

**Bloodborne
Pathogens
Standard**



Model Exposure Control Plan and Employer Guide

**Bloodborne Pathogens
Standard
29 CFR 1910.1030**



**Public Employees
Occupational Safety
and Health Program**

Revised January 2003



**James E. McGreevey
Governor**



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



**Albert G. Kroll
Commissioner**



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

JAMES E. MCGREEVEY
Governor

www.state.nj.us/health

CLIFTON R. LACY, M.D.
Commissioner

January 2003

Dear Public Employer:

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

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

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

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

- statement of employer policy

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

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

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

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

Sincerely,

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

TABLE OF CONTENTS

Introduction	2
Policy.....	3
Program Administration.....	4
Employee Exposure Determination	5
Effective Dates	6
Exposure Control Plan (ECP)	7
Engineering Controls	8
Personal Protective Equipment (PPE).....	9
Training	11
Hepatitis B Vaccination	12
Post Exposure Evaluation.....	13
Health Care Professionals	17
Housekeeping	19
Labeling.....	20
Recordkeeping.....	21
First Aid Providers	23

APPENDIX SECTION

Appendix A	Occupations at Risk and Definitions.....	A1
Appendix B	Employee Education and Training Record	B1
Appendix C	Hepatitis B Vaccine Immunization Record.....	C1
	Declination Statement	C2
Appendix D	Exposure Incident Report.....	D1
Appendix E	Request for Source Individual Evaluation (Letter and Form).....	E1
Appendix F	Employee Exposure Follow-up Record	F1
Appendix G	Information on Regulated Medical Waste	G1
Appendix H	Fact Sheet - Personal Protective Equipment Cuts Risks.....	H1
Appendix I	Fact Sheet - Reporting Exposure Incidents	I1
Appendix J	Fact Sheet - Hepatitis B Vaccination - - Protection for You.....	J1

INTRODUCTION

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

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

POLICY

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

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

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

PROGRAM ADMINISTRATION

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

EMPLOYEE EXPOSURE DETERMINATION

I. Employee Exposure Determination

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

- Police officers
- Plumbers, repairmen and electricians, Plant management
- Custodians/BMWs, Plant Management
- Athletic Trainers, Coaches and Student Athletic Trainers
- Professors, adjunct professors and/or lab technicians, NAMS
- Biotechnology research faculty, staff participating in blood glucose testing.
- Shipping, receiving and mailroom staff
 - NOTE: - the doctors and nurses in the Health Services Department of Stockton University are under the jurisdiction of their employer, AtlantiCare Hospital and its ECP.

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

- Grounds, Plant Management
- NOTE: Good Samaritan acts which result in exposure to blood or other potentially infectious materials from assisting a fellow employee (i.e. nosebleed, cuts, giving CPR, or first aid) are not included in the Bloodborne Standard however PEOSH encourages employers to offer Post-Exposure Evaluation and follow-up in such cases.

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

If needed, additional job classification lists and task sheets for Section A and B are provided in the Appendix Section A.

EFFECTIVE DATES

II. Effective Dates:

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

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

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

EXPOSURE CONTROL PLAN

III. Methods of Implementation and Control

1.0 Universal Precautions

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

2.0 Exposure Control Plan (ECP)

- 2.1 Employees covered by the Bloodborne Pathogens Standard will receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees will have an opportunity to review this Plan at any time during their work shifts by contacting their immediate supervisor or by going to the EHS website. Employees seeking copies of the Plan may contact the EHS office. A copy of the Plan will be made available free of charge and within 15 days of the request.
- 2.2 The EHS office will be responsible for reviewing and updating the ECP annually or sooner if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

3.0 Engineering Controls and Work Practices

- 3.1 Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. Stockton University will utilize the following engineering and work practice controls in the attendant situations.
 - Biohazard/leak proof bags or rigid containers with biohazard stickers will be available to all employees when possible contact is eminent.
 - Regulated medical waste puncture resistant disposal containers for sharp objects, needles, syringes, glass (all types), metal, etc. will be placed at or near the point of use.
 - Ventilated laboratory hoods and biological safety cabinets will be used where applicable for control of aerosols. The specific engineering controls and work practices used are listed on the following pages:

ENGINEERING CONTROLS

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

- self-sheathing needles
- puncture-resistant disposal containers for contaminated sharps
- sharps with engineered sharps injury protections (SESIPs)
- needleless systems
- Ventilated laboratory hoods with biological safety cabinets (control aerosols)

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

- providing readily accessible hand washing facilities
- washing hands immediately or as soon as feasible after removal of gloves
- at non-fixed sites (i.e., emergency scenes, mobile blood collection sites) which lack hand washing facilities, providing interim hand washing measures, such as antiseptic towelettes and paper towels. Employees can later wash their hands with soap and water as soon as feasible
- washing body parts as soon as possible after skin contact with blood or other potentially infectious materials occurs
- prohibiting the recapping or bending of needles
- shearing or breaking contaminated needles is prohibited
- labeling - all biohazard/leak proof bags or rigid containers that contain material contaminated with blood or other bodily fluids must immediately be labeled with biohazard stickers
- equipment decontamination - all non-disposable equipment that came in contact with blood or other bodily fluids must be immediately decontaminated with a prescribed disinfectant

PERSONAL PROTECTIVE EQUIPMENT

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

4.0 Personal Protective Equipment (PPE)

Personal protective equipment must be used if occupational exposure remains after instituting engineering and work practice controls, or if the controls are not feasible. Training will be provided by the EHS office in the use of the appropriate personal protective equipment for employees' specific job classifications and tasks/procedures they will perform. This equipment will be provided at no cost to the employees of Stockton University.

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

PPE will be worn by all employees of Stockton University whenever it can be reasonably anticipated that they may have contact with or exposure to blood, feces, urine, or other possibly contaminated body fluids.

Face shields or safety goggles with surgical/dust mask will be worn by all employees/ students when splashes, sprays, spatters, or droplets of blood, urine, sweat or any other possibly infectious materials pose a hazard to their face, eyes, nose or mouth.

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

Task	Equipment
Housekeeping: cleaning animal and chemical Labs and bathrooms, emptying trash	Non latex gloves, face masks/shield tongs where required
Plumbing/Repair shops/electricians, when Working on/in lift stations/bathrooms	Tyvek disposable jumpsuits/foot coverings, masks/face shields (safety Goggles) when needed.

PERSONAL PROTECTIVE EQUIPMENT

Task	Equipment
Police Dept., medical assistants Masks	Gloves, masks, CPR antibacterial towelettes

4.2 All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- Remove protective equipment before leaving the work area and after a garment becomes contaminated.
- Place used PPE in appropriately designated in NJ Regulated Medical Waste (RMW) collection containers.
- Wear appropriate gloves when it can be reasonably anticipated that you may have contact with blood or other potentially infectious materials and when handling or touching contaminated items or surfaces. Replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
- Following any contact of body areas with blood or any other infectious materials, you must wash your hands and any other exposed skin with soap and water as soon as possible. Employees must also flush exposed mucous membranes (eyes, mouth, etc) with water.
- Biohazard bags will be available in each office having employees with occupational exposure, or where RMW materials may be generated.
- Each cart should contain red bio-hazard bags, leak proof bags with red bio-hazard labels or solid bio-hazard containers. Contaminated PPE will be placed inside bio-hazard bags/containers and disposed of through Health Services or lab areas on Campus with RMW/ bio-hazard disposal.
- Wear appropriate face and eye protection such as a mask with glasses with solid side shields or a chin-length face shield when splashes, sprays, splatters, or droplets of blood or other potentially infectious materials pose a hazard to the eye, nose, or mouth.
- Never wash or decontaminate *disposable* gloves for reuse or before disposal.
- If a garment is penetrated by blood and other potentially infectious materials, the garment(s) must be removed immediately or as soon as feasible. If a pullover scrub (as opposed to scrubs with snap closures) becomes minimally contaminated, employees should be trained to remove the pullover scrub in such a way as to avoid contact with the outer surface; e.g., rolling up the garment as it is pulled toward the head for removal.

4.3 All equipment will be readily available from shift supervisors at the beginning of each shift in sufficient quantities to last through the workday.

TRAINING

Refer to Appendix H for additional information on PPE.

5.0 Training

- 5.1 All employees who have or are reasonably anticipated to have occupational exposure to bloodborne pathogens (as listed in section D. Employee Exposure Determination) will receive initial training conducted by the EHS office or other appropriately trained personnel. Said training will include the epidemiology of bloodborne pathogens diseases. PEOSH pamphlet “Occupational Exposure to Bloodborne Pathogens” and fact sheets, located in the Record Keeping section and all training aids will be used to inform the employees of Stockton University of the following elements:
- a. A copy and explanation of the Standard
 - b. Epidemiology and symptoms of bloodborne pathogens
 - c. Modes of transmission
 - d. Methods to recognize exposure tasks and other activities that may involve exposure to potentially infectious materials
 - e. Use and limitations of Engineering Controls, Work Practices and PPE
 - f. PPE- types, use, location, handling, decontamination and disposal
 - g. PPE- the basis for selection
 - h. Hepatitis B vaccinations will be offered free of charge. Training and Consent/Declination forms will be given prior to vaccination on its’ safety, effectiveness, benefits, and methods of administration.
 - i. Emergency procedures for blood spill or other potentially infectious materials
 - j. Exposure incident definition and procedures
 - k. Post-exposure evaluation and follow-up
 - l. Signs and labels and/or color-coding
 - m. Question and answer session
 - n. An Employee Education and Training Record will be completed for each employee upon completion of training. This document will contain acceptance/declination of shots and will be kept by the EHS office. A copy will be sent to Plant Management, Athletics, the Police Department and NAMS.

HEPATITIS B VACCINATION

6.0 Hepatitis B Vaccination

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

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

Hepatitis B vaccination will be provided by: AtlantiCare Occupational Health

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

Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the HB vaccination (see Appendix C2) will be kept in in the EHS office with the employee's other medical records. Vaccination is to be administered in accordance with US Public Health Service (USPHS) recommended protocol.

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

POST EXPOSURE EVALUATION

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

- 7.1 Should an exposure incident occur contact his/her supervisor immediately. The supervisor will contact the EHS office or appropriately trained personnel (see attached list of trained Bloodborne Pathogen personnel), whichever is more readily available. Each exposure must be documented by the employee on an "Exposure Report Form" (see Appendix D) as well as an employee accident form. If possible, save the material in the event testing is deemed appropriate.

An immediately available confidential medical evaluation and follow-up will be conducted by the Emergency Department at AtlantiCare Hospital, Mainland Division. The hospital is to be advised that the patient is an employee of Stockton University and that the exposure is a work/research related incident. The following elements will be performed:

- Document the routes of exposure and how exposure occurred.
- Identify and document the source individual (see Appendix E), unless the employer can establish that identification is infeasible or prohibited by State or local law (See Note #1).
- The source individual(s) shall be tested as soon as feasible and after consent is obtained (see Note #2) in order to determine HBV and HIV infectivity. If consent is not obtained, shall establish that legally required consent cannot be obtained. When the source individual's consent is not required, the source individual's blood, if available, shall be tested and the results documented
- 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.
- Provide the exposed employee with the source individual's test results and information about applicable disclosure laws and regulations concerning the source identity and infectious status.
- After obtaining consent, collect exposed employee's blood as soon as feasible after the exposure incident and test blood for HBV and HIV serological status. (See footnote)
- If the employee does not give consent for HIV serological testing during the collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days. (See Note #3) By law, all test results are maintained as confidential.

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

POST EXPOSURE EVALUATION

The EHS office and the shop supervisor of the exposed employee will review the circumstances of the exposure incident to determine if protocols, procedures and/or training need to be revised.

NAMS: Only incidents involving medical sharps will be logged. The information will be evaluated during the annual sharps evaluation to determine if a safer alternative is advised/available.

POST EXPOSURE EVALUATION

Note to Employer:

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

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

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

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

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

POST EXPOSURE EVALUATION

Highlights of Post Exposure Evaluation and Follow-Up Requirements

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

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

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

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

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

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

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

HEALTH CARE PROFESSIONALS

8.0 Health Care Professionals

8.1 The shop supervisor and/or the EHS office will ensure that health care professionals responsible for employee's HB vaccination and post-exposure evaluation and follow-up be given a copy of the PEOSH Bloodborne Pathogens Standard. They will also ensure that the health care professional evaluating an employee after an exposure incident receives the following:

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

8.2 Healthcare Professional's Written Opinion

The shop supervisor and/or the EHS office will provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days after completion of the evaluation.

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

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

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

8.3 Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

The shop supervisor and/or the EHS office will review the circumstances of all exposure incidents to determine.

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

HEALTH CARE PROFESSIONALS

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

HOUSEKEEPING

9.0 Housekeeping

9.1 The department head or his/her designee will develop and implement a written schedule for cleaning and decontaminating work surfaces as indicated by the standard and as described below:

Cleaning Schedule

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

- Include in the housekeeping schedule a method of decontamination, the location of cleanup and decontamination supplies.
- Decontaminate work surfaces and/or areas of possible contamination with an appropriate disinfectant as soon as feasible, or immediately when overtly contaminated, after a spill of any and all potentially infectious materials.
- Inspect and decontaminate, on a regular basis, reusable receptacles such as bins, pails, and cans that have likelihood for becoming contaminated. When contamination is visible, clean and decontaminate receptacles immediately.
- ALWAYS** use mechanical means such as tongs, brush and dustpan to pick up contaminated broken glassware or other sharp object. **NEVER** pick up with hands even if gloves are worn.
- Place regulated waste in closable labeled or color-coded containers. When storing, handling, or transporting, put ALL regulated waste in containers constructed to be leak-proof. When discarding contaminated sharp objects, place them in containers that are sealable, puncture resistant, are appropriately color coded / or labeled, and leak proof on sides and bottom.
- Discard all regulated waste according to Federal, State and Local regulations. Contact the EHS Office for assistance.

LABELING

10.0 Labeling

- 10.1 The Standard requires either florescent red-orange biohazard bags or red-orange biohazard labels be affixed to leak-proof bags/ containers be used. Either method may be used. The shift supervisor will ensure warning labels are affixed or red bags are used as required. Employees are to notify the EHS Office and the local Department head if they discover any unlabeled regulated waste.

RECORDKEEPING

11.0 Recordkeeping

11.1 Medical Records

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

Human Resources, and in certain instances, the EHS Office is responsible for maintenance of the required medical records and they are kept at Stockton University.

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

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

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

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

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

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

RECORDKEEPING

11.2 Training Records

Bloodborne pathogen training records will be maintained by the EHS Office located in building 70 (see Appendix B).

The training record shall include:

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

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

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

FIRST AID PROVIDERS

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

Designated First Aid Providers

Police personnel/EMTs/First Responders

Athletic Trainers and Student Athletic Trainers

In the event of a first aid incident where blood or other potentially infectious materials (OPIM) are present, the employee(s) providing the first aid assistance is (are) instructed to report to the Department Head and the EHS Office, or head athletic trainer before the end of their work shift.

The EHS Office, or other properly trained personnel will maintain a report (Appendix D can be used) which describes name of the first aider, date, time and description of incident.

The Department head and/or EHS Office will ensure that any first aider that desires the vaccine series after an incident involving blood or OPIM will receive it as soon as possible, but no later than twenty four hours after the incident.

Properly trained personnel and/or the EHS Office will train first aid providers on the specifics of the reporting procedures, in addition to all the training required in Section 5.0 Training.

APPENDIX SECTION

APPENDIX A

OCCUPATIONS AT RISK

Occupations that may involve risk from occupational exposure to blood or other potentially infectious material:

- | | |
|-------------------------------------|---|
| < Physician | < Medical Technologist |
| < Physicians Assistant | < Regulated Waste Handler |
| < Nurse | < Some laundry and housekeeping employees |
| < Phlebotomist | < Industrial Medical Center Personnel |
| < Medical Examiner | < Lab Workers |
| < Emergency Medical Technician (EM) | < Life Guards |
| < Supervisor (performing first-aid) | < Firefighters |
| < Dentist | < Corrections Officers |
| < Dental Hygienist | < Police |

DEFINITIONS

Before beginning a discussion of the standard there are several definitions that should be explained which specifically apply to this regulation. These definitions are also included in paragraph (b) of the standard.

- A. **Blood** - human blood, human blood components, and products made from human blood.
- B. **Bloodborne Pathogens** - pathogenic microorganisms that are present in human blood and can infect and cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV). (This includes hepatitis C virus.)
- C. **Contaminated** - the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- D. **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 pathogen hazard from the workplace.
- E. **Exposure Incident** - a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
- F. **Occupational Exposure** - 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.

APPENDIX A

G. Other Potentially Infectious Materials (OPIM)

1. The following human body fluids:
 - a. semen
 - b. vaginal secretions
 - c. cerebrospinal fluid
 - d. synovial fluid
 - e. pleural fluid
 - f. pericardial fluid
 - g. peritoneal fluid
 - h. amniotic fluid
 - i. Saliva in dental procedures
 - j. any body fluid visibly contaminated with blood
 - k. 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);
3. HIV-containing cells or tissue cultures, organ cultures, and HIV or HBV-containing cultures medium or other solutions; and
4. Blood, organs, or other tissue from experimental animals infected with HIV or HBV.

H. Regulated Waste -

1. Liquid or semi-liquid blood or OPIM;
 2. Contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed;
 3. Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling;
 4. Contaminated sharps; and
 5. Pathological and microbiological wastes containing blood or OPIM.
- I. **Universal Precautions** - an approach to infection control whereby all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

APPENDIX B

EMPLOYEE EDUCATION & TRAINING RECORD

EXAMPLE ONLY – FILES ARE KEPT VIA – ONLINE TRAINING PROGRAM

Employee _____ Date of Hire _____

Job Title _____ Date Assigned _____

INITIAL TRAINING:				
SUBJECT	DATE	LOCATION	TRAINER	EMPLOYEE SIGNATURE
a. The Standard				
b. Epidemiology & Symptoms of Bloodborne Diseases				
c. Modes of Transmission				
d. Exposure Control Plan				
e. Recognizing Potential Exposure				
f. Use & Limitations of Exposure Control Methods				
g. Personal Protective Equipment (PPE)				
h. Selection of PPE				
i. HBV Immunization Program				
j. Emergencies involving Blood or Potentially Infectious Materials				
k. Exposure Follow-up Procedures				
l. Post Exposure Evaluation and Follow-up				
m. Signs & Labels				
n. Opportunity to Ask Questions				

ADDITIONAL EDUCATION:				
SUBJECT	DATE	LOCATION	TRAINER	EMPLOYEE SIGNATURE

ANNUAL RETRAINING:				
SUBJECT	DATE	LOCATION	TRAINER	EMPLOYEE SIGNATURE

EXAMPLE – ONLY

CONFIDENTIAL

HEPATITIS B VACCINE IMMUNIZATION RECORD

Vaccine is to be administered on: _____

Elected dates:

First: _____

One month from elected date: _____

Six months from elected date: _____

Employee Name: _____

Date of first dose: _____

Date of second dose: _____

Date of third dose: _____

Antibody test results - pre-vaccine (optional): _____

Antibody test results - post-vaccine: _____

Time interval since last injection: _____

Employee Signature: _____

DECLINATION 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 I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature

Date

EXPOSURE INCIDENT REPORT
(Routes and Circumstances of Exposure Incident)
Please Print

Date Completed _____

Employee's Name _____ SS# _____ - _____ - _____

Home Phone _____ Business Phone _____

DOB _____ Job Title _____

Employee Vaccination Status _____

Date of Exposure _____ Time of Exposure _____ am pm

Location of Incident (Home, Street, Clinic, etc) Be Specific: _____

Nature of Incident (Auto Accident, Trauma, Medical Emergency) Be Specific:

Describe what task(s) you were performing when the exposure occurred. Be Specific:

Were you wearing personal protective equipment (PPE)? Yes No

If yes, list _____

Did the PPE fail? Yes No

If yes, explain how: _____

What body fluid(s) were you exposed to (blood or other potentially infectious material)? Be Specific:

Continued on back

APPENDIX D

Side 2 of 2-sided form

Continued from front

What parts of your body became exposed? Be specific: _____

Estimate the size of the area of your body that was exposed: _____

For how long? _____

Did a foreign body (needle, nail, auto part, dental wires, etc.) penetrate your body?

Yes No

If yes, what was the object? _____

Where did it penetrate your body? _____

Was any fluid injected into your body? Yes No

If yes, what fluid?: _____ How much? _____

Did you receive medical attention? Yes No

If yes, where? _____

When _____

By whom _____

Identification of source individual(s) _____

Name(s) _____

Did you treat the patient directly? Yes No

If yes, what treatment did you provide. Be specific: _____

Other pertinent information: _____

APPENDIX E LETTER

REQUEST FOR SOURCE INDIVIDUAL EVALUATION

Dear (Emergency Room Medical Director, Infection Control Practitioner):

During a recent transport of a patient to your facility, one of our prehospital care providers was involved in an event which may have resulted in exposure to a Bloodborne Pathogen.

I am asking you to perform an evaluation of the source individual who was transported to your facility. Given the circumstances surrounding this event, please determine whether our prehospital care worker is at risk for infection and/or requires medical follow-up.

Attached is a "Documentation and Identification of Source Individual" form which was initiated by the exposed worker. Please complete the source individual section and communicate the findings to the designated medical provider.

The evaluation form has been developed to provide confidentially assurances for the patient and the exposed worker concerning the nature of the exposure. Any communication regarding the findings is to be handled at the medical provider level.

We understand that information relative to human immunodeficiency virus (HIV) and AIDS has specific protections under the law and cannot be disclosed or released without the written consent of the patient. It is further understood that disclosure obligates persons who receive such information to hold it confidential.

Thank you for your assistance in this very important matter.

Sincerely,

APPENDIX E FORM

CONFIDENTIAL

**DOCUMENTATION AND IDENTIFICATION
OF SOURCE INDIVIDUAL**

Name of Exposed Employee _____

Name and Phone Number of Medical Provider Who Should be Contacted:

Incident Information

Date: _____

Name or Medical Record Number of the Individual Who is the Source of the Exposure:

Nature of the Incident

- Contaminated Needlestick Injury
- Blood or Bodyfluid Splash Onto Mucous Membrane or Non-Intact Skin

Other: _____

Report of Source Individual Evaluation

Chart Review By _____ Date: _____

Source Individual Unknown - Researched by _____
Date: _____

Testing of Source Individual's Blood **Consent** Obtained Refused

Check One:

- Identification of source individual infeasible or prohibited by state or local law. State why is infeasible.
- Evaluation of the source individual reflected to known exposure to Bloodborne Pathogen.
- Evaluation of the source individual reflected possible exposure to Bloodborne Pathogen and medical follow-up is recommended.

Person Completing Report: _____ Date: _____

Note: Report the results of the source individual's blood test to the medical provider named above who will inform the exposed employee. Do not report blood test findings to the employer.

HIV-related information cannot be released without the written consent of the source individual.

APPENDIX F

CONFIDENTIAL

EMPLOYEE EXPOSURE FOLLOW-UP RECORD

Employee's Name _____ Job Title _____

Occurrence Date _____ Reported Date _____

Occurrence Time _____ am pm

SOURCE INDIVIDUAL FOLLOW-UP

Request Made to _____

Date _____ Time _____ am pm

EMPLOYEE FOLLOW-UP

Employee's Health File Reviewed by _____ Date: _____

Information given on source individual's blood test results Yes Not Obtained

Referred to healthcare professional with required information

Name of healthcare professional _____

By Whom _____ Date _____

Blood Sampling/Testing Offered

By Whom _____ Date _____

Vaccination Offered/Recommended

By Whom _____ Date _____

Counseling Offered

By Whom _____ Date _____

Employee Advised of need for further evaluation of medical condition

By Whom _____ Date _____

APPENDIX G

INFORMATION ON REGULATED MEDICAL WASTE

The following information is included to assist you in evaluating and contracting for a transport, handling, and disposal company, should you not be equipped to handle your regulated medical waste.

Every Prospective Client is Urged to:

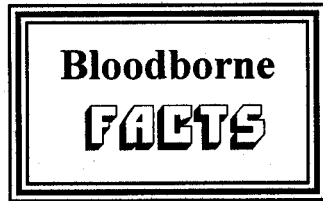
1. Request and check references and solicit information on reliability from colleagues who are known clients of vendor(s);
2. Obtain a specific detailed contract for services rendered;
3. Require accurate documentation on transportation practices and date, method and location of ultimate disposal;
4. If at all possible, make a site visit to the vendor's base of operation and disposal facilities; and
5. Strictly monitor all aspects of the services provided to you on an ongoing basis.

For Additional Information on Regulated Medical Waste, contact:

New Jersey Department of Environmental Protection
Division of Solid Waste Management
Bureau of Resource Recovery and Technical Programs
PO Box 414
401 East State Street
Trenton, NJ 08625-0414
(609) 984-6620

And/Or

New Jersey Department of Health and Senior Services
Division of Environmental and Occupational Health Services
Public Health Sanitation and Safety Program
PO Box 369
3635 Quakerbridge Road
Trenton, NJ 08625-0369
(609) 588-3124



Personal Protective Equipment Cuts Risk

U.S. Department of Labor
Occupational Safety and Health Administration

Wearing gloves, gowns, masks, and eye protection can significantly reduce health risks for workers exposed to blood and other potentially infectious materials. The new OSHA standard covering bloodborne disease requires employers to provide appropriate personal protective equipment (PPE) and clothing free of charge to employees.

Workers who have direct exposure to blood and other potentially infectious materials on their jobs run the risk of contracting bloodborne infections from hepatitis B virus (HBV), human immunodeficiency virus (HIV) which causes AIDS, and other pathogens. About 8,700 health care workers each year are infected with HBV, and 200 die from the infection. Although the risk of contracting AIDS through occupational exposure is much lower, wearing proper personal protective equipment can greatly reduce potential exposure to all bloodborne infections.

SELECTING PPE

Person protective clothing and equipment must be suitable. This means the level of protection must fit the expected exposure. For example, gloves would be sufficient for a laboratory technician who is drawing blood, whereas a pathologist conducting an autopsy would need considerably more protective clothing.

PPE may include gloves, gowns, laboratory coats, face shields or masks, eye protection, pocket masks, and other protective gear. The gear must be readily accessible to employees and available in appropriate sizes.

If an employee is expected to have hand contact with blood or other potentially infectious materials or contaminated surfaces, he or she must wear gloves. Single use gloves cannot be washed

or decontaminated for reuse. Utility gloves may be decontaminated if they are not compromised. They should be replaced when they show signs of cracking, peeling, tearing, puncturing, or deteriorating. If employees are allergic to standard gloves, the employer must provide hypoallergenic gloves or similar alternatives.

Routine gloving is not required for phlebotomy in voluntary blood donation centers, though it is necessary for all other phlebotomies. In any case, gloves must be available in voluntary blood donation centers for employees who want to use them. Workers in voluntary blood donation centers must use gloves (1) when they have cuts, scratches or other breaks in their skin, (2) while they are in training; and (3) when they believe contamination might occur.

Employees should wear eye and mouth protection such as goggles and masks, glasses with solid side shields, and masks or chin-length face shields when splashes, sprays, splatters, or droplets of potentially infectious materials pose a hazard through the eyes, nose or mouth. More extensive coverings such as gowns, aprons, surgical caps and hoods, and shoe covers or boots are needed when gross contamination is expected. This often occurs, for example, during orthopedic surgery or autopsies.

AVOIDING CONTAMINATION

The key is that blood or other infectious materials must not reach an employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions for the duration of exposure.

Employers must provide the PPE and ensure that their workers wear it. This means that if a lab coat is considered PPE, it must be supplied by the

APPENDIX H

employer rather than the employee. The employer also must clean or launder clothing and equipment and repair or replace it as necessary.

Additional protective measures such as using PPE in animal rooms and decontaminating PPE before laundering are essential in facilities that conduct research on HIV or HBV.

EXCEPTION

There is one exception to the requirement for protective gear. An employee may choose, temporarily and briefly, **under rare and extraordinary circumstances**, to forego the equipment. It must be the employee's professional judgment that using the protective equipment would prevent the delivery of health care or public safety services or would pose an increased hazard to the safety of the worker or coworker. When one of those excepted situations occurs, employers are to investigate and document the circumstances to determine if there are ways to avoid it in the future. For example, if a firefighter's resuscitation device is damaged, perhaps another type of device should be used or the device should be carried in a different manner. Exceptions must be limited- -this is not a blanket exemption.

DECONTAMINATING AND DISPOSING OF PPE

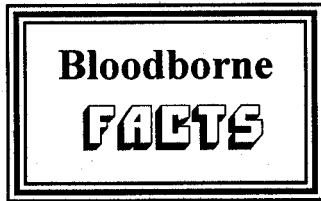
Employees must remove personal protective clothing and equipment before leaving the work area or when the PPE becomes contaminated. If a garment is penetrated, workers must remove it immediately or as soon as feasible. Used protective clothing and equipment must be placed in designated containers for storage, decontamination, or disposal.

OTHER PROTECTIVE PRACTICES

If an employee's skin or mucous membranes come into contact with blood, he or she is to wash with soap and water and flush eyes with water as soon as feasible. In addition, workers must wash their hands immediately or as soon as feasible after removing protective equipment. If soap and water are not immediately available, employers may provide other handwashing measures such as moist towelettes. Employees still must wash with soap and water as soon as possible.

Employees must refrain from eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses in areas where they may be exposed to blood or other potentially infectious materials.

This is one of a series of fact sheets that discuss various requirements of the Occupational Safety and Health Administration's standard covering exposure to bloodborne pathogens. Single copies of fact sheets are available from OSHA Publications, Room N-3103, 200 Constitution Avenue, N.W., Washington, D.C. 20210 and from OSHA regional offices.



Reporting Exposure Incidents

U.S. Department of Labor
Occupational Safety and Health Administration

OSHA's new bloodborne pathogens standard includes provisions for medical follow-up for workers who have an exposure incident. The most obvious exposure incident is a needlestick. But any specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials is considered an exposure incident and should be reported to the employer.

Exposure incidents can lead to infection from hepatitis B virus (HBV) or human immunodeficiency virus (HIV) which causes AIDS. Although few cases of AIDS are directly traceable to workplace exposure, every year about 8,700 health care workers contract hepatitis B from occupational exposures. Approximately 200 will die from this bloodborne infection. Some will become carriers, passing the infection on to others.

WHY REPORT?

Reporting an exposure incident right away permits immediate medical follow-up. Early action is crucial. Immediate intervention can forestall the development of hepatitis B or enable the affected worker to track potential HIV infection. Prompt reporting also can help the worker avoid spreading bloodborne infection to others. Further, it enables the employer to evaluate the circumstances surrounding the exposure incident to try to find ways to prevent such a situation from occurring again.

Reporting is also important because part of the follow-up includes testing the blood of the source individual to determine HBV and HIV infectivity if this is unknown and if permission for testing can be obtained. The exposed employee must be informed of the results of these tests.

Employers must tell the employee what to do if an exposure incident occurs.

MEDICAL EVALUATION AND FOLLOW-UP

Employers must provide free medical evaluation and treatment to employees who experience an exposure incident. They are to refer exposed employees to a licensed health care provider who will counsel the individual about what happened and how to prevent further spread of any potential infection. He or she will prescribe appropriate treatment in line with current U.S. Public Health Service recommendations. The licensed health care provider also will evaluate any reported illness to determine if the symptoms may be related to HIV or HBV development.

The first step is to test the blood of the exposed employee. Any employee who wants to participate in the medical evaluation program must agree to have blood drawn. However, the employee has the option to give the blood sample but refuse permission for HIV testing at that time. The employer must maintain the employee's blood sample for 90 days in case the employee changes his or her mind about testing- -should symptoms develop that might relate to HIV or HBV infection.

The health care provider will counsel the employee based on the test results. If the source individual was HBV positive or in a high risk category, the exposed employee may be given hepatitis B immune globulin and vaccination, as necessary. If there is no information on the source individual or the test is negative, and the employee has not been vaccinated or does not have immunity based on his or her test, he or she may receive the vaccine. Further, the health care provider will discuss any other findings from the tests.

APPENDIX I

The standard requires that the employer make the hepatitis B vaccine available, at no cost to the employee, to all employees who have occupational exposure to blood and other potentially infectious materials. This requirement is in addition to post-exposure testing and treatment responsibilities.

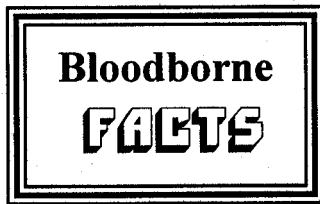
WRITTEN OPINION

In addition to counseling the employee, the health care provider will provide a written report to the employer. This report simply identifies whether hepatitis B vaccination was recommended for the exposed employee and whether or not the employee received vaccination. The health care provider also must note that the employee has been informed of the results of the evaluation and told of any medical conditions resulting from exposure to blood which require further evaluation or treatment. Any added findings must be kept confidential.

CONFIDENTIALITY

Medical records must remain confidential. They are not available to the employer. The employee must give specific written consent for anyone to see the records. Records must be maintained for the duration of employment plus 30 years in accordance with OSHA's standard on access to employee exposure and medical records.

This is one of a series of fact sheets that discuss various requirements of the Occupational Safety and Health Administration's standard covering exposure to bloodborne pathogens. Single copies of fact sheets are available from OSHA Publications, Room N-3103, 200 Constitution Avenue, N.W., Washington, D.C. 20210 and from OSHA regional offices.



Hepatitis B Vaccination -- Protection For You

U.S. Department of Labor
Occupational Safety and Health Administration

WHAT IS HBV?

Hepatitis B virus (HBV) is a potentially life-threatening bloodborne pathogen. Centers for Disease Control estimates there are approximately 280,000 HBV infections each year in the U.S.

Approximately 8,700 health care workers each year contract hepatitis B, and about 200 will die as a result. In addition, some who contract HBV will become carriers, passing the disease on to others. Carriers also face a significantly higher risk for other liver ailments which can be fatal including cirrhosis of the liver and primary liver cancer.

HBV infection is transmitted through exposure to blood and other infectious body fluids and tissues. Anyone with occupational exposure to blood is at risk of contracting the infection.

Employers must provide engineering controls; workers must use work practices and protective clothing and equipment to prevent exposure to potentially infectious materials. However, the best defense against hepatitis B is vaccination.

WHO NEEDS VACCINATION?

The new OSHA standard covering bloodborne pathogens requires employers to offer the three injection vaccination series free to all employees who are exposed to blood or other potentially infectious materials as part of their job duties. This includes health care workers, emergency responders, morticians, first aid personnel, law enforcement officers, correctional facilities staff, laundries, as well as others.

The vaccination must be offered within 10 days of initial assignment to a job where exposure to blood or other potentially infectious materials can be "reasonably anticipated." The requirements for vaccinations of those already on the job take effect July 6, 1992.

WHAT DOES VACCINATION INVOLVE?

The hepatitis B vaccination is a noninfectious, yeast-based vaccine given in three injections in the arm. It is prepared from recombinant yeast cultures, rather than human blood or plasma. Thus, there is no risk of contamination from other bloodborne pathogens nor is there any chance of developing HBV from the vaccine.

The second injection should be given one month after the first, and the third injection six months after the initial dose. More than 90 percent of those vaccinated will develop immunity to the hepatitis B virus. To ensure immunity, it is important for individuals to receive all three injections. At this point it is unclear how long the immunity lasts, so booster shots may be required at some point in the future.

The vaccine causes no harm to those who are already immune or to those who may be HBV carriers. Although employees may opt to have their blood tested for antibodies to determine need for the vaccine, employers may not make such screening a condition of receiving vaccination nor are employers required to provide prescreening.

Each employee should receive counseling from a health care professional when vaccination is offered. This discussion will help an employee determine whether inoculation is necessary.

APPENDIX J

WHAT IF I DECLINE VACCINATION?

Workers who decide to decline vaccination must complete a declination form. Employers must keep these forms on file so that they know the vaccination status of everyone who is exposed to blood. At any time after a worker initially declines to receive the vaccine, he or she may opt to take it.

WHAT IF I AM EXPOSED BUT HAVE NOT YET BEEN VACCINATED?

If a worker experiences an exposure incident, such as a needlestick or a blood splash in the eye, he or she must receive confidential medical evaluation from a licensed health care professional with appropriate follow-up. To the extent possible by law, the employer is to determine the source individual for HBV as well as human immunodeficiency virus (HIV) infectivity. The worker's blood will also be screened if he or she agrees.

The health care professional is to follow the guidelines of the U.S. Public Health Service in providing treatment. This would include hepatitis B vaccination. The health care professional must give a written opinion on whether or not vaccination is recommended and whether the employee received it. Only this information is reported to the employer. Employee medical records must remain confidential. HIV or HBV status must NOT be reported to the employer.

This is one of a series of fact sheets that discuss various requirements of the Occupational Safety and Health Administration's standard covering exposure to bloodborne pathogens. Single copies of fact sheets are available from OSHA Publications, Room N-3103, 200 Constitution Avenue, N.W., Washington, D.C. 20210 and from OSHA regional office.