up with hands even if gloves are worn.
- ❑ Store or process reusable sharps in a way that ensures safe handling.
- ❑ Place regulated waste in closable and labeled or color-coded containers. When storing, handling, transporting or shipping, place other regulated waste in containers that are constructed to prevent leakage.
- ❑ When discarding contaminated sharps (including safer medical devices), place them in containers that are closable, puncture-resistant, appropriately labeled or color-coded, and leak-proof on the sides and bottom.
- ❑ Ensure that the sharps containers are easily accessible to personnel and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found. Sharps containers also must be kept upright throughout use, replaced routinely, closed when moved, and not allowed to overfill.
 - < Never manually open, empty, or clean reusable contaminated sharps disposal containers.
 - < Discard all regulated waste according to federal, state, and local regulations, i.e., liquid or semi-liquid blood or other potentially infectious material; items contaminated with blood or other potentially infectious materials that would release these substances in a liquid or semi-liquid state if compressed; items caked with dried blood or other potentially infectious materials and capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

HOUSEKEEPING

9.2 Laundry

The following contaminated articles will be laundered:

{ _____

Laundry will be performed by _____
at _____.

The following requirements must be met, with respect to contaminated laundry:

- < Handle contaminated laundry as little as possible and with a minimum of agitation.
- < Use appropriate personal protective equipment when handling contaminated laundry.
- < Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transporting.
- < Bag contaminated laundry at its location of use.
- < Never sort or rinse contaminated laundry in areas of its use.

HOUSEKEEPING

- *Use red laundry bags or those marked with the biohazard symbol unless universal precautions are in use at the facility and all employees recognize the bags as contaminated and have been trained in handling the bags.
- *All generators of laundry must have determined if the receiving facility uses universal precautions. If universal precautions are not used, then clearly mark laundry sent off-site with orange biohazard labels or use red bags. Leak proof bags must be used when necessary to prevent soak-through or leakage.
- When handling and/or sorting contaminated laundry, utility gloves and other appropriate personal protective equipment (i.e., aprons, mask, eye protection) shall be worn.
- Laundries must have sharps containers readily accessible due to the incidence of needles and sharps being unintentionally mixed with laundry.
- Linen soiled with blood or body fluids should be placed and transported in bags that prevent leakage. If hot water is used, linen should be washed with detergent in water at least 140°F - 160°F for 25 minutes. If low-temperature (<140°F) laundry cycles are used, chemicals suitable for low-temperature washing at proper use concentration should be used.
- * **NOTE:** For these items specify below which labeling system, red bags or biohazard labeling, will be used for laundering.

LABELING

10.0 Laundry

10.1 The following labeling method(s) will be used at our facility:

{ _____

_____ will ensure warning labels are affixed or red bags are used as required. Employees are to notify _____ if they discover unlabeled regulated waste containers.

Note to Employer: The employer must specify which warning methods are used and communicate this information to all employees. The standard requires that fluorescent orange or orange-red warning labels be attached to: (1) containers of regulated waste; (2) refrigerators and freezers containing blood and other potentially infectious materials; (3) sharps disposal containers; (4) laundry bags and containers; (5) contaminated equipment for repair (portion contaminated); and (6) other containers used to store, transport, or ship blood or other potentially infectious materials. These labels are not required when: (1) red bags or red containers are used; (2) containers of blood, blood components, or blood products are labeled as to their contents and have been released for transfusion or other clinical use; and (3) individual containers of blood or other potentially infectious materials are placed in a labeled container during storage, transport, shipment or disposal. The warning label must be fluorescent orange or orange-red, contain the biohazard symbol and the word "BIOHAZARD" (See Appendix H) in a contrasting color, and be attached to each object by string, wire, adhesive, or other method to prevent loss or unintentional removal of the label.

RECORDKEEPING

11.0 Recordkeeping

11.1 Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records".

_____ is responsible for maintenance of the required medical records and they are kept at _____.

NOTE: Refer to the Appendix Section for copies of applicable medical record forms.

In addition to the requirements of 29 CFR 1910.1020, the medical record will include:

- The name and social security number of employee;
- A copy of the employee's hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination;
- A copy of all results of examinations, medical testing, and follow-up procedures as required by the standard;
- A copy of all healthcare professional's written opinion(s) as required by the standard.

All employee medical records will be kept **confidential** and will not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by the standard or as may be required by law.

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

Employee medical record shall be provided upon request of the employee or to anyone having written consent of the employee within 15 working days.

RECORDKEEPING

11.2 Training Records

Bloodborne pathogen training records will be maintained by Alfred Hird at B&G Office (see Appendix B).

The training record shall include:

- the dates of the training sessions;
- the contents or a summary of the training sessions;
- the names and qualifications of persons conducting the training;
- the names and job titles of all persons attending the training sessions.

Training records will be maintained for a minimum of three (3) years from the date on which the training occurred.

Employee training records will be provided upon request to the employee or the employee's authorized representative within 15 working days.

11.3 Transfer of Records

If _____ ceases to do business and there is no successive employer to receive and retain the records for the prescribed period, the employer shall notify the Director of the National Institute for Occupational Safety and Health (NIOSH) at least three (3) months prior to scheduled record disposal and prepare to transmit them to the Director.

MEDICAL RECORDS

Highlights of Medical Records

- γ Employee name and social security number
 - γ Employee hepatitis B vaccination status
 - γ Medical testing and post-exposure follow-up results
 - γ Healthcare Professional's written opinion
 - γ Information provided to the health care professional
-

TRAINING RECORDS

Highlights of Training Records

-
- γ Training dates
 - γ Training session content or summary
 - γ Names and qualifications of trainers
 - γ Names and job titles of all trainees
-

PEOSH Recordkeeping

An exposure incident is evaluated to determine if the case meets PEOSH's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by (Name of responsible person or department)

Sharps Injury Log

In addition to the 29 CFR 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidences must include at least:

- § the date of the injury
- § the type and brand of the device involved
- § the department or work area where the incident occurred
- § an explanation of how the incident occurred

This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

FIRST AID PROVIDERS

This section only applies to employees who are designated to render first aid assistance, but this assistance is not their primary work assignment. First aid providers who are in this collateral duty category at this facility are listed below for easy reference and also in Section B of the Employer Exposure Determination on page five.

Designated First Aid Providers

{ _____

Our facility has decided to: (check box for facility's specific policy)

- offer hepatitis B vaccination to the first aid provider after a first aid incident
- offer pre-exposure vaccination.

In the event of a first aid incident where blood or other potentially infectious materials (OPIM) are present, the employee(s) providing the first aid assistance is (are) instructed to report to _____ before the end of their workshift.

_____ will maintain a report (Appendix D can be used) which describes name of the first aider, date, time and description of incident.

_____ will ensure that any first aider that desires the vaccine series after an incident involving blood or OPIM will receive it as soon as possible, but no later than twenty four hours after the incident.

_____ will train first aid providers on the specifics of the reporting procedures, in addition to all the training required in Section 5.0 Training.

