

**BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**  
**SOUTHWEST VIRGINIA COMMUNITY COLLEGE**

**I. PURPOSE:**

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

**II. APPLICATION:**

This plan applies to all employees who are engaged in activities that involve exposures to blood or other body fluids. Students are required by clinical contract to comply with the Bloodborne Pathogens Exposure Control Plan, policies, and practices of each clinical hospital site.

**III. RESPONSIBILITY FOR COMPLIANCE:**

The development and administration of this Bloodborne Pathogens Exposure Control Plan will be the responsibility of the Human Resources Manager. These responsibilities will include:

- ❑ Establishing a written exposure control plan and developing a schedule for implementing other provisions of the standard including soliciting input from employees regarding the selection of effective engineering controls.
- ❑ Developing written procedures for cleaning and handling contaminated materials, and for disposing of hazardous waste generated within all buildings and facilities.
- ❑ Providing appropriate personal protective equipment that is readily accessible to identified employees.
- ❑ Providing hepatitis B vaccines under specific circumstances as defined by an exposure determination and/or medical follow-up for exposure incidents.
- ❑ Providing warning labels or color-coded containers for use with hazardous waste.
- ❑ Providing training to current employees within 90 days of the effective date of the plan and initially to new employees and thereafter, annually.
- ❑ Developing written procedures for meeting the requirements for medical record keeping.
- ❑ Providing for retention of medical records for the duration of employment, plus 30 years.

- ❑ Conducting an annual review of the effectiveness of this exposure control plan and updating the plan as needed.

#### **IV. EXPOSURE DETERMINATION:**

Southwest Virginia Community College will determine which employees can reasonably be expected to be exposed to blood or other body fluids containing blood in the course of their work. These employees, for the purposes of compliance with this standard, may include (1) designated first aid providers, i.e. those employees whose primary job assignment would include rendering first aid; and (2) those employees who might render first aid only as a collateral duty.

Note: These exposure determination may be performed by a qualified person, public health or infection control nurse, industrial hygienist or safety professional or a committee consisting of qualified persons with appropriate education, experience and/or training. The committee should include one or more representatives from management employees, and the current Maintenance Contractor.

All decisions relating to bloodborne exposure by job classification will be documented using the form found in Appendix B.

##### **A. Job Classifications**

The Human Resources Manager 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:

- ❑ Law Enforcement Officer I
- ❑ Law Enforcement Officer II
- ❑ Allied Health Faculty
- ❑ PE Instructor
- ❑ Maintenance Employees (These individuals are hired by the Maintenance Contractor who is responsible for providing training, plan development, and regulatory compliance.)

##### **B. Tasks and Procedures**

The Human Resources Manager will determine and develop a list of specific tasks performed by the state employees in the above job classifications in which exposure to bloodborne pathogens may occur (without regard to the use of personal protective equipment) and the safety precautions and personal protective equipment that must be observed and used to prevent contact with bloodborne pathogens (See Appendix C).

Note: These tasks/procedures may include, but not be limited to, the following examples:

Care of minor injuries, i.e., bloody nose, scrape, minor cuts;

Initial care of injuries that require medical or dental assistance, i.e., damaged teeth, broken bone protruding through the skin, severe laceration;

- ❑ Care of students with medical needs, i.e., injections;
- ❑ Care of an injured person in laboratory setting, vocational educational setting, or art class;
- ❑ Care of injured person during a sport activity;
- ❑ Cleaning tasks associated with body fluid spills.

## **V. METHOD OF COMPLIANCE**

The following methods of compliance, as mandated by the OSHA standard, will be incorporated into this exposure control plan. The Maintenance Contractor will determine appropriate specific guidelines for cleaning, decontamination and waste disposal procedures.

Note: The Maintenance Contractor will distribute guidelines to the contract employees and/or post in appropriate locations.

### **A. Universal Precautions**

Universal precautions will be used in order to prevent contact with blood and or potentially infectious materials (OPIM). All blood or other potentially contaminated body fluids will be considered to be infectious. Under circumstances in which differentiation among body fluid types is difficult or impossible, 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.

Annually input will be solicited form non-managerial employees in job classification with occupational exposure regarding the identification, evaluation and selection or effective engineering controls.

- ❑ See Appendix D for a listing of employees involved in the process.
- ❑ See Appendix E for a listing of engineering controls evaluation.

### **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, other 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 F).

#### **D. Handwashing**

- ❑ Southwest Virginia Community College will provide handwashing facilities, which are readily accessible to employee, or when provision for handwashing facilities are not feasible, the college will provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes.
- ❑ Employees will wash hands or any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
- ❑ 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. Do not reuse gloves.

#### **E. Housekeeping and Waste Procedures**

The Maintenance Contractor is responsible for ensuring that the worksite is maintained in a clean and sanitary condition as spelled out in the contractual agreement.

- ❑ Contaminated sharps, broken glass, plastic or other sharp objects will be placed into appropriate sharps containers. The sharps containers will be closeable, puncture resistant, leak proof, and labeled with a biohazard label. Containers will be maintained in upright positions. 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, the Maintenance Contractor will be contacted immediately to obtain an appropriate biohazard container for this material.
- ❑ A contaminated sharps container is located in the Nursing Lab, Tazewell Hall.
- ❑ The Dean of the Math and Science Division will notify the Maintenance Contractor when the sharp containers become  $\frac{3}{4}$  full so that the containers can be disposed of properly.
- ❑ All procedures involving blood or other potentially infectious materials 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; e.g., sucking out snakebites.

#### **F. Personal Protective Equipment**

Where the potential of occupational exposure remains after institution of engineering and work controls, personal protective equipment will be used.

- ❑ Gloves will be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; and when handling or touching contaminated items or surfaces.
- ❑ Disposable 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. Disposable gloves will not be washed or decontaminated for re-use.
- ❑ Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives will be readily accessible to those employees who are allergic to the gloves normally provided.

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 in his/her judgment, in that particular instance, would have imposed an increased hazard to the employee or other, the college will investigate and document the circumstances in order to determine whether changes can be instituted to prevent such occurrences in the future.

## **VII. HEPATITIS B VACCINATION**

**A. Hepatitis B vaccine** will be available for employees whose job assignment includes the rendering of first aid treatment, or who have occupational exposure to blood or OPIM.

- ❑ The college will make the hepatitis B vaccination series available to all employees who have occupational exposure after the employee(s) have been given information on the hepatitis B vaccine, including information on its efficacy, safety, and method of administration and the benefits of being vaccinated. The vaccinations will be offered at no costs to the employee and at reasonable times.
- ❑ The college 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 unless the employee has previously received the complete hepatitis B series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.
- ❑ The hepatitis B vaccination series will be made available to the employee at a reasonable time and place, and performed by or under the supervision of a licensed physician according to the most current recommendations of the US Public Health Service. The college will assure that an accredited laboratory then conducts the laboratory tests.
- ❑ The college will not make participation in a pre-employment screening program a prerequisite for receiving the hepatitis B vaccine.
- ❑ 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, the college will make available the hepatitis B vaccine at that time.

- ❑ The Supervisor of the designated position will assure that employees who decline to accept the hepatitis B vaccine offered by the college will sign the declination statement established under the standard (see Appendix G).
- ❑ If a routine booster dose(s) of hepatitis B vaccine is recommended by the US Public Health Service or other health care provider at a future date, the booster dose(s) will be made available at no charge to the employees.
- ❑ The Human Resources Manager will maintain records regarding HBV vaccinations or declinations.
- ❑ The Human Resources Manager will ensure that the health care professional responsible for employee's hepatitis B vaccination is provided with a copy of this regulation.

**B. Hepatitis B vaccines will be available** for employees who render first aid only as a collateral duty responding sole to injuries resulting from workplace incidents, generally at the location where the incident occurred.

- ❑ The Human Resources Manager will provide the hepatitis B vaccine or vaccination series to those unvaccinated employees whose primary job assignment is not the rendering of first aid only in the event that they render assistance in any situation involving the presence of blood or OPIM as identified in Appendix B.
- ❑ All first aid incidents involving the presence of blood or OPIM will be reported to Campus Police by the end of the workday on which the incident occurred.
- ❑ The exposure incident investigation form in Appendix F 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.
- ❑ This determination is necessary in order to ensure that the proper post-exposure evaluation, prophylaxis and follow-up procedures are made available immediately if there has been an exposure incident as defined by the standard.
- ❑ 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.
- ❑ The hepatitis B vaccination record or declination statement will be completed for each exposed employee (See Appendix G or H). All other pertinent conditions will also be followed for those persons who receive the pre-exposure hepatitis B vaccine.
- ❑ This incident investigation form will be recorded on a list of recorded first aid incidents and will be readily available to employees.

- ❑ This reporting procedure will be included in the training program conducted by the Maintenance Contractor.

## **VII. POST-EXPOSURE EVALUATION AND FOLLOW-UP**

### **A. Exposure Incidents**

Following a report of an exposure incident, the Human Resources Manager will ensure that a confidential medical examination and follow-up is immediately available to the exposed employee and will include at least the following elements (See Appendix I):

- ❑ Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
- ❑ Identification and documentation of the source individual, if possible, or unless the college can establish that identification is infeasible or prohibited by state or local law.
  - 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, we will establish that legally required consent cannot be obtained.
  - 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.
- ❑ For post-exposure prophylaxis, the most current USPHS/CDC guidelines will be followed.
- ❑ Counseling will be made available at no cost to the employee on the implications of testing and post-exposure prophylaxis.
- ❑ An evaluation of any reported illnesses will be conducted.

### **B. Medical Evaluations**

The college 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 one of the Workers' Compensation Panel Physicians.

- ❑ Information provided to the health care professional who evaluates the employee will include;

A description of the employee's duties as they relate to the exposure incident;

Documentation of the route of exposure and the circumstances under which the exposure occurred;

Results of the source individual's blood testing, if consent was given and the results are available;

All medical records relevant to the appropriate treatment of the employee, including vaccination status, which are the college's responsibility to maintain.

- ❑ A copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation will be forwarded to the employee by the college.
- ❑ The health care professional's written opinion for hepatitis B vaccination will be limited to whether hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
- ❑ The health care professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
  - This employee has been informed of the results of the evaluation;
  - 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.
- ❑ All other findings or diagnoses will remain confidential and will not be included in the written report.

## **VIII. COMMUNICATION ABOUT HAZARDS TO EMPLOYEES**

**A. Warning labels** will be affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials. Exception: Red bags or red containers may be substituted for labels.

### **B. Information and Training**

- ❑ The Human Resources Manager is responsible for training and will ensure that all current and new state employees with potential for occupational exposure participate in an initial and annual training program at no cost to employees.
- ❑ Training will be provided at the time of initial assignment to tasks when occupational exposure may take place and at least annually thereafter.
- ❑ Note: For employees who have received training on bloodborne pathogens that preceded the effective date of this standard, only training with respect to the provisions of the standard which were not included need to be provided.



- ❑ Additional training will be provided 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.
- ❑ Only material appropriate in content and vocabulary to the education level, literacy and language of employees will be used in the training. Appendix J contains the required content for training.
- ❑ 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 this workplace.

## **IX. RECORDKEEPING**

### **A. Medical Records (See Appendix I):**

The Human Resources Manager will establish and maintain an accurate medical record for each employee with an occupational exposure. This record will include:

- ❑ Name and social security number of employee
- ❑ A copy of employee's hepatitis B vaccination record or declination form and any additional medical records relative to hepatitis B
- ❑ If exposure incident(s) have occurred, a copy of all results of examinations, medical testing and follow-up procedures
- ❑ If exposure incident(s) have occurred, a copy of the health care professional's written opinion
- ❑ If exposure incident(s) have occurred, a copy of the information provided to the health care professional; i.e., exposure incident investigation form and the results of the source individual's blood testing, if available and if consent has been obtained for release
- ❑ Employee medical records are confidential and are not disclosed or reported without the employee's expressed written consent to any person within or outside of the college, except as required by law. These medical records will be kept separate from other personnel records.
- ❑ These medical records will be maintained for the duration of employment plus 30 years.

### **B. Training Records (See Appendix I) are the responsibility of the Human Resources Manager.**

Training records will include:

- ❑ Date(s) of the training session

- ❑ The contents or a summary of the training sessions
- ❑ Name(s) and qualifications of person(s) conducting the training
- ❑ Name and job titles of all persons attending the training session
- ❑ Training records will be maintained for 3 years from the date the training occurred.

**C. Availability of Records**

- ❑ All records required to be maintained by this standard will be made available upon request for examination and copying to VOSH.
- ❑ Employee training records required by this standard will be provided upon request for examination and copying to employees, to employee representatives.
- ❑ 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.
- ❑ Requirements involving the transfer of records set forth in this standard will be complied with.

**X. EVALUATION AND REVIEW**

The Human Resources Manager will conduct an annual evaluation and review of the effectiveness of this exposure control plan and will coordinate corrective action and update the plan as needed. The review and update will include:

- ❑ New and modified tasks and procedures that affect occupational exposure
- ❑ New and revised employee positions with occupational exposure
- ❑ Changes in technology to eliminate and reduce exposure
- ❑ Annual consideration and implementation of appropriate and safer medical devices designed to eliminate exposures

## Appendix A

### DEFINITIONS FOR THE PURPOSES OF THIS EXPOSURE CONTROL PLAN

<b>Antibody</b>	a substance produced in the blood of an individual that is capable of producing a specific immunity to a specific germ or virus
<b>Amniotic Fluid</b>	the fluid surrounding the embryo in the mother's womb
<b>Antigen</b>	any substance which stimulates the formation of an antibody
<b>Assistant Secretary</b>	the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative
<b>Biohazard Label</b>	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.
<b>Blood</b>	human blood, human blood components, and products made from human blood
<b>Bloodborne Pathogens</b>	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).
<b>Cerebrospinal Fluid</b>	a clear, colorless fluid surrounding the brain and spinal cord. It can be withdrawn by performing a spinal puncture
<b>Clinical Laboratory</b>	a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials
<b>Contaminated</b>	the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface
<b>Contaminated Laundry</b>	laundry which has been soiled with blood or other potentially infectious materials or may contain sharps
<b>Contaminated Sharp</b>	any contaminated object that can penetrate the skin including, but not limited to needles, scalpels, broken glass, capillary tubes, and the exposed ends of dental wires
<b>Decontamination</b>	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
<b>Engineering Controls</b>	controls (i.e., sharps disposal containers, self-sheathing needles, safer medical devices such as sharps with engineered sharps injury

protection and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace

<b>Exposure Control Plan</b>	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
<b>Exposure Determination</b>	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
<b>Exposure Incident</b>	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
<b>Handwashing Facilities</b>	a facility providing an adequate supply of running potable water, soap and single use towels, medicated towelettes
<b>HBV</b>	hepatitis B virus
<b>HIV</b>	human immunodeficiency virus.
<b>Licensed Health Care Professional</b>	a person who's legally permitted scope and practice allows him or her to independently perform the activities required by paragraph (f) of the standard: hepatitis B vaccination and post exposure evaluation and follow-up.
<b>Medical Consultation</b>	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.
<b>Mucus</b>	a thick liquid secreted by glands, such as those lining the nasal passages, the stomach and intestines, the vagina, etc.
<b>Mucous Membranes</b>	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.
<b>Occupational Exposure</b>	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.
<b>OSHA</b>	the Occupational Safety and Health Administration of the U.S. Department of Labor; the Federal agency with safety and health regulatory and enforcement authority for most U.S. industry and business.
<b>Other Potentially Infectious Materials</b>	(1) the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid,

<b>(OPIM)</b>	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.
<b>Parenteral</b>	piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions
<b>Pathogen</b>	a bacteria or virus capable of causing infection or disease
<b>Pericardial Fluid</b>	fluid from around the heart
<b>Pericardium</b>	the sheath of tissue encasing the heart
<b>Peritoneal Fluid</b>	the clear straw-colored serous fluid secreted by the cells of the peritoneum
<b>Peritoneum</b>	the lining membrane of the abdominal (peritoneal) cavity. It is composed of a thin layer of cells
<b>Personal Protective Equipment</b>	specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (i.e., 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.
<b>Pleural</b>	the membrane lining the chest cavity and covering the lungs. It is made up of a thin sheet of cells.
<b>Pleural Fluid</b>	fluid from the pleural cavity
<b>Production Facility</b>	a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV
<b>Prophylaxis</b>	the measures carried out to prevent diseases
<b>Regulated Waste</b>	liquid or semi-liquid blood or other potentially infectious materials; contaminated items that 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.

<b>Research Laboratory</b>	a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.
<b>Serous Fluids</b>	liquids of the body, similar to blood serum, which are in part secreted by serous membranes.
<b>Source Individual</b>	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.
<b>Sterilize</b>	the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
<b>Synovial Fluid</b>	the clear amber fluid usually present in small quantities in a joint of the body (i.e., knee, elbow).
<b>Universal Precautions</b>	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.
<b>Vascular</b>	pertaining to or composed of blood vessels
<b>Work Practice Controls</b>	controls that reduce the likelihood of exposure by altering the manner in which the task is performed.



## 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<br>or solutions |
| 4. Cerebrospinal Fluids | 9. Saliva in dental procedures     | 14. Body Fluids 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, Eyeware etc.)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				



## **Appendix D**

### **Technology Identification, Evaluation and Selection Team**

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

**Date:**

**Process:**

**Employee Name**

**Position Title**

**Appendix E**  
**Engineering Controls**

**Evaluated**

**Selected**

**Appendix F**  
**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 G

**HEPATITUS B VACCINE DECLINATION**

**I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself.**

**However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, 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 H

### 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, 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.

-----

I, \_\_\_\_\_ have completed the following inoculations using:

\_\_\_\_\_ Recombivax-HB Vaccine

or

\_\_\_\_\_ Enerix-B Vaccine

Inoculation 1 Date: \_\_\_\_\_

Given at: \_\_\_\_\_

Inoculation 2 Date: \_\_\_\_\_

Given at: \_\_\_\_\_

Inoculation 3 Date: \_\_\_\_\_

Given at: \_\_\_\_\_

## Appendix I

### EMPLOYEE MEDICAL RECORD CHECKLIST

NAME: \_\_\_\_\_

SOCIAL SECURITY 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)**

- 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

Brief Description of Exposure Incident: \_\_\_\_\_

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

- 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 J**  
**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 OSHA Standard.
- 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, 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:** \_\_\_\_\_