BLOODBORNE PATHOGENS

PROGRAM GUIDE

CONTENTS

SAMPLE

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

FACILITY NAME: _____

DATE OF PREPARATION: _____

I. PURPOSE

The purpose of this Bloodborne Pathogens Exposure Control Plan is to protect the health and safety of all employees who can 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.

III. RESPONSIBILITY FOR COMPLIANCE

The development and administration of this Bloodborne Pathogens Exposure Control Plan will be the responsibility of the _____(Designated position). 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.

III. EXPOSURE DETERMINATION

_____(Facility name) 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 determinations may be performed by a qualified person (i.e. occupational, 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 and employees.

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

A. Job Classifications

_____(Name/Title) has identified the following job classifications as those in which employees could be exposed to bloodborne pathogens in the course of fulfilling their job requirements:

Job Classifications:

1.
2.
3.
4.

B. Tasks and Procedures

_____(Name/Title) will determine and develop a list of specific tasks performed by employees in the above job classifications in which exposure to bloodborne pathogens may occur (without regard to the use of personal protective equipment) 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:

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

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

3. Care of (students/patients/inmates) with medical needs, i.e., tracheotomy, colostomy, injections;

4. Care of (students or residents) who need assistance in daily living skills, i.e., toileting, dressing, handwashing, feeding and menstrual needs;

5. Care of (students/patients/inmates) who exhibit behaviors that may injure themselves or others, i.e., biting, hitting, scratching;

6. Care of an injured person in laboratory setting, vocational education setting, or art class;

7. Care of injured person during a sport activity;

8. Cleaning tasks associated with body fluid spills.

IV. METHOD OF COMPLIANCE

The following methods of compliance, as mandated by the OSHA standard, will be incorporated into this exposure control plan. This _____ (Institution/University Campus/Center) will determine appropriate specific guidelines for cleaning, decontamination and waste disposal procedures.

Note: Once these guidelines are written, they should be distributed to the affected employees and/or posted in appropriate locations and the contents included in the training program. Some organizations may need to assistance from an outside consultant or the staff of their local county health department or infection control unit of their local hospital to help develop these methods of compliance.

A. Universal Precautions

Universal precautions will be used in order to prevent contact with blood or other potentially infectious materials (OPIM). All blood or 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 from nonmanagerial employees in job classification with occupational exposure regarding the identification, evaluation and selection of effective engineering controls.

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

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

1. This _____ (Institution/University Campus/Center) will provide handwashing facilities which are readily accessible to employees, or when provision for handwashing facilities is not feasible, this facility will provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes.

2. 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.

3. Employees will wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. When antiseptic hand cleaners or towelettes are used, hands will be washed with soap and running water as soon as feasible. Do not reuse gloves.

E. Housekeeping and Waste Procedures

This _____ (Institution/University Campus/Center) will ensure that the worksite is maintained in a clean and sanitary condition. Appropriate written schedule for cleaning and method of decontamination will be based upon the location within the facility, type of surface to be cleaned, type of soil present and the tasks or procedures being performed. Written schedules are posted : _____(Location)

2. All equipment, materials, environmental and working surfaces will be cleaned and decontaminated after contact with blood or other potentially infectious materials.

- Contaminated work surfaces will be decontaminated with an appropriate disinfectant immediately after completion of _____ (procedures/task/therapy), or as soon as feasible, when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials, and at the end of the work day if the surface may have become contaminated since the last cleaning. Disinfectants are posted: _____(Location)

- Protective coverings, such as plastic wrap, aluminum foil, or imperiously-backed absorbent paper used to cover equipment and environmental surfaces, will be removed and replaced as soon as feasible when they become contaminated with blood or OPIM, or at the end of the school day if they have become contaminated since the last cleaning. Coverings are located: _____

3. All bins, pails, cans and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials will be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

4. Materials, such as paper towels, gauze squares or clothing, used in the treatment of blood or OPIM spills that are blood-soaked or caked with blood will be bagged, tied and designated as a biohazard. The bag will then be removed from the site as soon as feasible and replaced with a clean bag. Bags designated as biohazard (containing blood or OPIM contaminated materials) bags will be red in color or affixed with a biohazard label and will be available at the following locations:

   Locations:

   _____
   _____
   _____

.

   Note: Biohazardous waste for this standard's purposes will only include items that are blood-soaked, caked with blood or contain liquid blood that could be wrung out of the item. This would also include items such as sharps, broken glass or plastic on which there is fresh blood.

5. A custodian will respond immediately to any major blood or OPIM incident so that the area can be cleaned, decontaminated, and the material removed immediately.

   Note: A major blood or OPIM incident is one in which there will be biohazardous material for disposal.

6. * A marked biohazard container will be available in the (<u>custodial</u>) area for the containment of biohazards designated bags.

7. In the event that regulated waste leaks from a bag or container, the waste will be placed in a second container and the area will be cleaned and decontaminated by _____(Responsible party)

8. Broken glass contaminated with blood or OPIM will not be picked up directly with the hands. The glass will be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps. All broken glass will be containerized.

9. <u>Contaminated</u> 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 an upright position. Containers will be easily accessible to staff and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found. If an incident occurs where there is contaminated material that is too large for a sharps container, the custodian will be contacted immediately to obtain an appropriate biohazard container for this material.

   Containers for contaminated sharps will be easily accessible to staff and located in the following places:

   _____

Reusable sharps that are contaminated with blood or other potentially infectious materials will not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

* Employees will notify _____(Position designated) when sharp containers become 3/4 full so that the containers can be disposed of properly.

Contaminated needles will not be bent, recapped, removed, sheared or purposely broken.

10. Disposal of all regulated waste will be in accordance with applicable regulations of the Virginia Department of Environmental Quality's Infectious Waste Management regulations.

11. Food and drink will not be kept in refrigerators, freezers, cabinets, or on shelves, counter-tops or bench tops where blood or other potentially infectious materials are present.

12. 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 snake bites.

13. Specimens of blood or other potentially infectious materials will be placed in containers that prevent leaking during collection, handling, processing, storage, transport, or shipping. These containers will be labeled with a biohazard symbol or be colored red.

14. Equipment that may become contaminated with blood or other potentially infectious material is to be examined prior to servicing and shipping and is to be decontaminated, if feasible. If not feasible, a readily observable biohazard label stating which portions are contaminated is to be affixed to the equipment. This information is to be conveyed to all affected employees, the service representative, and/or manufacturer, as appropriate, prior to handling, servicing or shipping. Equipment to consider may include communication devices, and vocational equipment needing repair after an exposure incident.

15. Contaminated laundry will be handled as little as possible. Gloves must be worn when handling contaminated laundry. Contaminated laundry will be bagged or containerized at the location where it was used and will not be sorted or rinsed in the location of use. Containers must be leak-proof if there is reasonable likelihood of soak-through or leakage. All contaminated laundry will be placed and transported in bags or containers that are biohazard-labeled or colored red.

F. Personal Protective Equipment

1. Where the potential of occupational exposure remains after institution of engineering and work controls, personal protective equipment will be used. The **types of personal protection equipment (PPE) available to employees include**:

_____
_____
_____

- 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 nominally provided.

- Masks, in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, will be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated, i.e., custodian cleaning a clogged toilet, nurses or aides who are performing suctioning.

- Appropriate protective clothing will be worn in occupational exposure situations. The type and characteristics will depend upon the task, location, and degree of exposure anticipated.

2. This _____ (Institution/University Campus/Center) will ensure that appropriate personal protective equipment is readily accessible at the worksite. Personal protective equipment will be available in the **following locations**:

   _____
   _____
   _____

   - This facility will clean, launder and dispose of personal protective equipment, at no cost to the employee.

   - This facility will repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

3. All personal protective equipment will be removed prior to leaving the work area. When personal protective equipment/supplies are removed, the equipment will be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

4. If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) will be removed immediately or as soon as feasible.

5. Supervisors will ensure that their employees use the appropriate personal protective equipment. If an employee temporarily and/or briefly declines to use personal protective equipment because the equipment in his/her

judgment, in that particular instance, would have posed an increased hazard to the employee or others, the _____ (Institution/University Campus/Center) will investigate and document the circumstances in order to determine whether changes can be instituted to prevent such occurrences in the future.

VI. HEPATITIS B VACCINATION

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

1. This _____ (Institution/University Campus/Center) 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, method of administration and the benefits of being vaccinated. The vaccinations will be offered at not cost to the employee and at reasonable times.

2. The _____(Position designated) will make the hepatitis B vaccination series available after the training and within 10 working days of initial assignment to all employees who have occupational exposure 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.

3. 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 U.S. Public Health Service. This _____ (Institution/University Campus/Center) will assure that the laboratory tests are then conducted by an accredited laboratory.

4. This _____ (Institution/University Campus/Center) will not make participation in a pre-employment screening program a prerequisite for receiving the hepatitis B vaccine.

5. If an employee initially declines the hepatitis B vaccination series, but at a later date while still covered under the standard decides to accept the vaccination, this _____ (Institution/University Campus/Center) will make available the hepatitis B vaccine at that time.

6. The _____(Position designated) will assure that employees who decline to accept the hepatitis B vaccine offered by this _____ (Institution/University Campus/Center) will sign the declination statement established under the standard. (Appendix G).

7. If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service or other health care provided at a future date, the booster dose(s) will be made available at no charge to the employee.

8. Records regarding HBV vaccinations or declinations will be maintained by _____(Position Designated).

9. The _____(Position designated) will ensure that the health care professional responsible for employee's hepatitis B vaccination is provided with a copy of this regulation.

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

1. The _____(Position designated) 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.

2. All first aid incidents involving the presence of blood or OPIM will be reported to _____(Position designated) at _____(Phone number) by the end of the work day on which the incident occurred.

3. 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.

4. 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.

5. 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.

6. 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.

7. This incident investigation form will be recorded on a list of recorded first aid incidents and will be readily available to employees.

8. This reporting procedure will be included in the training program.

VII. POST-EXPOSURE EVALUATION AND FOLLOW-UP

A. Exposure Incidents

Following a report of an exposure incident, _____(Designated position) 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):

1. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;

2. Identification and documentation of the source individual, if possible, or unless this _____ (Institution/University Campus/Center) 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.

3. The exposed employee's blood will be collected as soon as feasible and tested after consent is obtained. If the employee consents to baseline blood collection, but does not consent at that time for HIV serological testing, the sample will be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing will be done as soon as feasible.

4. For post-exposure prophylaxis, the most current USPHS/CDC guideline will be followed.

5. Counseling will be made available at no cost to employees and their families on the implications of testing and post-exposure prophylaxis.

6. An evaluation of any reported illnesses will be conducted.

B. Medical Evaluations

This _____ (Institution/University Campus/Center) will ensure that all medical evaluations and procedures, including prophylaxis, are made available at no cost and at a reasonable time and place to the employee. All medical evaluations and procedures will be conducted by _____(Licensed Physician) and laboratory tests will be conducted in _____(Accredited Laboratory).

1. Information provided to the health care professional who evaluates the employee will include (See Appendix I):

   - 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 this facility's responsibility to maintain.

2. 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 this facility.

3. 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.

4. 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; and

   - 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.

5. 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.

1. These labels will be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.

2. These labels will be an integral part of the container or will be affixed as close as feasible to the container by string, wire, adhesive, or other methods that prevent their loss or unintentional removal.

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

B. **Information and Training**

1. _____(Designated Position) is responsible for training and will ensure that all current and new employees with potential for occupational

exposure participate in an initial and annual training program at no cost to employees.

2. 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.

3. 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.

4. Only material appropriate in content and vocabulary to the educational level, literacy and language of employees will be used in the training. Appendix J contains the required content for training.

5. 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.

X. RECORDKEEPING

A. Medical Records (See Appendix I):

1. _____(Name of position) 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

2. 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 this _____ (Institution/University Campus/Center), except as required by law. These medical records will be kept separate from other personnel records.

3. These medical records will be maintained for the duration of employment plus 30 years.

B. Training Records (See Appendix I) are the responsibility of _____(Designated Position).

1. 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

2. Training records will be maintained for 3 years from the date the training occurred.

C. Availability of Records

This _____ (institution/university campus/center) will insure:

1. All records required to be maintained by this standard will be made available upon request for examination and copying to VOSH.

2. Employee training records required by this standard will be provided upon request for examination and copying to employees, to employee representatives.

3. 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.

4. Requirements involving the transfer of records set forth in this standard will be complied with.

X. EVALUATION AND REVIEW

The _____(Designated position) 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

NOTE: When there is an asterisk (*) placed in front of a guideline, then this plan is not required by the Bloodborne Pathogens standard.

Appendix A

DEFINITIONS FOR THE PURPOSES OF THIS EXPOSURE CONTROL PLAN

Antibody	a substance produced in the blood of an individual that is capable of producing a specific immunity to a specific germ or virus
Amniotic Fluid	the fluid surrounding the embryo in the mother's womb
Antigen	any substance which stimulates the formation of an antibody
Assistant Secretary	the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative
Biohazard Label	a label affixed to containers of regulated waste, refrigerators/freezers and other containers used to store, transport or ship blood and other potentially infectious materials. The label must be fluorescent orange-red in color with the biohazard symbol and the word biohazard on the lower part of the label.
Blood	human blood, human blood components, and products made from human blood
Bloodborne Pathogens	pathogenic (disease producing) microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
Cerebrospinal Fluid	a clear, colorless fluid surrounding the brain and spinal cord. It can be withdrawn by performing a spinal puncture
Clinical Laboratory	a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials
Contaminated	the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface
Contaminated Laundry	laundry which has been soiled with blood or other potentially infectious materials or may contain sharps
Contaminated Sharp	any contaminated object that can penetrate the skin including, but not limited to needles, scalpels, broken glass, capillary tubes, and the exposed ends of dental wires
Decontamination	the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point

	where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal
Engineering Controls	controls (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
Exposure Control Plan	a written program developed and implemented by the employer which sets forth procedures, engineering controls, personal protective equipment, work practices and other methods that are capable of protecting employees from exposures to bloodborne pathogens, and meets the requirements spelled out by the OSHA Bloodborne Pathogens Standard
Exposure Determination	how and when occupational exposure occurs and which job classifications and/or individuals are at risk of exposure without regard to the use of personal protective equipment
Exposure Incident	a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties
Handwashing Facilities	a facility providing an adequate supply of running potable water, soap and single use towels, medicated towelettes
HBV	hepatitis B virus
HIV	human immunodeficiency virus.
Licensed Health Care Professional	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.
Medical Consultation	a consultation which takes place between an employee and a licensed healthcare professional for the purpose of determining the employee's medical condition resulting from exposure to blood or other potentially infectious materials, as well as any further evaluation or treatment that is required.
Mucus	a thick liquid secreted by glands, such as those lining the nasal passages, the stomach and intestines, the vagina, etc.
Mucous Membranes	a surface membrane composed of cells which secrete various forms of mucus, as in the lining of the respiratory tract and the gastrointestinal tract, etc.
Occupational Exposure	a reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

OSHA	the Occupational Safety and Health Administration of the U.S. Department of Labor; the Federal agency with safety and health regulatory and enforcement authority for most U.S. industry and business.
Other Potentially Infectious Materials (OPIM)	(1) the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
Parenteral	piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions
Pathogen	a bacteria or virus capable of causing infection or disease
Pericardial Fluid	fluid from around the heart
Pericardium	the sheath of tissue encasing the heart
Peritoneal Fluid	the clear straw-colored serous fluid secreted by the cells of the peritoneum
Peritoneum	the lining membrane of the abdominal (peritoneal) cavity. It is composed of a thin layer of cells
Personal Protective Equipment	specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (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.
Pleural	the membrane lining the chest cavity and covering the lungs. It is made up of a thin sheet of cells.
Pleural Fluid	fluid from the pleural cavity
Production Facility	a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV

Prophylaxis	the measures carried out to prevent diseases
Regulated Waste	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.
Research Laboratory	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.
Serous Fluids	liquids of the body, similar to blood serum, which are in part secreted by serous membranes.
Source Individual	any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.
Sterilize	the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
Synovial Fluid	the clear amber fluid usually present in small quantities in a joint of the body (i.e., knee, elbow).
Universal Precautions	an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
Vascular	pertaining to or composed of blood vessels
Work Practice Controls	controls that reduce the likelihood of exposure by altering the manner in which the task is performed.

Appendix B
EXPOSURE DETERMINATION FORM

Facility: **Location:**

Job Classification	All Employees Have Exposure	Some Employees Have Exposure (List Job Title)	None Have Exposure

Appendix C
TASK AND PROCEDURES RECORD

Facility: _____ **Location:** _____

Type of Bodily Fluid/Substance to Which Exposure is Likely:

1. **Blood**
2. **Semen**
3. **Vaginal Secretions**
4. **CerebrospinalFluids**
5. **Percardial Fluids**
6. **Unfixed human tissues or organs**
7. **Amniotic Fluids**
8. **Synovial Fluids**
9. **Saliva in dental procedures**
10. **Peritoneal Fluids**
11. **HIV-containing cell or tissue cultures**
12. **Organ cultures**
13. **HIV-or HBV-containing culture media or solutions**
14. **Body Fluids visibly contaminated with blood**

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 (HIV) 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: _____