Boston Children's Health Physicians
Until every child is well™
formerly CWPW

Bloodborne Pathogens Exposure Control Plan

BOSTON CHILDREN'S HEALTH PHYSICIANS
NEWLY ISSUED APRIL 1, 2016
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Appendices

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Boston Children's Health Physicians, LLP (hereafter, "BCHP") is committed to providing a safe and healthful work environment for our staff members. The following exposure control plan is provided to eliminate and / or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens.

1. **Exposure Determination**

The plan covers all members of Boston Children's Health Physicians and staff of the Boston Children's Health Physicians whose job description places them at risk for occupational exposure to blood and other potentially infections materials, according to OHSA 29CFR 1910.1030 (Appendix A).

Volunteer staff and all Boston Children's Health Physicians staff that are deemed to have occupational exposure to blood or body substances while on duty status with Boston Children's Health Physicians (BCHP) are covered under this plan.
BCHP should select policy direction from below.

Boston Children's Health Physicians will conduct an exposure assessment to determine what positions are at risk for bloodborne pathogen (BBP) exposure.

**Persons whose job functions are not at risk for exposure to BBP and give first aid as a "good Samaritan" are not covered under this plan.*

2. **Methods Of Implementation**

   a. **Universal Precautions**

   All staff members included in this plan shall be trained, upon initial job assignment, and followed by ongoing monitoring and training, to treat human blood and body substances as infectious substances; and to treat all patients with respiratory symptoms as if they are known to be infected with respiratory infectious pathogens.

   b. **Engineering and Work Practice Controls:**

   Wherever patient contact may be anticipated to include sharps, the work area shall be equipped with approved sharps disposal container (s) and other protective devices. These devices will include sealed sharps containers in each room where sharps are used on patients.

   All sharps containers shall be examined during weekly sharps check by the assigned Clinical Staff. If the sharps container is more than half full, the clinical staff shall notify the Site Manager/ Supervisor, or designee, who will notify the Licensed Disposal Contractor to remove and replace the container.

New technology for needles and sharps shall be evaluated and implemented whenever possible to prevent accidental needle sticks. Sharps shall be disposed immediately after use or as soon as feasible whenever circumstances prevent immediate disposal, by the provider using the sharp. Sharps shall be disposed of using the approved sharps container. Needles shall not be bent or broken.

Staff/ Members will have been trained, and followed through monitoring, that contaminated needles and sharps shall not be bent, recapped, removed, sheared or broken. All sharps shall be single use items and be immediately disposed of in an approved sharps container by the individual using the sharp. Clinical staff will not recap needles as a matter of protocol. The OSHA Blood borne Pathogen Standard prohibits bending, recapping, or removal of contaminated sharps, unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure. [29 CFR 1910.1030(d)(2)(vii)(A)]. If a needle needs to be recapped, the clinical staff shall utilize the one-handed technique. *See Appendix d for the one handed technique.

c. Hand-washing:

Hand-washing facilities with soap and warm running water at Boston Children's Health Physicians are available. If soap and running water are not available, alcohol-based hand cleaners, single use cloth/paper towels or antiseptic towelettes are available. Staff has been trained to wash with soap and warm water as soon as feasible after contact with blood or other potentially infectious materials. Staff has been trained to use alcohol-based hand cleaners using the hand rub techniques. The hand washing and hand rub techniques are described in the WHO Guidelines on Hand Hygiene in Health Care, (2009) on pages 8 and 9 of this document. See Appendix b.ii for site specific Handwashing locations.

Hand Washing Protocol is adapted from WHO Guidelines on Hand Hygiene in Health Care, First Global Patient Safety Challenge Clean Care Is Safer Care. Geneva: World Health Organization; 2009. ISBN-13: 978-92-4-159790-6.

d. Hand Hygiene protocol.

Indications for hand hygiene:
Wash hands with soap and water when visibly dirty or visibly soiled with blood or other body fluids or after using the toilet (WHO, 2009).

If exposure to potential spore-forming pathogens is strongly suspected or proven, including outbreaks of Clostridium difficile, hand washing with soap and water is the preferred means (WHO, 2009).

Use alcohol-based hand cleaners as the preferred means for routine hand anti-sepsis in all other clinical situations described below, if hands are not visibly soiled. If alcohol-based hand cleaner is not obtainable, wash hands with soap and water (WHO, 2009).

Perform hand hygiene:

- Before and after touching the patient.
- Before handling an invasive device for patient care, regardless of whether or not gloves are used.
- After contact with body fluids or excretions, mucous membranes, non-intact skin, or wound dressings.
- If moving from a contaminated body site to another body site during care of the same patient.
- After contact with inanimate surfaces and objects (including medical equipment) in the immediate vicinity of the patient.
- After removing sterile or non-sterile gloves.
- Before handling medication or preparing food perform hand hygiene using an alcohol - based hand cleaner or wash hands with either plain or antimicrobial soap and water.

Soap and alcohol-based hand cleaner should not be used concomitantly.

Hand hygiene technique (Alcohol-Based Hand rub and Hand Washing) (WHO, 2009)

i. Apply a palmful of alcohol-based hand rub and cover all surfaces of the hands. Rub hands until dry. (The technique for hand rubbing is illustrated in the How To Hand Rub Poster WHO, 2009 See page 8.)

ii. When washing hands with soap and water, wet hands with water and apply the amount of product necessary to cover all surfaces. Rinse hands with water and dry thoroughly with a single-use towel. Use clean, running water whenever possible. Avoid using hot water, as repeated exposure to hot water may increase the risk of dermatitis. Use towel to turn off tap/faucet. Dry hands thoroughly using a method that does not re-contaminate hands. Make sure towels are not used multiple times or by multiple people. (The technique for hand washing is illustrated in the How To Hand Wash Poster, WHO, 2009 See page 9.)

iii. Liquid, bar, leaf or powdered soap are acceptable. When bar soap is used, small bars of soap in racks that facilitate drainage should be used to allow the bars to dry.

e. Skin care (WHO, 2009) – [WHO advises that Employers comply with the following recommendations to ensure adequate skin care.]

i. Include information regarding hand-care practices that will reduce the risk of irritant contact dermatitis and other skin damage in education programs for Healthcare Workers (HCWs) (hand lotions or creams).
ii. Provide alternative hand hygiene products for HCWs with allergies or adverse reactions to standard products used in the health-care setting. (i.e. hand lotions or creams to reduce the occurrence of irritant contact dermatitis due to hand antisepsis or hand washing.
iii. When alcohol-based cleaner is available in the health-care facility for hygienic hand antisepsis, the use of antimicrobial soap is not recommended.
iv. Soap and alcohol-based hand cleaner should not be used together.
*****Staff members should see their manager / supervisor for these issues***

f. Use of gloves (WHO, 2009)

i. The use of gloves does not replace the need for hand hygiene by either alcohol-based cleaner or hand-washing.
ii. Wear gloves when it is reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, or non-intact skin will occur.
iii. Remove gloves after caring for a patient. Do not wear the same pair of gloves for the care of more than one patient.
iv. When wearing gloves, change or remove gloves during patient care if moving from a contaminated body site to either another body site (including non-intact skin, mucous membrane or medical device) within the same patient or the environment.
v. The reuse of gloves is not permitted.

g. Other aspects of hand hygiene (WHO, 2009)

i. Do not wear artificial fingernails when having direct contact with patients.
ii. Keep natural nails short (tips <0.5 cm long or approximately ¼ inch long).

3. Institutional Responsibilities(WHO, 2009)

For health-care administrators and all BCHP Site Managers /Supervisors:

- Administrators/Managers/Supervisors must ensure conditions promote a hand hygiene strategy and promote a patient safety culture by implementation of points below.
- Provide HCWs with a safe water supply and access to facilities to perform handwashing.
- Provide HCWs with accessible alcohol-based hand cleaners at patient care areas.

- Make hand hygiene compliance an institutional priority and provide leadership, administrative support, and financial resources for hand hygiene and other infection prevention and control activities.
- Ensure HCWs have dedicated time for infection control training, including training on hand hygiene.

4. How to Sanitize / Wash Hands Correctly

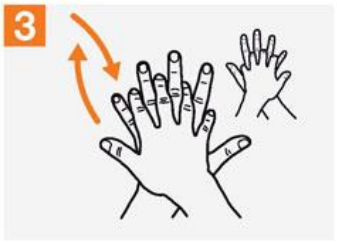
How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

Duration of the entire procedure: 20-30 seconds

Apply a palmful of the product in a cupped hand, covering all surfaces;

Rub hands palm to palm;



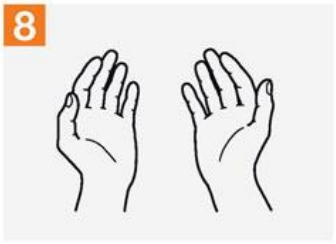
Right palm over left dorsum with interlaced fingers and vice versa;

Palm to palm with fingers interlaced;

Backs of fingers to opposing palms with fingers interlocked;

Rotational rubbing of left thumb clasped in right palm and vice versa;

Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Once dry, your hands are safe.

World Health Organization | Patient Safety — A World Alliance for Safer Health Care | SAVE LIVES Clean Your Hands

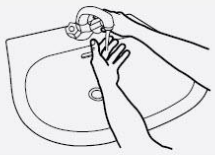
May 2009

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the entire procedure: 40-60 seconds

0



Wet hands with water;

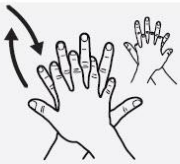
1

Apply enough soap to cover all hand surfaces;

2

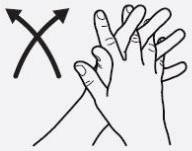
Rub hands palm to palm;

3



Right palm over left dorsum with interlaced fingers and vice versa;

4

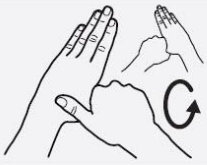


Palm to palm with fingers interlaced;

5

Backs of fingers to opposing palms with fingers interlocked;

6

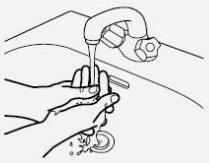


Rotational rubbing of left thumb clasped in right palm and vice versa;

7

Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8

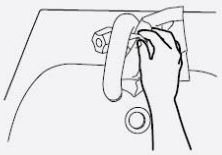


Rinse hands with water;

9

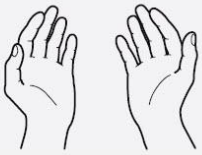
Dry hands thoroughly with a single use towel;

10



Use towel to turn off faucet;

11



Your hands are now safe.

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WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

May 2009

5. Designated Wash Areas

Staff members have been trained, followed by ongoing monitoring:
To wash their hands immediately, or as soon as feasible, after removing gloves or other personal protective equipment, i.e. goggles or masks and after contact of such body areas with blood or other potentially infectious materials.

After contact of body areas with blood or other potentially infectious materials, skin shall be washed with soap and water, mucous membranes flushed with water, immediately, or as soon as feasible.
*See Appendix b.ii for Location Specific hand washing areas.

6. Ingestion, Skin and Mucus Membrane Contact

Staff members have been trained, followed by ongoing monitoring that: Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas where there is a reasonable likelihood of blood or other potentially infectious materials exposure.

Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present. All procedures involving blood or other potentially infectious materials shall be conducted in such a manner as to minimize splashing, splattering, and generation of droplets of these substances.

Blood specimens shall be collected and analyzed in accordance with state and local approved policies and procedures. Items containing trace specimens of blood or other potentially infectious materials shall be placed in a container that prevents leakage during collection, handling, processing, storage, transport or shipping.

Equipment that may become contaminated with blood or other potentially infectious materials shall be decontaminated and then examined prior to placing back into service or shipping. Items shall be labeled as a biohazard, using the approved biohazard label.

7. Personal Protective Equipment (PPE)

Appropriate personal protective equipment (PPE) is provided at no cost to staff with occupational exposure to blood or other potentially infectious materials, including, but not limited to: fluid impervious garments such as, gloves, gowns, face shields or in combination with eye protection with side shields, resuscitation bags, pocket masks and/or other ventilation devices such as N95 half-face respirators. "Appropriate" shall mean that this equipment shall not permit blood or other potentially infectious materials to pass through to, or reach, the staff work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under

normal conditions of use and for the duration of time during which the protective equipment is used, and in specific cases, to protect the staff member from breathing in patients respiratory exhalations. PPE are selected by the individual based on the task(s) to be performed and the anticipated exposure from performing such task(s), in accordance with Federal, State, and local guidelines and recommendations.

N95 masks shall be worn whenever staff / member engages in Aerosol-generating or cough-inducing procedures that can generate much higher concentrations of airborne particles and aerosol transmissible disease (ATD) pathogens as compared to coughing, sneezing, or speaking. The likelihood of exposure via contact with mucosal membranes and inhalation of aerosols is elevated when aerosol generating procedures are performed and the airborne concentration of pathogens increases.

Staff members are trained, followed by ongoing monitoring, concerning appropriate use of personal protective equipment.

In cases when a staff member temporarily and briefly declines to use PPE under rare and extraordinary circumstances, and it was in the staff member's professional judgment that in the specific instance its use would have prevented the delivery of health care or would have posed an increased hazard to the safety of the worker or co-worker, the circumstances shall be investigated, completely documented and evaluated by the Boston Children's Health Physicians Leadership in order to determine whether changes can be instituted to prevent such occurrences in the future.

If a garment is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible, appropriately bagged and labeled, and either decontaminated or sent out for decontamination as needed. All PPE shall be removed prior to leaving the work area, if contaminated.

*In the event that garments are penetrated / contaminated; the site manager shall contact BCHP Compliance Officer for appropriate action.

When soiled PPE is removed it shall be placed in an appropriately designated area or container for disposal by the Boston Children's Health Physicians on as needed basis.
*See Appendix b.iv for site specific decontamination PPE designated location.

Appropriate PPE, in the appropriate sizes, are readily accessible at each BCHP location, and should be available during all shifts.

Each BCHP Facility will have the following PPE available:
Disposable gloves in various sizes to fit all staff (hypoallergenic);
Eye shields, face mask; Surgical masks to cover the nose and mouth;
N95 or equivalent filter mask (when applicable);
Disposable Bag-Valve-Mask resuscitators; and
Disposable gowns with head and foot covers.
Heavy duty utility gloves for use in cleaning contaminated equipment,
Outer wear and head gear to be used when cleaning contaminated equipment, and,
Face shield (or surgical hood and goggles) for use when cleaning contaminated equipment.

General rules for PPE: PPE shall be kept in areas accessible to all staff. Gloves shall be contained in dispensers in patient rooms; all other PPE items shall be kept in cabinets in the vicinity of patient rooms, marked for easy identification.

Spare PPE shall be stored in the supply closets at each Boston Children's Health Physicians office. PPE can be accessed by any staff member at any time. Latex-free products are supplied as needed and at no cost to the staff member.

Whenever possible, PPE shall be single use items which are properly disposed of after use. All soiled disposable PPE garments shall be disposed of in the appropriate receptacle whenever possible. PPE that must be disposed of must be disposed of in the designated container, according to existing applicable biohazard waste laws and standards. Reusable PPE garments must be cleaned and/or disinfected according to the Bloodborne Pathogen Standard.

Repair and or replacement of personal protective equipment shall be at no cost to the staff member and is to be issued by the Site Manager/ Supervisor.

Specific PPE will meet the following criteria and work practices and all staff will follow universal precautions when it is reasonably anticipated that contact or potential contact with blood or other potentially infectious materials will occur.

Gloves:

Disposable (single-use) examination gloves shall be worn when it can be reasonably anticipated that the staff member may have hand contact with blood or other potentially infectious materials when performing procedures and when handling contaminated or potentially contaminated items or surfaces.

Disposable (single-use) examination gloves shall be replaced as soon as practical when contaminated, torn or punctured.

Disposable (single use) examination gloves shall not be washed or decontaminated for re-use.

Gloves shall be disposed of in accordance with the Bloodborne Pathogen Standard.

Heavy duty Utility gloves may be decontaminated for re-use if the integrity of the glove, is not compromised. However, they must be, discarded if they are cracked, peeling, torn, punctured or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.

Masks with eye protection or face shields, gowns, aprons and other protective clothing:

Masks, in combination with eye protection devices such as goggles, face shields, or glasses with solid side shields shall be worn whenever splashes, spray, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Appropriate PPE such as, but not limited to, gowns, aprons, jumpsuits, footwear, shoe covering or similar outer garments, or N95 masks shall be worn whenever an staff member engages in activity likely to result in exposure to blood or other potentially infectious materials, or respiratory secretions. The type and characteristics of this PPE will depend upon the task(s) being performed and the degree of contamination and exposure reasonably anticipated.

8. Housekeeping

All work sites are maintained in a clean and sanitary condition. All staff members have a responsibility to ensure that work sites and equipment are cleaned as soon as a contamination with blood or other potentially infectious materials is discovered.

A **written schedule** shall be established for cleaning, including the methods of decontamination to be used, based on the location, type of surface to be cleaned, type of soil present and the tasks or procedures which may have been performed:
*See Site Specific Cleaning Schedule/Procedures in Appendix b. iii.
*See Levels of Disinfectant in Appendix b.vi.

In all areas where there was a possibility of contamination with blood or other potentially infectious materials, the floor, walls, seats, trays, beds, and all equipment with the potential for exposure shall be cleaned with a detergent and decontaminated with an intermediate level disinfection procedure using 1 cup bleach (5.25% sodium hypochlorite) in nine cups of water or an EPA registered germicide solution. All areas shall be washed down with the solution then toweled dry. All instruments or equipment that have contacted mucous membranes during patient care activities shall be washed with a high level disinfection procedure by immersion in a solution of 1 cup bleach (5.25% sodium hypochlorite) in nine cups of water for 30 minutes.

Other non-disposable equipment shall be washed with an intermediate level disinfection procedure whenever there has been the potential for an exposure to blood or other potentially infectious materials.

Staff shall be trained, followed by ongoing monitoring, to ensure that all equipment, environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

Contaminated work places shall be decontaminated with an intermediate level disinfection procedure immediately after completion of procedures, or as soon as feasible thereafter, when surfaces are contaminated after any spill or splash of blood or other potentially infectious materials.

Protective coverings, such as plastic wrap, or impervious backed absorbent paper used to cover equipment and environmental surfaces, are to be removed and replaced as soon as feasible when they become contaminated by blood or other potentially infectious materials, or at the end of the procedure if they may have been contaminated during the procedure.

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

*See Appendix b.iii for site specific clean-up and b.iv for decontamination supplies storage and maintenance. *See Appendix c for Emergency Clean Up Procedures

9. Regulated waste containment and disposal:

The Bloodborne Pathogens Standard defines regulated waste as liquid or semi-liquid blood or other potentially infectious material (OPIM); contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; and pathological, and microbiological wastes containing blood or OPIM.

Boston Children's Health Physicians shall have available containers to properly contain and have instituted procedures for disposal of regulated medical waste. Staff shall be trained in disposal of regulated medical waste followed by ongoing monitoring, to ensure that contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak-proof on the sides and bottom, and labeled or color coded.

a. Sharps containers shall be:

Easily accessible by staff and located as close as is feasible to the immediate area where sharps are used or where use is reasonably anticipated;

Maintained upright throughout use; replaced routinely and not be allowed to overfill (check fill line on container).

When moving containers of contaminated sharps, the containers shall be closed immediately prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping, and placed in a secondary container, which meets the requirements of the Bloodborne Pathogen Standard, if leakage is possible or if the outside of the container has the potential to become contaminated.

b. Other contaminated items i.e., staff protective equipment, bandaging, supplies, etc. shall be placed in containers which are:

- Closable; constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
- Properly labeled with fluorescent orange or orange-red or predominantly so, with lettering and symbols in contrasting color according to the Bloodborne Pathogen Standard; and
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- If outside contamination of the regulated waste container occurs, it shall be placed in a second container.

All regulated waste shall be disposed of in accordance with applicable statutes or regulations of Federal, State, and Local government.
*See Appendix b.iv for site specific storage locations of contaminated waste.

All contaminated waste shall be bagged and labeled at the BCHP office and, along with the sharps containers, shall be given to our medical waste contractor, pick-up of which is on a regularly scheduled basis. Additional pick-ups may be arranged through the manager or supervisor on duty, on an as-needed basis.
*See Appendix b.v for site specific medical waste contractor.

10. Laundry

Staff shall understand that contaminated laundry is handled as little as possible, with a minimum of agitation, bagged at the location where it was used, and not sorted or rinsed in the location of use, and transported in bags or containers labeled or color-coded according to the Bloodborne Pathogen Standard.

Contaminated blankets or PPE garments shall be placed in a red plastic bag in an appropriate container. The bag shall be tied and the appropriate biohazard label shall be affixed to the bag. The laundry contractor shall be made aware of the biohazard contaminated laundry bags, through the biohazard label, when the laundry is picked up.

11. Vaccines

a. HEPATITIS-B VACCINE:

Hepatitis B vaccine, described in current United States Public Health Service recommendations, shall be made available to all staff that has a potential of occupational exposure under the following conditions:

- Within the (10) days of assignment;
- At no cost to the staff member; and
- At a reasonable time & place;

Hepatitis B vaccine shall be administered by or under the supervision of a licensed physician or another health care professional who has received a copy of the Bloodborne Pathogen Standard and who will ensure that any laboratory tests shall be conducted by an accredited laboratory at no cost to the staff member.

The Human Resource Director or designee is responsible for informing new staff about the vaccination and declination procedures.

*Each employee may receive vaccine at the provider of their choice and BCHP will reimburse any related expenses.

i. Informed Decision

Each staff member shall be trained during new hire and annual training on the efficiency, safety, method of administration, benefits and risks of the vaccination so that the staff member may make an informed decision to receive or decline the vaccination.

Each staff member shall begin the vaccination process within ten (10) working days of initial assignment where occupational exposure may occur unless they are exempt according to the list in the following paragraph or have signed the declination statement.

ii. Exemptions to the vaccination requirement include:

- Those individuals not covered under this plan that has been deemed to have no risk of exposure to BBP or OPIM.
- Those individuals who previously received the complete vaccination series,
- Those individuals whose antibody testing has revealed that the staff member is immune, or
- Those for whom the vaccine is contraindicated for medical reasons. A physician must detail the medical reason the vaccine is contraindicated in writing.

A pre-screening program to determine immunization to Hepatitis-B is currently is not required.

If initially declined, the vaccination series may be later requested and administered as defined above. Those declining vaccination must sign the following statement:
"I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis-B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis-B vaccine, at no charge to myself. However, I decline Hepatitis-B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis-B, a serious disease. If in the future, if I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with Hepatitis-B vaccine, I can receive the vaccination series in a reasonable time frame, and at no charge to me."

*See Appendix i for a copy of the declination form.

iii. Booster Doses

Booster doses are made available under the same conditions as the original vaccination if recommended by the U.S. Public Health Service.

CDC recommends booster doses only in certain circumstances:

- For **hemodialysis patients**, the need for booster doses should be assessed by annual testing for antibody to hepatitis B surface antigen (anti-HBs). A booster dose should be administered when anti-HBs levels decline to <10 mlU/mL.
- For **other immunocompromised persons** (e.g., HIV-infected persons, hematopoietic stem-cell transplant recipients and persons receiving chemotherapy), the need for booster doses has not been determined. When anti-HBs levels decline to <10 mlU/mL, annual anti –HBs testing and booster doses should be considered for those with an ongoing risk for exposure.
- For persons with normal immune status who have been vaccinated, booster doses are **not** recommended.

12. Post-exposure Evaluation and Follow-up

Post exposure evaluation and follow-up shall be immediately available to a staff member following a report of an exposure. Clinical documentation shall be maintained by the Human Resource Director as well as staff members' physician of choice.

Emergency Exposures: An emergency exposure occurs when a staff member has eye, mucous membrane, non-intact skin, or parenteral contact with BOPIMs from another person**.** The staff member will report to the nearest physician of choice, emergency room/facility for emergency treatment. BCHP will absorb all cost associated with medical treatment from occupational exposure to BBP and OPIM.

As soon as feasible, the staff member will complete the Incident Report form, located in Appendix f. If the exposure to blood or other potentially infectious materials occurs at a BCHP facility, the staff member will immediately notify the supervisor and seek medical evaluation at the hospital/physician of choice. As soon as feasible after the exposure incident, the supervisor will notify the Human Resource Director.

In the event that an exposure occurs, the exposure medical evaluations shall be:

- At no cost to the staff member;
- At a reasonable time and place;
- Provided by physician of choice by staff

Exposure Medical Evaluations shall be confidential and include the following elements:

- Documentation of the route(s) of exposure, and the circumstances under which the exposure occurred; and
- Identify and document the source individual unless it is established that identification is infeasible or prohibited by Federal, State, or Local law.

If the source individual is known:

- The source individual's blood shall be tested as soon as feasible, and after consent is obtained, in order to determine HBV and HIV status. If the consent cannot be obtained it shall be so documented.
- When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented. Such testing shall not be required if the source individual is already known to be infected with HBV or HIV.
- Results of the source individual's blood test(s) shall be made available to the exposed staff member, and the staff member shall be told that applicable laws and regulations prohibit disclosure of the identity and infectious status of the source individual.

New York State Legislation A11487 / S8227, An Act to Amend the Public Health Law, in Relation to HIV Testing and ensures that patient confidentiality protections are maintained;

- Counseling of the exposed individual must be offered using information based on HIV test results to help the exposed individual to cope with the emotional consequences of learning the disease status result.
- The Law ensures current testing requirements reflect medical advances; and,
- It makes easier authorization for testing in certain occupational exposures to HIV infection by at-risk health care workers.

The law provides that when occupational exposures create a significant risk of contracting or transmitting HIV infection, HIV testing shall be allowed in cases where: EITHER

- The source person is deceased, comatose or unable to provide consent, and his or her health care provider determines that mental capacity to consent is not expected to be regained in time for the exposed person to receive appropriate medical care, as determined by the exposed person's health care provider;
- An authorized representative for the source person is not available or expected to become available in time for the exposed person to recieve appropriate medical care; OR
- The exposed person would benefit medically by knowing the Source person's HIV test results. In these cases, a provider shall order an anonymous HIV test of the source person and the results of the anonymous test, but not the source person's identity would be

disclosed to the exposed person's provider, solely to make appropriate decisions regarding post exposure medical treatment.

- The results of the HIV test of the source person would not be disclosed to the Source person or placed in the source person's medical record.

Staff member Health Status:

The physician of choice will examine the staff member, at no cost to the staff member, and in a reasonable time frame from the time of exposure. This examination may include:

- Providing a blood sample for HBV and HIV testing. If the staff member consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within, 90 days of the exposure, the staff member elects to have the baseline sample tested, this testing shall be done as soon as feasible;
- Receiving post exposure prophylaxis, when medically indicated, as recommended by the chosen physician or the U.S. Public Health Administration;
- Receiving counseling and recommendations for medical management /treatment; and
- Evaluating any reported illness associated with the occupational exposure.

The Healthcare Professional evaluating the staff member shall be provided with:

- A description of the exposed staff member's duties and tasks performed which led to the occupational exposure incident;
- Documentation of the route(s)of exposure and circumstances under which exposure occurred; and
- Results of the source individual's blood testing, if available.
- All medical records relevant to the appropriate treatment of the staff member including vaccination status regarding Hepatitis B, must be maintained by the employer, according to the provisions set forth in the Bloodborne Pathogen Standard.
- The Human Resources Director will receive a copy of the physician's written opinion and transmit it to the staff member within 15 days of the completion of the initial medical evaluation. The opinion shall include, and be limited to the following:
    - Whether post-exposure treatment is indicated for the staff member, and if the staff member has received such treatment.
    - All other findings or diagnoses shall remain confidential and shall NOT be included in the written report.

13. Labels and Signs:

Warning labels shall be affixed to containers of regulated waste, blood or other potentially infectious materials used to store, transport or ship such materials.

Labels will consist of the following:

- The Bloodborne Pathogen Standard biohazard label;
- Have a background of fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color; and
- Be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

NOTE: Commercially available appropriately marked red bags or red containers may be substituted for labels.

14. Information and Training

All staff with potential occupational exposure will have participated in a training program which shall be provided at no cost to the staff member and during reasonable working or meeting hours. BCHP will ensure that there are ample training opportunities available.

Training shall be provided:

- At the time of initial assignment to tasks where occupational exposure may take place;
- At least annually thereafter; and
- Occur when changes, such as modification of tasks or procedures or institution or new tasks or procedures, which may affect the staff member's risk to occupational exposure.

The training program shall contain, at a minimum, the following elements:

- A copy of the Bloodborne Pathogen Standard and an explanation of its content;
- A general explanation of the epidemiology and symptoms of bloodborne diseases;
- An explanation of the transmission modes of bloodborne pathogens;
- An explanation of the Agency s Exposure Control Plan and how the staff member can obtain a copy of the written plan;
- An explanation of the appropriate methods for recognizing tasks and other activities that involve exposure to blood and other potentially infectious materials;

- An explanation of the use and limitations of methods that will prevent or reduce exposure including engineering controls, work practices, and personal protective equipment;
- Information on the types, proper use, location, removal handling, decontamination and dispose of personal protective equipment;
- An explanation of the basis for selection of personal protective equipment;
- Information on the Hepatitis-B vaccine including information on its efficacy, safety, method of administration, the vaccination benefits, and that the vaccine and vaccination shall be offered at no cost;
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
- An explanation of the procedure to follow if an exposure occurs, including the method of reporting the exposure and the medical follow-up that shall be made available;
- Information on the post-exposure evaluation and follow-up that is provided for the staff member following an exposure;
- An explanation of the signs and labels and color coding required by the Bloodborne Pathogen Standard.
- The training outline shall be maintained with the Exposure Control Plan in the training record files; and
- An opportunity for interactive questions and answers with the person conducting the training session.
  Please address any questions from your training to your immediate supervisor who will consult with the BCHP Compliance Officer as necessary.

15. Recordkeeping Bloodborne Pathogens

Accurate medical records shall be established and maintained for each staff member with occupational exposure in accordance with 29CFR 1910.1030 by the Human Resource Department.

In addition to the requirements of 29 CFR 1910.1030 the medical record will include:

- Name of the staff member;
- Copy of the staff member's Hepatitis-B vaccination status including the dates of all the Hepatitis-B vaccinations and any medical records relative to the staff member's ability to receive vaccination;
- Copy of examination results, medical testing, and follow-up procedures required by the Bloodborne Pathogen Standard;
- Copy of all Healthcare professional's written opinion(s) as required by the Bloodborne Pathogen Standard.

All staff member medical records shall be kept confidential and will not be disclosed or reported without the staff express written consent to any person within or outside the workplace except as required by the Bloodborne Pathogen Standard or as may be required by law.

Staff member medical records shall be maintained for the duration of employment plus 30 years in accordance with 29CFR 1910.1030.

Staff member medical records shall be provided upon request of the staff member or to anyone having written consent from the staff member within 15 working days of the receipt of such a request.

Accurate training records shall be created and maintained. 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; and
- Training records shall be maintained for three (3) years from the date on which the training was held.

Staff member training records shall be provided upon request to the staff member or the staff member's representatives within 15 working days of the receipt of such a request.

16. Procedures for Reporting, Documenting and Evaluating Circumstances Surrounding an Exposure

Each exposure shall be documented by the staff member on an Incident Report Form as soon as feasible after the exposure incident.

*See Appendix f for a copy of the Incident Report Form. The completed form shall be submitted to the direct Supervisor on site. The supervisor will inform Human Resources of the exposure and incident details.

The BCHP Compliance Officer will communicate with the Infection Control Committee to address exposure incident in hopes to prevent future incidents from occurring. Infection Control Committee will meet annually and details are located in Appendix d.

The staff member shall be referred to the physician of choice for treatment.
The Compliance Officer or designee shall identify the source individual and determine if a medical history is available and whether relevant medical testing of the source individual can be accomplished. Any medical history and test results shall be forwarded to the BCHP's contracted healthcare professional. (Staff member's physician of choice.)

The circumstances of the exposure shall be reviewed by the site supervisors and Infection Control Committee to determine if procedures, protocols were followed, or if revisions to procedures, protocols or training are need.

17. Updating and Quality Control

The Exposure Control Plan shall be:

- Accessible to staff upon initial job assignment and redistributed during annual training sessions if updates apply.
- Reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised staff member positions with occupational exposure.
- The plan shall be reviewed by the Compliance Officer and the Infection Control Committee at least annually.

18. Sharps Injury Log

The employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured HCW.

The sharps injury log shall contain, at a minimum:

- The type and brand of device involved in the incident,
- The department or work area where the exposure incident occurred, and
- An explanation of how the incident occurred.

*See Appendix k for the Sharps Injury Log.

Appendices

Appendix a. 29CFR1910.1030 Occupational Exposure to Blooodborne Pathogens

§ 1910.1030 Bloodborne Pathogens

(a) **Scope and Application**. This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this section.

(b) **Definitions**. For purposes of this section, the following shall apply:

Assistant Secretary means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

Blood means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens means pathogenic 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).

Clinical Laboratory means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination means 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.

Director means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident means 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 means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

Needleless Systems means a device that does not use needles for (1) the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) the administration of medication or fluids; or (3) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Occupational Exposure means 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.

Other Potentially Infectious Materials means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Production Facility means a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

Regulated Waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Research Laboratory means 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.

Sharps with Engineered Sharps Injury Protections means a nonneedle sharp or a needle device used for

withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual means 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 means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions is 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.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

(c) **Exposure Control -**
(c)(1) **Exposure Control Plan**.

(c)(1)(i) Each employer having an employee(s) with occupational exposure as defined by paragraph (b) of this section shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.

(c)(1)(ii) The Exposure Control Plan shall contain at least the following elements:

(c)(1)(ii)(A) The exposure determination required by paragraph (c)(2),

(c)(1)(ii)(B) The schedule and method of implementation for paragraphs (d) Methods of Compliance, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard, and

(c)(1)(ii)(C) The procedure for the evaluation of circumstances surrounding exposure incidents as required by paragraph (f)(3)(i) of this standard.

(c)(1)(iii) Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.1020(e).

(c)(1)(iv) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update of such plans shall also:
(c)(1)(iv)(A) reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and

(c)(1)(iv)(B) document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

(c)(1)(v) An employer, who is required to establish an Exposure Control Plan shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan.

(c)(1)(vi) The Exposure Control Plan shall be made available to the Assistant Secretary and the Director upon request for examination and copying.

(c)(2) **Exposure Determination**.

(c)(2)(i) Each employer who has an employee(s) with occupational exposure as defined by paragraph (b) of this section shall prepare an exposure determination. This exposure determination shall contain the following:

(c)(2)(i)(A) A list of all job classifications in which all employees in those job classifications have occupational exposure;

(c)(2)(i)(B) A list of job classifications in which some employees have occupational exposure, and

(c)(2)(i)(C) A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of paragraph (c)(2)(i)(B) of this standard.

(c)(2)(ii) This exposure determination shall be made without regard to the use of personal protective equipment.

(d) **Methods of Compliance -**
(d)(1) **General**. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

(d)(2) **Engineering and Work Practice Controls**.

(d)(2)(i) Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

(d)(2)(ii) Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.
(d)(2)(iii) Employers shall provide handwashing facilities which are readily accessible to employees.

(d)(2)(iv) When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

(d)(2)(v) Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

(d)(2)(vi) Employers shall ensure that employees wash hands and 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.

(d)(2)(vii) Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in paragraphs (d)(2)(vii)(A) and (d)(2)(vii)(B) below. Shearing or breaking of contaminated needles is prohibited.

(d)(2)(vii)(A) Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.

(d)(2)(vii)(B) Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

(d)(2)(viii) Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:

(d)(2)(viii)(A) puncture resistant;

(d)(2)(viii)(B) labeled or color-coded in accordance with this standard;

(d)(2)(viii)(C) leakproof on the sides and bottom; and

(d)(2)(viii)(D) in accordance with the requirements set forth in paragraph (d)(4)(ii)(E) for reusable sharps.

(d)(2)(ix) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

(d)(2)(x) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.

(d)(2)(xi) All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
(d)(2)(xii) Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

(d)(2)(xiii) Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

(d)(2)(xiii)(A) The container for storage, transport, or shipping shall be labeled or color-coded according to paragraph (g)(1)(i) and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with paragraph (g)(1)(i) is required when such specimens/containers leave the facility.

(d)(2)(xiii)(B) If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.

(d)(2)(xiii)(C) If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

(d)(2)(xiv) Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

(d)(2)(xiv)(A) A readily observable label in accordance with paragraph (g)(1)(i)(H) shall be attached to the equipment stating which portions remain contaminated.

(d)(2)(xiv)(B) The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

(d)(3) **Personal Protective Equipment -**

(d)(3)(i) **Provision**. When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, 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 membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

(d)(3)(ii) **Use**. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

(d)(3)(iii) **Accessibility**. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

(d)(3)(iv) **Cleaning, Laundering, and Disposal**. The employer shall clean, launder, and dispose of personal protective equipment required by paragraphs (d) and (e) of this standard, at no cost to the employee.

(d)(3)(v) **Repair and Replacement**. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

(d)(3)(vi) If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.

(d)(3)(vii) All personal protective equipment shall be removed prior to leaving the work area.

(d)(3)(viii) When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

(d)(3)(ix) **Gloves**. Gloves shall 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; when performing vascular access procedures except as specified in paragraph (d)(3)(ix)(D); and when handling or touching contaminated items or surfaces.

(d)(3)(ix)(A) Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

(d)(3)(ix)(B) Disposable (single use) gloves shall not be washed or decontaminated for re-use.

(d)(3)(ix)(C) Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

(d)(3)(ix)(D) If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:

(d)(3)(ix)(D)(**1**) Periodically reevaluate this policy;

(d)(3)(ix)(D)(**2**) Make gloves available to all employees who wish to use them for phlebotomy;

(d)(3)(ix)(D)(**3**) Not discourage the use of gloves for phlebotomy; and

(d)(3)(ix)(D)(**4**) Require that gloves be used for phlebotomy in the following circumstances:

(d)(3)(ix)(D)(**4**)(**i**) When the employee has cuts, scratches, or other breaks in his or her skin;

(d)(3)(ix)(D)(**4**)(**ii**) When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and

(d)(3)(ix)(D)(**4**)(**iii**) When the employee is receiving training in phlebotomy.

(d)(3)(x) **Masks, Eye Protection, and Face Shields**. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall 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.

(d)(3)(xi) **Gowns, Aprons, and Other Protective Body Clothing**. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

(d)(3)(xii) Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopaedic surgery).

(d)(4) **Housekeeping -**
(d)(4)(i) **General**. Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

(d)(4)(ii) All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

(d)(4)(ii)(A) Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately 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 shift if the surface may have become contaminated since the last cleaning.

(d)(4)(ii)(B) Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.

(d)(4)(ii)(C) 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 shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

(d)(4)(ii)(D) Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

(d)(4)(ii)(E) Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

(d)(4)(iii) **Regulated Waste---**
(d)(4)(iii)(A) **Contaminated Sharps Discarding and Containment**.

(d)(4)(iii)(A)(**1**) Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

(d)(4)(iii)(A)(**1**)(**i**) Closable;

(d)(4)(iii)(A)(**1**)(**ii**) Puncture resistant;

(d)(4)(iii)(A)(**1**)(**iii**) Leakproof on sides and bottom; and

(d)(4)(iii)(A)(**1**)(**iv**) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard.

(d)(4)(iii)(A)(**2**) During use, containers for contaminated sharps shall be:

(d)(4)(iii)(A)(**2**)(**i**) Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);

(d)(4)(iii)(A)(**2**)(**ii**) Maintained upright throughout use; and

(d)(4)(iii)(A)(**2**)(**iii**) Replaced routinely and not be allowed to overfill.

(d)(4)(iii)(A)(**3**) When moving containers of contaminated sharps from the area of use, the containers shall be:

(d)(4)(iii)(A)(**3**)(**i**) Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;

(d)(4)(iii)(A)(**3**)(**ii**) Placed in a secondary container if leakage is possible. The second container shall be:

(d)(4)(iii)(A)(**3**)(**ii**)(**A**) Closable;

(d)(4)(iii)(A)(**3**)(**ii**)(**B**) Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
(d)(4)(iii)(A)(**3**)(**ii**)(**C**) Labeled or color-coded according to paragraph (g)(1)(i) of this standard.

(d)(4)(iii)(A)(**4**) Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

(d)(4)(iii)(B) **Other Regulated Waste Containment -**

(d)(4)(iii)(B)(1) Regulated waste shall be placed in containers which are:

(d)(4)(iii)(B)(1)(**i**) Closable;

(d)(4)(iii)(B)(1)(**ii**) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

(d)(4)(iii)(B)(1)(**iii**) Labeled or color-coded in accordance with paragraph (g)(1)(i) this standard; and

(d)(4)(iii)(B)(1)(**iv**) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(d)(4)(iii)(B)(**2**) If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:

(d)(4)(iii)(B)(**2**)(**i**) Closable;

(d)(4)(iii)(B)(**2**)(**ii**) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

(d)(4)(iii)(B)(**2**)(**iii**) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and

(d)(4)(iii)(B)(**2**)(**iv**) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(d)(4)(iii)(C) Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

(d)(4)(iv) **Laundry**.

(d)(4)(iv)(A) Contaminated laundry shall be handled as little as possible with a minimum of agitation.

(d)(4)(iv)(A)(1) Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

(d)(4)(iv)(A)(2) Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.
(d)(4)(iv)(A)(3) Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

(d)(4)(iv)(B) The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

(d)(4)(iv)(C) When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with paragraph (g)(1)(i).

(e) **HIV and HBV Research Laboratories and Production Facilities**.

(e)(1) This paragraph applies to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV. It does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs. These requirements apply in addition to the other requirements of the standard.

(e)(2) Research laboratories and production facilities shall meet the following criteria:

(e)(2)(i) **Standard Microbiological Practices**. All regulated waste shall either be incinerated or decontaminated by

a method such as autoclaving known to effectively destroy bloodborne pathogens.

(e)(2)(ii) **Special Practices**.

(e)(2)(ii)(A) Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.

(e)(2)(ii)(B) Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leakproof, labeled or color-coded container that is closed before being removed from the work area.

(e)(2)(ii)(C) Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.

(e)(2)(ii)(D) When other potentially infectious materials or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign shall comply with paragraph (g)(1)(ii) of this standard.

(e)(2)(ii)(E) All activities involving other potentially infectious materials shall be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with these other potentially infectious materials shall be conducted on the open bench.

(e)(2)(ii)(F) Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.

(e)(2)(ii)(G) Special care shall be taken to avoid skin contact with other potentially infectious materials. Gloves shall be worn when handling infected animals and when making hand contact with other potentially infectious materials is unavoidable.

(e)(2)(ii)(H) Before disposal all waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(e)(2)(ii)(I) Vacuum lines shall be protected with liquid disinfectant traps and high-efficiency particulate air (HEPA) filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.

(e)(2)(ii)(J) Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of other potentially infectious materials. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.

(e)(2)(ii)(K) All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.

(e)(2)(ii)(L) A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.

(e)(2)(ii)(M) A biosafety manual shall be prepared or adopted and periodically reviewed and updated at least annually or more often if necessary. Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.

(e)(2)(iii) **Containment Equipment**.

(e)(2)(iii)(A) Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with other potentially infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols.

(e)(2)(iii)(B) Biological safety cabinets shall be certified when installed, whenever they are moved and at least annually.

(e)(3) HIV and HBV research laboratories shall meet the following criteria:

(e)(3)(i) Each laboratory shall contain a facility for hand washing and an eye wash facility which is readily available within the work area.

(e)(3)(ii) An autoclave for decontamination of regulated waste shall be available.

(e)(4) HIV and HBV production facilities shall meet the following criteria:

(e)(4)(i) The work areas shall be separated from areas that are open to unrestricted traffic flow within the building. Passage through two sets of doors shall be the basic requirement for entry into the work area from access corridors or other contiguous areas. Physical separation of the high-containment work area from access corridors or other areas or activities may also be provided by a double-doored clothes-change room (showers may be included), airlock, or other access facility that requires passing through two sets of doors before entering the work area.

(e)(4)(ii) The surfaces of doors, walls, floors and ceilings in the work area shall be water resistant so that they can be easily cleaned. Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate decontamination.

(e)(4)(iii) Each work area shall contain a sink for washing hands and a readily available eye wash facility. The sink shall be foot, elbow, or automatically operated and shall be located near the exit door of the work area.

(e)(4)(iv) Access doors to the work area or containment module shall be self-closing.

(e)(4)(v) An autoclave for decontamination of regulated waste shall be available within or as near as possible to the work area.

(e)(4)(vi) A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be recirculated to any other area of the

building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area).

(e)(5) **Training Requirements**. Additional training requirements for employees in HIV and HBV research laboratories and HIV and HBV production facilities are specified in paragraph (g)(2)(ix).

(f) **Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up -**
(f)(1) **General**.

(f)(1)(i) The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

(f)(1)(ii) The employer shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:
(f)(1)(ii)(A) Made available at no cost to the employee;

(f)(1)(ii)(B) Made available to the employee at a reasonable time and place;

(f)(1)(ii)(C) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

(f)(1)(ii)(D) Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this paragraph (f).

(f)(1)(iii) The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

(f)(2) **Hepatitis B Vaccination**.

(f)(2)(i) Hepatitis B vaccination shall be made available after the employee has received the training required in paragraph (g)(2)(vii)(I) 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 vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

(f)(2)(ii) The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

(f)(2)(iii) If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.

(f)(2)(iv) The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in Appendix A.

(f)(2)(v) If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(ii).

(f)(3) **Post-exposure Evaluation and Follow-up**. Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

(f)(3)(i) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;

(f)(3)(ii) Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

(f)(3)(ii)(A) The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

(f)(3)(ii)(B) When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

(f)(3)(ii)(C) Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

(f)(3)(iii) Collection and testing of blood for HBV and HIV serological status;

(f)(3)(iii)(A) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

(f)(3)(iii)(B) If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall 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 shall be done as soon as feasible.

(f)(3)(iv) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;

(f)(3)(v) Counseling; and

(f)(3)(vi) Evaluation of reported illnesses.

(f)(4) **Information Provided to the Healthcare Professional**.

(f)(4)(i) The employer shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation.

(f)(4)(ii) The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

(f)(4)(ii)(A) A copy of this regulation;

(f)(4)(ii)(B) A description of the exposed employee's duties as they relate to the exposure incident;

(f)(4)(ii)(C) Documentation of the route(s) of exposure and circumstances under which exposure occurred;

(f)(4)(ii)(D) Results of the source individual's blood testing, if available; and

(f)(4)(ii)(E) All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

(f)(5) **Healthcare Professional's Written Opinion**. The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

(f)(5)(i) The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

(f)(5)(ii) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

(f)(5)(ii)(A) That the employee has been informed of the results of the evaluation; and

(f)(5)(ii)(B) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

(f)(5)(iii) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

(f)(6) **Medical Recordkeeping**. Medical records required by this standard shall be maintained in accordance with paragraph (h)(1) of this section.

(g) **Communication of Hazards to Employees -**
(g)(1) **Labels and Signs -**
(g)(1)(i) **Labels**.

(g)(1)(i)(A) Warning labels shall 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, except as provided in paragraph (g)(1)(i)(E), (F) and (G).

(g)(1)(i)(B) Labels required by this section shall include the following legend:

(g)(1)(i)(C) These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in

a contrasting color.

(g)(1)(i)(D) Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

(g)(1)(i)(E) Red bags or red containers may be substituted for labels.

(g)(1)(i)(F) Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of paragraph (g).

(g)(1)(i)(G) Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

(g)(1)(i)(H) Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.

(g)(1)(i)(I) Regulated waste that has been decontaminated need not be labeled or color-coded.

(g)(1)(ii) **Signs**.

(g)(1)(ii)(A) The employer shall post signs at the entrance to work areas specified in paragraph (e), HIV and HBV Research Laboratory and Production Facilities, which shall bear the following legend:

(Name of the Infectious Agent)
(Special requirements for entering the area)
(Name, telephone number of the laboratory director or other responsible person.)

(g)(1)(ii)(B) These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color.

(g)(2) **Information and Training**.
(g)(2)(i) Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

(g)(2)(ii) Training shall be provided as follows:

(g)(2)(ii)(A) At the time of initial assignment to tasks where occupational exposure may take place;

(g)(2)(ii)(B) Within 90 days after the effective date of the standard; and

(g)(2)(ii)(C) At least annually thereafter.

(g)(2)(iii) For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.

(g)(2)(iv) Annual training for all employees shall be provided within one year of their previous training.

(g)(2)(v) Employers shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

(g)(2)(vi) Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

(g)(2)(vii) The training program shall contain at a minimum the following elements:

(g)(2)(vii)(A) An accessible copy of the regulatory text of this standard and an explanation of its contents;

(g)(2)(vii)(B) A general explanation of the epidemiology and symptoms of bloodborne diseases;

(g)(2)(vii)(C) An explanation of the modes of transmission of bloodborne pathogens;

(g)(2)(vii)(D) An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

(g)(2)(vii)(E) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

(g)(2)(vii)(F) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;

(g)(2)(vii)(G) Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

(g)(2)(vii)(H) An explanation of the basis for selection of personal protective equipment;

(g)(2)(vii)(I) Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

(g)(2)(vii)(J) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

(g)(2)(vii)(K) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;

(g)(2)(vii)(L) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

(g)(2)(vii)(M) An explanation of the signs and labels and/or color coding required by paragraph (g)(1); and

(g)(2)(vii)(N) An opportunity for interactive questions and answers with the person conducting the training session.

(g)(2)(viii) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

(g)(2)(ix) Additional Initial Training for Employees in HIV and HBV Laboratories and Production Facilities. Employees in HIV or HBV research laboratories and HIV or HBV production facilities shall receive the following initial training in addition to the above training requirements.

(g)(2)(ix)(A) The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.

(g)(2)(ix)(B) The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.

(g)(2)(ix)(C) The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

(h) **Recordkeeping -**
(h)(1) **Medical Records**.

(h)(1)(i) The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020.
(h)(1)(ii) This record shall include:

(h)(1)(ii)(A) The name and social security number of the employee;

(h)(1)(ii)(B) A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by paragraph (f)(2);

(h)(1)(ii)(C) A copy of all results of examinations, medical testing, and follow-up procedures as required by paragraph (f)(3);

(h)(1)(ii)(D) The employer's copy of the healthcare professional's written opinion as required by paragraph (f)(5); and

(h)(1)(ii)(E) A copy of the information provided to the healthcare professional as required by paragraphs

(f)(4)(ii)(B)(C) and (D).

(h)(1)(iii) Confidentiality. The employer shall ensure that employee medical records required by paragraph (h)(1) are:

(h)(1)(iii)(A) Kept confidential; and

(h)(1)(iii)(B) Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

(h)(1)(iv) The employer shall maintain the records required by paragraph (h) for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.

(h)(2) **Training Records**.

(h)(2)(i) Training records shall include the following information:

(h)(2)(i)(A) The dates of the training sessions;

(h)(2)(i)(B) The contents or a summary of the training sessions;

(h)(2)(i)(C) The names and qualifications of persons conducting the training; and

(h)(2)(i)(D) The names and job titles of all persons attending the training sessions.

(h)(2)(ii) Training records shall be maintained for 3 years from the date on which the training occurred.

(h)(3) **Availability**.

(h)(3)(i) The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Assistant Secretary and the Director for examination and copying.
(h)(3)(ii) Employee training records required by this paragraph shall be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary.

(h)(3)(iii) Employee medical records required by this paragraph shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.1020.

(h)(4) **Transfer of Records**.

(h)(4)(i) The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020(h).

(h)(4)(ii) If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three month period.

(h)(5) **Sharps Injury Log**.

(h)(5)(i) The employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:

(h)(5)(i)(A) the type and brand of device involved in the incident,

(h)(5)(i)(B) the department or work area where the exposure incident occurred, and

(h)(5)(i)(C) an explanation of how the incident occurred.

(h)(5)(ii) The requirement to establish and maintain a sharps injury log shall apply to any employer who is required to maintain a log of occupational injuries and illnesses under 29 CFR 1904.

(h)(5)(iii) The sharps injury log shall be maintained for the period required by 29 CFR 1904.6.

(i) **Dates -**
(i)(1) **Effective Date**. The standard shall become effective on March 6, 1992.

(i)(2) The Exposure Control Plan required by paragraph (c) of this section shall be completed on or before May 5, 1992.

(i)(3) Paragraph (g)(2) Information and Training and (h) Recordkeeping shall take effect on or before June 4, 1992.

(i)(4) Paragraphs (d)(2) Engineering and Work Practice Controls, (d)(3) Personal Protective Equipment, (d)(4) Housekeeping, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, and (g)(1) Labels and Signs, shall take effect July 6, 1992.

APPENDIX A TO SECTION 1910.1030 - HEPATITIS B DECLINATION (MANDATORY)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Appendix b. Local Office Information

Location Address:

_____

_____

_____

Contact Information:

BCHP Compliance Officer Name:	**Robert Shaw**
Phone Number:	**914-594-2392**
Email:	**Robert_shaw@cwpw.org; Robert_shaw@BCHphysicians.org**

BCHP On-Site Supervisor Name:	
Title:	
Phone Number:	
Email:	

i. **Location of PPE:**

Gloves_____

_____

Eye Protection_____

_____

Aprons/Gowns_____

_____

Face Shields_____

_____

Shoe covers_____

_____

Special Precautions:

_____

_____

_____

ii. Hand-washing Facilities:

Hand-washing facilities with soap and warm running water are in the following locations:

_____
_____
_____
_____
_____
_____

Alcohol based cleaners are also available to BCHP staff and are located in the following areas:

_____
_____
_____
_____
_____
_____

iii. Site Specific Cleaning Schedule

BCHP strives to maintain a clean and sanitary environment for our patients and staff members. In an effort to reduce the spread of infection and risk of a bloodborne pathogen exposure, the following cleaning schedule will be implemented.

Common Areas / Waiting Areas:

BCHP's Contracted cleaning company will ensure that common areas are cleaned on a daily basis. (Waiting rooms, Offices, bathrooms etc.). Local Offices can adjust to reflect actual cleaning schedule.

All surfaces will be cleaned and disinfected according to predetermined schedule. Chairs, door handles, tables, toys, etc. will be cleaned and disinfected on a daily basis.

Patient Care Rooms

The interior of the patient care rooms where sharps are used shall be washed on a weekly basis according to an established schedule by BCHP Staff Supervisor. This washing consists of using a medium level disinfection procedure and shall include all walls, floors, seats and permanently mounted equipment.

The following sheet will detail locations and procedures to follow for routine cleaning at BCHP locations.

Emergency Clean up Procedures – Please follow recommendations in Appendix c.

BCHPs Cleaning and Decontamination Schedule

Date:

The following schedule describes work areas at BCHP that should be decontaminated, decontamination frequency and method, and required types of cleaning. *Information concerning usage of protective coverings used to help keep surfaces free of contamination (such as plastic wrap/paper coverings) should be included.*				
Work Area / Equipment	**Cleaning and Decontamination Frequency**	**Type of Cleaner or Supplies to be used**	**Method of Cleaning to be Used**	**Responsible Person**

iv. Decontamination Supplies and Storage Locations:

Supply	Location

v. Medical Waste Contractor Information:

Name:
Contact Number:
Fax Number
Email Address:
Address:

vi. Levels of Disinfectants

Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008 Germicidal detergent: detergent that also is EPA-registered as a disinfectant.

1. General disinfectant: EPA-registered disinfectant labeled for use against both gram-negative and gram-positive bacteria. Efficacy is demonstrated against both Salmonella Choleraesuis and Staphylococcus Aureus; also called broad-spectrum disinfectant.

2. High-level disinfectant: agent capable of killing bacterial spores when used in sufficient concentration under suitable conditions. It therefore is expected to kill all other microorganisms.

3. Intermediate-level disinfectant: agent that destroys all vegetative bacteria, including tubercle bacilli, lipid and some non-lipid viruses, and fungi, but not bacterial spores.

4. Low-level disinfectant: agent that destroys all vegetative bacteria (except tubercle bacilli), lipid viruses, some non-lipid viruses, and some fungi, but not bacterial spores.

Appendix c. Emergency Clean Up Procedures

Staff shall be trained, followed by ongoing monitoring, to insure that: All equipment, environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials (OPIM).

Contaminated work places shall be washed with a detergent solution then disinfected with a medium level disinfection procedure immediately after completion of procedures, or as soon as feasible thereafter, when surfaces are contaminated after any spill or splash of blood or other potentially infectious materials.

Protective coverings, such as plastic wrap, or impervious backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become contaminated by blood or other potentially infectious materials, or at the end of the procedure if they may have been contaminated.

All bins, pails, cans, and similar receptacles intended for reuse that are likely to be contaminated with blood or other potentially infectious materials shall be inspected and cleaned and decontaminated immediately, or as soon as feasible, after visible contamination. This cleaning and decontamination shall be done during the cleaning of the equipment after each procedure by the person designated by the clinician responsible for the procedure. Any contaminated material placed in a bin or pail during a procedure shall be placed in the proper receptacles at the clinic in accordance with existing laws. All surfaces and equipment above shall be cleaned and decontaminated during the weekly cleaning as described above.

All spills shall be immediately contained and cleaned by appropriate professional staff or others properly trained and equipped to work with blood or other potentially infectious material.

Do not pick up sharps directly with the hands. Pick up sharps using mechanical means, such as a brush and dustpan, tongs, or forceps. Since it is impossible to visually determine if a contaminated sharp is infectious, all sharp items are considered infectious (Universal Precautions).

Dispose all sharps in the designated and approved sharps container.
All regulated waste shall be disposed of in accordance with applicable statutes or regulations of Federal, State, and Local government.

Personal Protective Equipment (PPE)

Personal protective equipment (PPE) includes any specialized clothing or equipment designed to create a barrier against exposure hazards. PPE reduces the potential risk that an injury or exposure will occur. PPE does not eliminate exposure to hazards.

Personal Protective Equipment, as described below, must be worn by all BCHP staff involved in the cleanup activities of blood or OPIM spills.

Disposable (single use) gloves must be worn at all times to help protect the hands from contamination and the chemicals used for disinfecting.

Disposable gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured or when their ability to function as a barrier has been compromised.

Disposable gloves shall not be washed or decontaminated for re-use.

Eye Protection in the form of face shields / safety goggles will help prevent contact in the mucous membrane of the eyes, nose, and mouth.

Impervious gowns, coveralls, or Lab coats will help prevent contamination to clothing and skin.

Cleaning, Decontamination and Sanitizing

Chemicals (biocide / germicide or 10% bleach solution (1 cup bleach (5.25% sodium hypochlorite)in nine cups of water) used to effectively decontaminate areas impacted by blood or OPIM spill must be prepared and applied to surfaces according to the manufacturer's instruction. In order for these chemicals to properly disinfectant they must remain wet and in contact with impacted areas for the recommended amount of time. The contact time will vary depending on which chemical is used. If using a 10% bleach solution, allow the disinfectant to remain in contact with the impacted area for at least ten (10) minutes prior to cleansing.

Cleanup Protocol Spills of Blood or Other Potentially Infectious Material (OPIM)

1. All contaminated work surfaces, tools, and objects, shall be decontaminated as soon as feasible after a spill of blood or other potentially infectious materials.
2. Set up all spill cleanup equipment in the immediate vicinity of the spill.
3. Keep others away from the area using barriers, warning tape, or signs.
4. Place "slippery when wet" signs when appropriate.
5. Put on gloves, protective coveralls, lab coat, gown, and face shield/goggles.
6. Spray a biocide / germicide, disinfectant, over the entire area in order to decontaminate. Do not pour or spray direct stream at the spill to avoid splashing and aerosolization of the material.
    a. The biocide / germicide, disinfectant, must be left in contact with contaminated work surfaces, tools, or objects for the manufactures recommended exposure time (usually 5-20 minutes) before cleaning. *For bleach solution, leave on for 10 minutes minimum. Increase time if heavily soiled and keep spill area wet with bleach solution (1 cup bleach (5.25% sodium hypochlorite) in nine cups of water).

7. Wipe / sweep up using appropriate materials (i.e. absorbent pads, towels, mop, dust pan and broom, etc.).
    a. Broken glass and similar sharps will be picked up with mechanical means, such as a brush and dustpan, tongs, or forceps. Sweep or brush material into dustpan and dispose into approved puncture resistant sharps container.
    b. If spill was on a carpet, pick-up all visible signs of the decontaminated spill with wet / dry vacuum. Discard solution in custodial sink.
    c. If spill is in an outdoor area, spray entire area clean with clean water to further dilute spill.
8. Place soiled absorbent and waste materials in biohazard bag.
9. Repeat applying biocide / germicide over entire area. Allow surface to air dry.
10. Any other equipment that may have been contaminated with blood or OPIMs will be examined and decontaminated with biocide / germicide before servicing or use. This includes brooms, mops, brooms, pans, and other items.
11. Remove PPE carefully so that you do not contaminate yourself and others.
    a. Discard disposable gloves in biohazard bag. If heavy reusable gloves are used, wash with detergent and disinfect by spray with disinfectant and wipe clean. Re-apply disinfectant to cleaned gloves and allow to air dry.
    b. Repeat cleaning and disinfection techniques for eye and face protection.
12. Wash hands and arms according to the World Health Organization Hand Hygiene protocol (included in this plan).
13. Contact the Compliance Officer for procedures in disposing contaminated material and red biohazard bags.

Appendix d. Infection Control Committee

BCHP Compliance Officer will ensure that the Infection Control Committee will meet annually. The committee will include a sample representative of BCHP staff members (Physicians, Nurses, Office Staff, Etc.)

Infection Control Committee Goal

To prevent the spread of infections and to reduce and/or eliminate occupational exposure to BBP and OPIM within the health care facility.

Infection Control Committee Functions

Addressing food handling, cleaning procedures, patient contact procedures, and direct patient care practices.
Developing and recommending policies and procedures pertaining to infection control.
Recognizing and investigating outbreaks of infections in the healthcare facility.
Intervening directly to prevent infections.
Educating and training health care workers, patients, and nonmedical caregivers.

For more information on becoming part of the Infection Control Committee or details from annual meetings, see your BCHP Compliance Officer.

Appendix e. Guidelines for the Use of Syringes and Needles

Purpose

To propose guidelines to **avoid the recapping of needles,** and techniques to follow if recapping is necessary.

Summary

Recapping needles puts personnel at risk for an accidental needle stick. This practice should be avoided when it is reasonable to do so. Plan the use of needles and syringes carefully. Advanced planning is very important; insuring that all necessary supplies are available (e.g. sharps container) will help reduce hazards and risks. Needle devices which have built-in safety control devices, such as those that use a self-sheathing needle, should be used when possible.

Guidelines

1) Place a syringe and needle in an appropriate sharps container immediately after use without recapping when it is reasonable to do so. This should always be the first choice.
2) Have a sharps container at the point of use. Sharps disposal containers may be mounted on the wall of the work area.
3) Never remove a protective cap with your mouth, and never replace a protective cap with your mouth.
4) Do not hand-pass exposed needles/syringes/sharps from one person to another. Use a predetermined neutral zone or tray for placing and retrieving. Verbally announce when sharps are being placed in the neutral zone.
5) When materials are drawn up into a syringe with one needle (e.g. 18 gauge) and the administration will be with a different needle (e.g. 27 gauge), consider using a needle holder or other instrument to remove the needle from the syringe barrel.
6) If you find used/exposed needles and/or syringes, carefully place them in a sharps container. Use a mechanical device, such as a forceps or clamp, to assist with disposal if necessary.
7) Recapping needles after contact with patients should be extremely rare, but there may be some exceptions:
    a) Working with larger patients, uncooperative patients, or minimally restrained patients may necessitate the need for recapping.
    b) It is appropriate to recap syringe needles using the one-handed (passive) technique when there will be a delay in use or a need to transport the syringe before or after administration.
8) If recapping is necessary based on specific circumstances, a one-handed technique should be used.

    a) Place the cap on a flat surface, then remove your hand from the cap.
    b) Insert the syringe needle tip deep into the plastic protective cap on the flat surface.
    c) Press the tip of the plastic cap against an inanimate object in order to secure it in place.
    d) Never use two hands to begin the needle recapping process.

Or

e) Place the cap on a flat surface, then remove your hand from the cap.

f) With one hand, hold the syringe and use the needle to "scoop up" the cap.

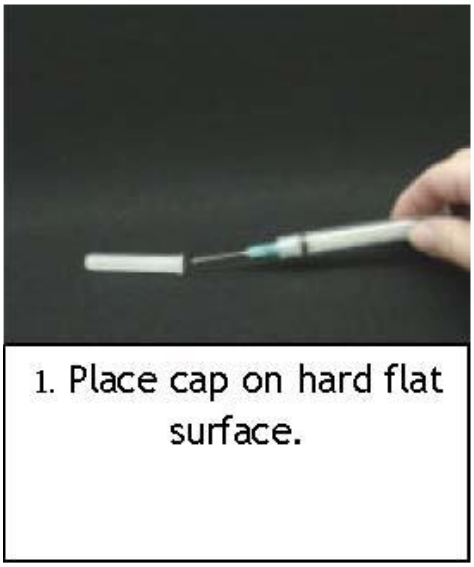
g) When the cap covers the needle completely, use the other hand to secure the cap on the needle hub. Be careful to handle the cap at the bottom only (near the hub).

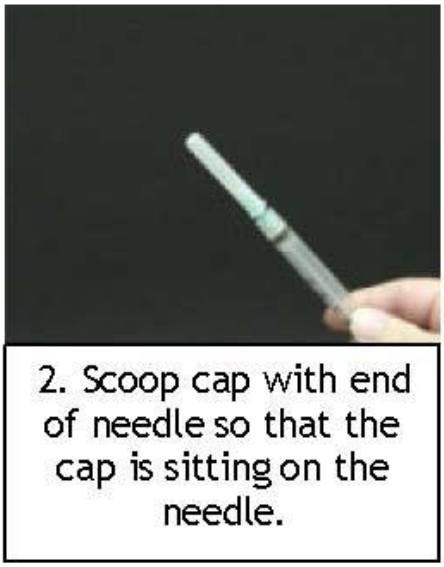
9) Minimize the distance or length of time one walks around with syringes and needles, whether filled for injection or empty.

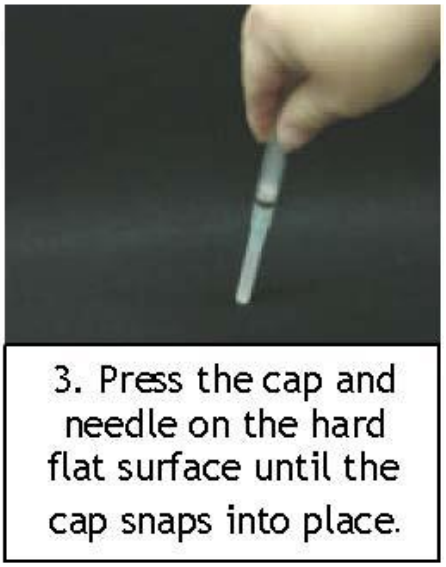
10) Avoid carrying syringes around in your hand or pocket. Place them in a secondary hard plastic container for transport.

ONE HANDED RECAPPING TECHNIQUE

Only recap when absolutely necessary







Appendix f. Incident Report Form

Employee: Return this COMPLETED FORM to your SUPERVISOR as soon as possible.

Name of Person Involved_____

IF EMPLOYEE: Division:_____ Office:_____

Non-Employee: Please fill out address and contact information.

Address:_____

Phone Number:_____Age:_____DOB:_____Sex: □M □F

Date of Incident:_____ Time: _____am/pm

Exact Location of Incident:_____

_____

Description of Incident (Who, What, Where, How, Why, Include sequence of events, personnel involved, body part injured, reason incident occurred) (Use additional forms if necessary)

_____

_____

_____

_____

_____

Actions Taken by Staff Members:_____

_____

_____

_____

Witness Name:_____ Phone Number:_____
Address:_____
Witness Name:_____ Phone Number:_____
Address:_____

Medical Follow-up: Was medical attention sought? □Yes □No
Treatment refused? □Yes □No
First Treatment Date:_____
Treating Physician:_____ Phone Number:_____
Address:_____
First day off of work:_____ Return to Work Date:_____

Duties Restricted: □Yes □No Explain:_____

_____

Incident Reported By:_____ Date:_____

Supervisor Notified: □Yes □No Date Notified:_____ Time: _____am/pm

Name of Supervisor:_____

Supervisor Comments:_____

_____

_____

Supervisor Signature:_____ Date_____

Signature and Title of Person Preparing Report:_____

Corrective Action Taken/Follow-Up: (Things that have been or will be taken to prevent recurrence.)

_____

_____

_____

_____

Director Supervisor_____ Date:_____

Nursing Administrator Signature:_____ Date:_____

Administrator Signature:_____ Date:_____

Signature of Person making complaint:_____ Date:_____

Worker Compensation First Report Sent: □Yes □No Date:_____ OSHA 300 Log #_____

☐I understand the potential risks related to the exposure to the incident that occurred and agree to receive an examination and/or treatment for the exposure, as recommended by my physician. This includes serological testing for Hepatitis B and the HIV virus as indicated.

☐I understand the potential risks related to the exposure incidents that occurred and DO NOT agree to have an examination or treatment for the exposure.

Employee Signature:_____ Date:_____

Supervisor Signature:_____ Date:_____

I understand the information above will be used by my employer to help determine liability for injury. I acknowledge that the above statements are true and accurate representation of the requested information.

Employee Signature:_____ Date:_____

Job Title:_____

Testing for HBV: Baseline and 6 months

Testing for HIV: baseline, 6 weeks, 3 months, 6 months, and 1 year

Appendix g. Post Exposure Incident Source Individual Consent Form

_____ _____

Patient Name (Please Print) BCHP Account # (if known)

Informed consent to Blood Testing

I have been informed that an individual has been exposed to my blood or body fluids. As a result of the exposure, I have been asked to permit my blood to be tested for HIV (known to cause AIDS), Hepatitis B (HBV) and Hepatitis C (HCV).

Check one:

□ I hereby give my consent to such testing.

□ I consent to have my blood tested for HBV, but I decline to have my blood tested for HIV at this time. I understand that by choosing this option, a sample of my blood will be kept for 90 days, during which period I may change my mind and have my blood tested for HIV at that time.

My consent is based on the understanding that:

1. My test results will remain confidential and provided only to those who have a need to know in accordance with current federal, state and local statutes.
2. I have been provided with information concerning HIV and HBV, and understand the contents thereof.
3. I have been given the opportunity to ask questions concerning HIV and HBV testing.
4. I will receive a copy of all test results.

_____ _____

Signed Date

Employer's Representative

I certify that the above-named individual received a copy of the HIV/HBV information sheets and has had the contents thereof fully explained.

_____ _____

Date Employer's Representative (please print)

_____

Title

_____

Signature

This document will be retained in the exposed employee's medical file.

Appendix h. Post Exposure Incident Exposed Employee Consent Form

_____ _____

Employee Name (Please Print) Division / Office

Employee Consent to Blood Testing

As a result of my exposure to blood or other potentially infectious material, it is recommended that I have my blood tested for HIV (known to cause AIDS), Hepatitis B (HBV) and Hepatitis C (HCV).

Check one:

□ I hereby give my consent to such testing.

□I consent to have my blood tested for HBV, but I decline to have my blood tested for HIV at this time. I understand that by choosing this option, a sample of my blood will be kept for 90 days, during which period I may change my mind and have my blood tested for HIV at that time.

My consent is based on the understanding that:

1. My test results will remain confidential and provided only to those who have a need to know in accordance with current federal, state and local statutes.
2. I will be provided with counseling whether the tests are negative or positive.
3. I have been provided with information concerning HIV and HBV, and understand the contents thereof.
4. I have been given the opportunity to ask questions concerning HIV and HBV testing.
5. I have received risk behavior guidelines concerning HIV.
6. I will receive a copy of all test results.

_____ _____

Signed Date

Employer's Representative

I certify that the above-named individual received a copy of the HIV/HBV information sheets and has had the contents thereof fully explained.

_____ _____

Date Employer's Representative (please print)

_____

Title

_____

Signature

This document will be retained in the exposed employee's medical file.

Appendix i. Hepatitis B Immunization Declination Form

(This form must be completed by health care workers without documentation of immunity or of previous vaccination and that decline hepatitis B vaccination.)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____ _____

Signature Date

_____

Name (Print)

_____ _____

HR Witness Signature Date

Appendix j. Sharps Injury Report Form

Instructions:

1. Complete all sections of this form;
2. Make a photocopy for your own records; and
3. Within 4 days of the injury ensure the completed form is received by the Site Manager/Supervisor of Boston Children's Health Physicians.

Injured Employee Name (Last, First)	Employee #	Phone / Email
Department	**Supervisor's Name (Last, First)**	**Phone / Email**

1. Date & Time of Injury	2. Location of Incident	3. Body Part Injured

4. Job Classification of Injured Employee	5. Procedure being performed at the time of injury:

6. Describe how the incident occurred:

7. Sharps Information: (circle appropriate answer)			
a. Did device being used have engineered sharps injury protection? (If yes, go on to question b and c below.)	**Yes**	**No**	**I don't know**
b. Was the protective mechanism activated?	**Yes**	**Yes – partially**	**No**
c. Did the exposure incident occur:	**Before activation**	**During activation**	**After activation**

Identify Sharp involved (If known): (e.g., 18 g needle / QRS Medical / "no stick" needle)

Type:	Brand:	Model

8. If the sharp had no engineered sharps injury protection, injured employee's opinion as to whether and how such a mechanism could have prevented the injury.
9. Injured employee's opinion as to whether there are any other engineering, administrative or work practice controls that could have prevented the injury.

_____ _____

Employee Signature Date

Site Manager / Supervisor Comments / Follow – up (Place additional comments on back)

_____ _____

Manager/Supervisor Signature Date

Appendix k. Sharps Injury Log

BCHP Sharps Injury Log

Year:_____

Date Entered	Date & Time of Incident	Type & Brand of Device	Department or Work Area where Incident Occurred	Description of Incident

Appendix I. Definitions

Definitions

a. Blood-. Blood, blood components, and unsterile products made from blood.

b. Bloodborne Pathogens- Pathogenic viruses and microorganisms that may be present in human blood and that may cause disease in humans. These pathogens include, but are not limited to, human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV).

c. Blood or Other Potentially Infectious Material (BOPIM)-. Any potentially infectious tissue or biological waste, including blood and any part or fluid of the human body other than sweat and dry skin, including amniotic fluid, body tissues, cerebrospinal fluid, organs, pericardial fluid, peritoneal fluid, pleural fluid, saliva (in dental procedures), semen, synovial fluid, vaginal secretions, any bodily fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

d. Contaminated- The presence or the reasonably anticipated presence of BOPIMs on an item or surface.

e. Contaminated Laundry- Laundry or linens that have been soiled with BOPIMs.

f. Contaminated Sharps- Any devices contaminated with BOPIMs having points or edges acute enough to pose a puncture or laceration hazard.

g. Decontamination- The physical or chemical removal, inactivation, or destruction of bloodborne pathogens from a surface or item to the point where it is no longer capable of transmitting infectious particles.

h. Designated Emergency Department- The predetermined, identified location where any health care worker (HCW) exposed to BOPIMs is to receive initial care.

i. Disinfection- The killing or inactivating of pathogenic microorganisms.

j. Engineering Controls- Systems (e.g., the use of safety needles or sharps disposal containers) that reduce or remove the potential for exposure to bloodborne pathogens.

k. Exposure Incident- Eye, mucous membrane, non-intact skin, or parenteral contact with BOPIMs from another person.

l. Health Care Worker (HCW)- Anyone, including paid staff, volunteer and student, that has the potential to be exposed to BOPIMs during the course of performing his duties.

m. Occupational Exposure- Eye, mucous membrane, non-intact skin or parenteral contact with BOPIMs resulting from the performance of required duties.

n. Personal Protective Equipment (PPE)- Specialized clothing or equipment worn by personnel for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) are not intended to function as protection against hazards and are not considered to be personal protective equipment.

o. Post-exposure Point of Contact (PEPOC) This is the one person or place that is designated as the first stop for any personnel exposure to BOPIM.

p. Regulated Waste-Liquid or semi-liquid BOPIMs, contaminated items that would release BOPIMs in a liquid or semi-liquid state if compressed, items that are caked with dried BOPIMs and are capable of releasing these materials during handling, contaminated sharps, pathological and microbiological wastes containing blood or other potentially infectious waste materials, and discarded live virus vaccines (e.g., polio vaccine), whether expired or not.

q. Safe Pass Zone- A designated area where sharps are passed from one HCW to another.

r. Sharps- Any object that can penetrate the skin, including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

s. Source Individual- Any individual, living or dead, whose BOPIMs may be a source of occupational exposure to personnel.

t. Standard Precautions- Hand hygiene, use of gloves, gown, mask, eye protection or face shield, depending on the anticipated exposure, and safe injection practices to prevent skin and mucous membrane transmission of microorganisms resulting from contact with blood and body fluids. All human blood and certain human body fluids are treated as if infectious for HIV, HBV and other bloodborne pathogens. (Standard Precautions combine the major features of what are called "Universal Precautions" and "Body Substance Isolation.")

u. Sterilize- The destruction of all microbes and spores on an object.

v. Work Practice Controls- Procedures that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting the recapping of needles by a two-handed technique).

HEPATITIS B

General Information

Who is at risk?

Although anyone can get Hepatitis B, some people are at greater risk, such as those who:

- Have sexual contact with an infected person
- Have multiple sex partners
- Have a sexually transmitted disease
- Are men who have sexual encounters with other men
- Inject drugs or share needles, syringes, or other injection equipment
- Live with a person who has Hepatitis B
- Are on hemodialysis
- Are exposed to blood on the job
- Are infants born to infected mothers

What is hepatitis?

"Hepatitis" means inflammation of the liver. The liver is a vital organ that processes nutrients, filters the blood, and fights infections. When the liver is inflamed or damaged, its function can be affected.

Hepatitis is most often caused by a virus. In the United States, the most common types of viral hepatitis are Hepatitis A, Hepatitis B, and Hepatitis C. Heavy alcohol use, toxins, some medications, and certain medical conditions can also cause hepatitis.

What is Hepatitis B?

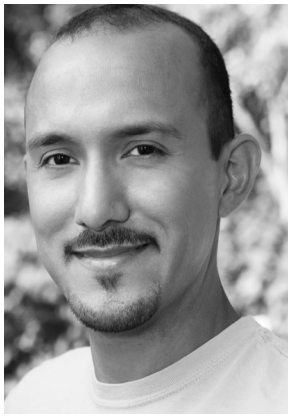
Hepatitis B is a contagious liver disease that results from infection with the Hepatitis B virus. When first infected, a person can develop an "acute" infection, which can range in severity from a very mild illness with few or no symptoms to a serious condition requiring hospitalization. **Acute** Hepatitis B refers to the first 6 months after someone is exposed to the Hepatitis B virus. Some people are able to fight the infection and clear the virus. For others, the infection remains and leads to a "chronic," or lifelong, illness. **Chronic** Hepatitis B refers to the illness that occurs when the Hepatitis B virus remains in a person's body. Over time, the infection can cause serious health problems.

The best way to prevent Hepatitis B is to get vaccinated.

Is Hepatitis B common?

Yes. In the United States, approximately 1.2 million people have chronic Hepatitis B. Unfortunately, many people do not know they are infected. The number of new cases of Hepatitis B has decreased more than 80% over the last 20 years. An estimated 40,000 people now become infected each year. Many experts believe this decline is a result of widespread vaccination of children.

How is Hepatitis B spread?



Hepatitis B is usually spread when blood, semen, or other body fluids from a person infected with the Hepatitis B virus enter the body of someone who is not infected. This can happen through sexual contact with an infected person or sharing needles, syringes, or other injection drug equipment. Hepatitis B can also be passed from an infected mother to her baby at birth.

Hepatitis B is not spread through breastfeeding, sharing eating utensils, hugging, kissing, holding hands, coughing, or sneezing. Unlike some forms of hepatitis, Hepatitis B is also not spread by contaminated food or water.

Can Hepatitis B be spread through sex?

Yes. In the United States, Hepatitis B is most commonly spread through sexual contact. The Hepatitis B virus is 50–100 times more infectious than HIV and can be passed through the exchange of body fluids, such as semen, vaginal fluids, and blood.

Who should get vaccinated against Hepatitis B?

Vaccination is recommended for certain groups, including:

- Anyone having sex with an infected partner
- People with multiple sex partners
- Anyone with a sexually transmitted disease
- Men who have sexual encounters with other men
- People who inject drugs
- People who live with someone with Hepatitis B
- People with chronic liver disease, end stage renal disease, or HIV infection
- Healthcare and public safety workers exposed to blood
- Travelers to certain countries
- All infants at birth

What are the symptoms of acute Hepatitis B?

Not everyone has symptoms with acute Hepatitis B, especially young children. Most adults have symptoms that appear within 3 months of exposure. Symptoms can last from a few weeks to several months and include:

- Fever
- Fatigue
- Loss of appetite
- Nausea
- Vomiting
- Abdominal pain
- Grey-colored stools
- Dark urine
- Joint pain
- Jaundice

What are the symptoms of chronic Hepatitis B?

Many people with chronic Hepatitis B do not have symptoms and do not know they are infected. Even though a person has no symptoms, the virus can still be detected in the blood. Symptoms of chronic Hepatitis B can take up to 30 years to develop. Damage to the liver can silently occur during this time. When symptoms do appear, they are similar to acute infection and can be a sign of advanced liver disease.

How serious is Hepatitis B?

Over time, approximately 15%–25% of people with chronic Hepatitis B develop serious liver problems, including liver damage, cirrhosis, liver failure, and liver cancer. Every year, approximately 3,000 people in the United States and more than 600,000 people worldwide die from Hepatitis B-related liver disease.

How is Hepatitis B diagnosed and treated?

Hepatitis B is diagnosed with specific blood tests that are not part of blood work typically done during regular physical exams. For acute Hepatitis B, doctors usually recommend rest, adequate nutrition, fluids, and close medical monitoring. Some people may need to be hospitalized. Those living with chronic Hepatitis B should be evaluated for liver problems and monitored on a regular basis. Even though a person may not have symptoms or feel sick, damage to the liver can still occur. Several new treatments are available that can significantly improve health and delay or reverse the effects of liver disease.

Can Hepatitis B be prevented?

Yes. The best way to prevent Hepatitis B is by getting vaccinated. For adults, the Hepatitis B vaccine is given as a series of 3 shots over a period of 6 months. The entire series is needed for long-term protection. Booster doses are not currently recommended.

For more information

Talk to your health professional, call your health department, or visit www.cdc.gov/hepatitis.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention
Division of Viral Hepatitis

www.cdc.gov/hepatitis

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OPA

OFFICE OF POPULATION AFFAIRS

Human Immunodeficiency Virus (HIV)

THE FACTS

U.S. Department of Health & Human Services | 200 Independence Avenue, S.W. Washington, D.C., 20003

Human Immunodeficiency Virus
THE FACTS

What is HIV?

HIV stands for the Human Immunodeficiency Virus. HIV damages white blood cells (CD4+ or T cells) that are very important and help the body fight infection and disease. As HIV infection progresses, people have fewer of these cells in their blood and the immune system becomes weak and damaged. When this happens, HIV can lead to AIDS, or Acquired Immune Deficiency Syndrome.

How do people get HIV?

HIV is spread through body fluids such as blood, semen, pre-seminal fluid, vaginal fluids, and breast milk from a person who is infected with HIV. HIV is primarily spread by:

- Not using a condom when having sex with a person who has HIV. All unprotected sex with someone who has HIV poses some risk.
- Having multiple sex partners or the presence of other sexually transmitted infections (STIs) can increase the risk of infection during sex. Unprotected oral sex can also be a risk for HIV transmission, but it is a much lower risk than anal or vaginal sex.
- Sharing needles, syringes or other equipment used to prepare illicit drugs for injection.
- Being born to an infected mother—HIV can be passed from mother to child during pregnancy, birth, or breastfeeding.
- Healthcare workers exposed to infectious body fluids, most often through needle-sticks, have a very small risk of getting HIV as a result. They may, however, benefit from post-exposure prophylaxis, or PEP, a 1-month regimen of two or three antiretroviral drugs. For more information, go to AIDS.gov's post-exposure prophylaxis page.
- Patients receiving blood transfusions or organ/tissue transplants are at an extremely low risk of contracting HIV.

HIV is not transmitted by day-to-day contact in social settings, schools or in the workplace, such as, shaking someone's hand or hugging them, kissing, using the same toilet, sheets, towels, eating utensils or drinking from the same glass or playing sports.

U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C., 20003

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OFFICE OF POPULATION AFFAIRS

Human Immunodeficiency Virus
THE FACTS

How common is HIV?

- Currently, 1.1 million people are living with HIV in the U.S.
- Nearly one in five of those (18%) are unaware of their infection.
- Approximately 50,000 Americans become newly infected with HIV each year.

- Nearly 18,000 people with AIDS still die each year in the United States. HIV affects people from all backgrounds. Anyone who has unprotected sex can be at risk regardless of age, race, gender, or sexual orientation, although some groups are at higher risk.
- Social factors such as poverty, discrimination, stigma, and lack of access to health care put communities of color at increased risk.
- About 44% of all new HIV infections occur in African-Americans, for example, even though they comprise only about 12% of the U.S. population.
- Gay and bisexual men account for 61% of all new HIV cases and about 49% of those currently living with the virus.
- Women account for one in four people – 295,000 living with HIV in the U.S. Women of color and younger women are hit especially hard.

What are the stages of HIV?

Acute HIV Infection: Some people develop flu-like symptoms early after infection, usually in a few weeks up to a month. Not everyone feels ill, though, and symptoms might be mild. At this point the immune system is beginning to respond to the virus.

Latent or Asymptomatic HIV Infection: After a few weeks, the level of HIV in the blood decreases and people enter a latent or asymptomatic stage. During this stage – which can last 8 to 10 years – a person usually feels fine. The virus is still active, though, and can be spread to others.

Symptomatic HIV Infection: The immune system weakens and symptoms of opportunistic infections develop; these infections are more likely to occur in someone with a weakened immune system.

U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C., 20003

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Human Immunodeficiency Virus
THE FACTS

AIDS: HIV infection that is not treated leads to AIDS. At this stage, the immune system is severely weakened and serious illnesses emerge. An AIDS diagnosis can be made when someone who has HIV develops an opportunistic infection or has a CD4+ count below 200 (this is the number or "count" of CD4+ cells in small sample of blood). A normal CD4 count is between 500 and 1000.

Testing/Diagnosis

- CDC recommends that everyone aged 13-64 years get tested for HIV at least once in their life and that people at higher risk (because of risky sex or injection drug use) get tested at least once a year. A negative HIV test result “expires” with each risky act.
- Most HIV tests done in the U.S. detect antibodies—substances the body’s immune system produces in response to the infection. HIV is most often detected by testing blood, but some tests use urine samples or take a swab of fluid from inside the mouth. Some rapid HIV tests can provide results in as little as 20 minutes.
- Most tests can detect the disease 2-8 weeks after infection, but in some people detection takes longer. The disease can be detected in almost everyone with HIV three months after infection, so it’s a good idea for anyone tested earlier than that to have a follow-up test at three months.
- Many types of clinics offer HIV tests. To find a clinic in your area, go to https://locator.aids.gov to find a testing site near you. Many Title X family planning clinics offer HIV testing and may be found via the links above or at http://www.hhs.gov/opa/. For more information on testing, please visit http://www.cdc.gov/hiv/topics/testing/resources/qa/index.htm.

What is the treatment for HIV?

HIV treatment options can vary greatly from person to person, so talk with your health care provider about what is best for you. If you are newly diagnosed, timely treatment is key to managing your HIV infection well. Recent advances in HIV treatments can help people living with HIV infection experience long and productive lives. CDC and other government agencies continue to work on a variety of treatment-related activities. For specific information on HIV treatment, please visit CDC's HIV Treatment web page.

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Human Immunodeficiency Virus
THE FACTS

Reduce your risk

HIV is generally passed from person to person through sexual (anal, vaginal, or oral) contact or by sharing needles and other drug works. HIV can be prevented through:

- **Abstinence** - Abstaining from sex means not having any type of sex at all—oral, anal, or vaginal. The decision to practice abstinence does not mean that you should not know about condoms and safe sex practices. Most people stop being abstinent at some point in their lives. Learning how to protect yourself from HIV allows you to be prepared in case you decide to have sex.
- **Monogamy** - Mutual monogamy means that you agree to be sexually active with only one person, and that person is sexually active only with you. Reducing your number of sexual partners can decrease your risk for HIV. It is still important that you and your partner get tested for HIV and share your test results with each other. Many people choose to continue using condoms in a mutually monogamous relationship for further protection from HIV and other STDs, as well as to prevent unintended pregnancy.
- **Condoms** - When used consistently and correctly, condoms are highly effective in preventing HIV infection. If you are sexually active, latex condoms provide the best protection against HIV infection. Polyurethane or plastic condoms may also be used and are good options for people with latex allergies. Natural membrane (such as lambskin) condoms are porous, meaning that fluids can seep through them, and therefore do not offer the same level of protection against HIV and other STDs.
- Go to http://www.cdc.gov/condomeffectiveness/brief.html for more on how to use a condom correctly.
- If you inject drugs, don't share needles, syringes, or "works." Only use syringes from a source you can trust, such as a pharmacy.

Talk to your partner

- If you are diagnosed with HIV, anyone you've had sex with or shared injection drug equipment with needs to know your HIV status. Talking about HIV is hard, but it's the best thing you can do to help others protect their health. You don't have to do this alone. Your local health department will usually contact your partners and talk to them about getting tested, without revealing your name.

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- It is also important to tell any future partners about your status and to practice safer sex. Using condoms correctly each time you have sex helps prevent transmission of HIV and other STDs and greatly reduces the risk of unintended pregnancy.

Sources

Centers for Disease Control and Prevention:

- HIV/AIDS Basics

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