

CITY AND COUNTY OF DENVER

Bloodborne Pathogens Policy		
Occupational Safety and Health Management System No. 65.7.1 This policy was developed and shall be implemented under the authority of Executive Order No. 65 and the Risk Management Office.	January 1, 2008	Prepared / Revised By: Risk Management – Safety Unit

1.0 Introduction

This policy has been developed using recognized standards and is designed to protect the City and County of Denver's workers, particularly health care workers, from exposure to the Hepatitis B Virus (HBV), the Human Immunodeficiency Virus (HIV), and other bloodborne pathogens. Of the diseases caused by these viruses, Hepatitis B is the most common, with 8,700 cases per year among workers in the health care profession. Hepatitis B infection may result in serious illness, potential long-term disability and death. HIV causes AIDS, for which there currently is no cure and which eventually results in death. These viruses, as well as other organisms that cause bloodborne diseases, are found in human blood and certain other human body fluids. Therefore, the City and County of Denver has adopted this policy to reduce or eliminate the risk of its workers coming into direct contact with blood or other potentially infectious materials while performing their jobs.

2.0 Scope

This policy applies to all City and County of Denver employees who could come into contact with bloodborne pathogens as a function of their job.

3.0 Definitions

"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), hepatitis C Virus (HCV) and human immunodeficiency virus (HIV).

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

"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, scissors, 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.

"Engineering Controls" means controls (e.g., sharps disposal containers, needleless systems and sharps with engineered sharps injury protection) 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 result 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.

"HBV" means hepatitis B virus.

"HCV" means hepatitis C virus.

"HIV" means human immunodeficiency virus.

"Licensed Healthcare Professional" is a person whose licensed scope of practice includes an activity which this section requires to be performed by a licensed healthcare professional.

"Needle" or "Needle Device" means a needle of any type, including, but not limited to, solid and hollow-bore needles.

"NIOSH" means the National Institute for Occupational Safety and Health.

"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.

"OPIM" means other potentially infectious materials.

"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 other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations such as emergency response 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. Any of the following, if known or reasonably likely to contain or be infected with HIV, HBV, or HCV:
 - a. Cell, tissue, or organ cultures from humans or experimental animals;

- b. Blood, organs, or other tissues from experimental animals; or
- c. Culture medium or other solutions.

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

"Personal Protective Equipment" (PPE) is specialized clothing or equipment worn or used 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.

"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.

"Sharp" means any object used or encountered in the industries covered that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs.

"Sharps Injury" means any injury caused by a sharp, including, but not limited to, cuts, abrasions, or needlesticks.

"Sharps Injury Log" means a written or electronic record, which is a record of each exposure incident involving a sharp.

"Sterilize" means the use of a physical or chemical procedures to destroy all microbial life including highly resistance bacterial endospores.

"Source Individual" means any individual, living or dead, whose blood or OPIM may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinical 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. **"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 or HCV, and other bloodborne pathogens.

"Work Practice Controls" means controls that reduce the likelihood of exposure by defining the manner in which a task is performed

4.0 Exposure Control Plan

4.1. Identifying Employees at Risk

Departments / Agencies will be responsible for conducting a risk appraisal survey within their respective divisions to identify all employees who are at risk for occupational exposure to bloodborne pathogens.

- a. This survey shall be conducted using a survey form (see Attachment One) that is developed and revised as appropriate.
- b. The Departments / Agencies will determine the most appropriate mechanism for disseminating the survey forms within their divisions. The risk appraisal forms shall be completed by supervisory individuals who are sufficiently familiar with the job functions within their location that they can evaluate the potential for exposure to bloodborne pathogens.
- c. Upon request, Risk Management Safety & IH Administrator can meet with the group of individuals charged with completing the surveys in order to provide guidance and assistance.
- d. The completed surveys shall be maintained by the location's HR department.

4.2. Developing an Exposure Control Plan

Written exposure control plans (Attachment Two) shall be developed by each Department / Agency in which there are employees at occupational risk. The plan shall be individualized for each location where necessary.

1. An Exposure Control Plan must contain the following:
 - a. A **Risk Appraisal Survey** (see Attachment A) which contains the following.
 - ✓ A list of all job classifications in which all employees in those job classifications have occupational exposure.
 - ✓ A list of job classifications in which some employees have occupational exposure.
 - ✓ A list of all tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure occurs and that are performed by employees in the job classifications listed above.
 - ✓ This exposure determination shall be made without regard to the use of personal protective equipment.
 - ✓ An effective procedure for obtaining the active involvement of employees in reviewing and updating the exposure control plan with respect to the procedures performed by employees in their respective work areas or departments.
 - b. Methods of compliance with the plan including schedules for implementing or periodically maintaining the compliance procedures;
 - c. Methods of Hepatitis B, Rabies, and TB vaccinations for affected departments;
 - d. Method of communication of hazards to employees;
 - e. Method of record keeping as required by the Policy;
 - f. The procedure for the post exposure evaluation and follow-up after exposure incidents; and
 - g. Methods for providing information and training.
2. The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary as follows:
 - a. To reflect new or modified tasks and procedures which affect occupational exposure;
 - b. To include new or revised employee positions with occupational exposure;

- c. To review and evaluate the exposure incidents which occurred since the previous update;
 - d. To review and respond to information indicating that the Exposure Control Plan is deficient in any area.
3. At any time when an employee assumes responsibilities that would place them at risk for exposure, all of the exposure control procedures in the Plan will apply.
 4. A copy of the Exposure Control Plan shall be accessible in the work place to all employees at risk for occupational exposure.

4.3. Sharps Injury Log

Department / Agency that have the potential for incidents involving sharps shall establish and maintain a Sharps Injury Log, which is a record of each exposure incident involving a sharp and shall be kept by the HR Department. The exposure incident shall be recorded on the log within 14 working days of the date the incident is reported to the employer. The information recorded shall include the following information, if known or reasonably available:

1. Date and time of the exposure incident;
2. Type and brand of sharp involved in the exposure incident;
3. A description of the exposure incident which shall include:
 - ✓ Job classification of the exposed employee;
 - ✓ Department or work area where the exposure incident occurred;
 - ✓ The procedure that the exposed employee was performing at the time of the incident;
 - ✓ How the incident occurred;
 - ✓ The body part involved in the exposure incident;
 - ✓ The employee's opinion about whether any other engineering, administrative or work practice control could have prevented the injury.

5.0 Methods of Compliance

The following methods of compliance shall be incorporated in the Exposure Control Plans, as appropriate, in each Department where employees are at risk for occupational exposure to bloodborne pathogens. Universal precautions shall be observed to prevent contact with blood or potentially infectious materials (pim). Unless differentiation between body fluid types is possible, all body fluid types will be considered potentially infectious material.

5.1. Engineering Controls

Engineering controls shall be used in Departments whenever possible to eliminate or minimize exposure. They shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

1. Hand washing facilities shall be readily accessible to employees.

2. Contaminated sharps shall be placed in appropriate containers immediately or as soon as possible after use. The containers shall be:
 - a. Puncture resistant;
 - b. Labeled or color coded;
 - c. Leak proof on the sides and bottom; and
 - d. Constructed in such a manner so it is not necessary for a person to reach into the container to retrieve sharps.
3. Specimens of blood or potentially infectious materials shall be placed in containers which prevent leakage during collection, handling, processing, storage, or transport.
 - a. If Universal Precautions are utilized in the handling of all specimens additional labeling or color coding is not necessary if the containers are recognizable as containing specimens and do not leave the facility.
 - b. If specimen containers leave the facility they must be labeled in accordance with the communication of hazards section of this policy.
 - c. If the primary container begins leaking or outside contamination occurs it shall be placed within a secondary container which meets all of the construction and labeling requirements.

5.2. Recommended Work Practices (General)

1. Employees shall wash their hands immediately after removal of gloves or other personal protective equipment.
2. Supervisors shall ensure all employees wash immediately following contact of body areas with blood or potentially infectious material, using an appropriate disinfectant soap.
3. All personal protective equipment must be removed immediately upon leaving the work area or as soon as possible if overtly contaminated and placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
4. Contaminated needles and sharps shall not be bent, recapped, sheared, broken or removed.
5. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a possibility of exposure.
6. Food and drink shall not be consumed or stored in areas where blood or other potentially infectious materials are present.
7. All procedures involving blood or other potentially infectious materials shall be performed in a manner that minimizes splashing, spraying or generation of droplets.
8. If conditions are such that hand-washing facilities are not available, antiseptic hand cleaners shall be used. Because this is an interim measure, employees are to wash hands at the first available opportunity.

5.3. Personal Protective Equipment

Where occupational exposure remains after institution of engineering and work practice controls, the Department / Agency shall provide appropriate **personal protective equipment** such as, but not limited to, gloves, face shields or masks, eye protection, sharps containers where applicable, hand sanitizer and bleach.

1. The personal protective equipment will be adequate only if it does not permit blood or potentially infectious materials to reach the employee's work clothes, skin, eyes, mouth or other mucous membranes.
2. Department Supervisors must ensure that the employee uses the personal protective equipment whenever appropriate.
3. Each Department / Agency must ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees.
4. Contaminated personal protective equipment shall be removed as soon as possible.
5. All personal protective equipment shall be removed prior to leaving the work area.
6. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
7. Gloves shall be worn when the employee may have hand contact with blood, potentially infectious material or contaminated items or surfaces.
8. Gloves must be discarded as soon as their ability to function as a barrier is compromised.
9. Disposable items such as gloves shall not be re-used.
10. Masks, eye protection and/or face shields shall be worn whenever splashes, spray or droplets of blood or potentially infectious materials may be generated.

5.4. Waste Disposal

All infectious waste destined for disposal shall be placed in closable, leakproof containers or bags that are color-coded or labeled.

1. If outside contamination of the container or bag is likely to occur, then a second leakproof container or bag which is closable and labeled or color-coded shall be placed over the outside of the first and closed to prevent leakage during handling, storage and transport.
2. Immediately after use, sharps shall be disposed of in closable, puncture resistant, disposable containers which are leakproof on the sides and bottom and that are labeled or color-coded.
3. These containers shall be easily accessible to personnel and located in the immediate area of use.

4. These containers shall be replaced routinely and not allowed to overfill. Employees must not have to insert hands into the container in order to dispose of a sharp.
5. When moving containers of sharps from the area of use they must be closed immediately prior to removal or transport.
6. Reusable containers may not be opened, emptied or cleaned manually or in any other manner which would pose the risk of percutaneous injury.
7. Disposal of contaminated personal protective equipment will be provided at no cost to employees

5.5. Recommendations for Handling Contaminated Sharps

1. Immediately or as soon as possible after use, contaminated sharps shall be placed in appropriate disposal containers.
At all time during the disposal of contaminated sharps, containers shall be:
 - a. 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., outside bathroom facilities).
 - b. Maintained upright throughout use, where feasible; and
 - c. Replaced as necessary to avoid overfilling.

5.6. Sharps Containers for Contaminated Sharps

1. All sharps containers for contaminated sharps shall be:
 - a. Rigid;
 - b. Puncture resistant;
 - c. Leakproof on the sides and bottom;
 - d. Portable, if portability is necessary to deposit in a stationary disposal container
 - e. Properly labeled as required

5.7. Cleaning and Decontamination of Worksite

1. General Requirements
 - a. Department / Agency must ensure that the worksite is maintained in a clean and sanitary condition.
 - b. Department / Agency shall determine and implement an appropriate written schedule for cleaning and decontamination of the worksite.
 - c. The method of cleaning or decontamination used shall be effective and appropriate for the:
 - ✓ Location;
 - ✓ Type of surface or equipment to be treated;
 - ✓ Type of soil or contamination present; and
 - ✓ Tasks or procedures being performed in the area

- d. All equipment and environmental and work surfaces shall be cleaned and decontaminated after contact with blood or OPIM (other potentially infectious materials) no later than at the end of the shift. Cleaning and decontamination of equipment and work surfaces is recommended more often as specified below.

2. Specific Requirements

- a. Contaminated Work Surfaces - Contaminated work surfaces shall be cleaned and decontaminated immediately or as soon as feasible when:
 - ✓ Surfaces become overtly contaminated;
 - ✓ There is a spill of blood or OPIM;
 - ✓ Procedures are completed; and
 - ✓ At the end of the work shift if the surface may have become contaminated since the last cleaning
- b. Receptacles - All bins, pails, cans and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- c. Protective Coverings - 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 work shift if they may have become contaminated during the shift.

5.8. Post-Exposure Evaluation and Follow Up

1. Employees

Should an employee be exposed to a potentially infectious material (via needle stick, splash, etc.) post-exposure evaluations will be made by the City's Occupational Health and Safety Clinic at Denver Health.

5.9. Communication of Hazards

1. Labels shall be affixed to containers of waste, refrigerators, freezers, or other containers used to store, transport, or ship blood or potentially infectious material with the following exceptions:
 - a. Red bags or containers may be substituted for labels;
 - b. Individual containers of blood or potentially infectious material that are in a labeled container during storage, transport, shipment or disposal.
2. The labels shall be the International Biohazard Symbol (IBS) including BIOHAZARD written under the symbol.

3. The labels shall be fluorescent orange or orange-red with lettering and symbols in a contrasting color.
4. Labels shall be affixed in a way as to prevent loss or removal.
5. Red bags or red containers may be substituted for labels on containers of infectious waste.

5.10. Training

1. Departments / Agencies shall ensure that all employees with occupational exposure participate in a training program.
2. Training shall be provided as follows:
 - a. At the time of initial assignment to tasks where occupational exposure may take place.
 - b. At least annually thereafter.
3. Departments / Agencies shall provide additional training when changes such as introduction of new engineering, administrative or work practice controls, 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.
4. Material appropriate in content and vocabulary to educational level, literacy and language of employees shall be used.
5. The training program shall contain at a minimum the following elements:
 - a. Epidemiology and Symptoms. A general explanation of the epidemiology and symptoms of bloodborne diseases;
 - b. Modes of Transmission. An explanation of the modes of transmission of bloodborne pathogens;
 - c. Department / Agency's Exposure Control Plans. An explanation of the exposure control plan and the means by which the employee can obtain a copy of the written plan;
 - d. Risk Identification. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM;
 - e. Method of Compliance. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, administrative or work practice controls and personal protective equipment;
 - f. Decontamination and Disposal. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
 - g. Personal Protective Equipment. An explanation of the basis for selection of personal protective equipment;
 - h. Emergency. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;
 - i. Exposure Incident. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-

- up that will be made available and the procedure for recording the incident on the Sharps Injury Log
- j. Post-Exposure Evaluation and Follow-up. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
 - k. Signs and Labels. An explanation of the signs and labels and/or color coding of contaminated blood or fluids
 - l. Interactive Questions and Answers. An opportunity for interactive questions and answers with the person conducting the training session.
6. 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.

5.11. Record Keeping

1. Training records shall be kept by the Department / Agency and shall include the following:
 - a. Date of training;
 - b. Content of the session;
 - c. Names and qualifications of presenters; and
 - d. Name and job title of all persons attending.
2. Training records shall be retained for three years from the date on which training occurred. Documentation of participation in a training program shall be kept in the personnel files of employees at risk for occupational exposure
3. Medical and training records shall be provided to the employee upon request.
4. Sharps Injury Log. The Sharps Injury Log shall be maintained 5 years from the date the exposure incident occurred.

BLOODBORNE PATHOGEN RISK APPRAISAL SURVEY

(To be completed annually by each Department / Agency)

RISK APPRAISAL SURVEY

Department _____

Date _____

Supervisor Completing This Form:

Name: _____

Phone #: _____

The purpose of this survey is to identify job classifications in which employees within your Department / Agency are at risk for occupational exposure to bloodborne pathogens.

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 any employee's duties.

Other Potentially Infectious Materials means:

- A. 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.
- B. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and 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.

Attachment Two

Bloodborne Pathogen Exposure Control Plan

Department/Agency Name

I. OBJECTIVE

The objective of the Department/Agency Name Bloodborne Pathogen Exposure Control Plan is eliminate or minimize employee occupational exposure to blood, certain other body fluids, or other potentially infectious materials as defined below:

- A. Blood means human blood, human blood components, and products made from human blood.
- B. Bodily fluids means 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.
- C. Other potentially infectious materials means any unfixed tissue or organ (other than intact skin) from a human (living or dead), and human immunodeficiency virus (HIV)-containing cell or tissue cultures, organ cultures, and HIV- or hepatitis B virus (HBV)-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

II. BACKGROUND

The City and County of Denver's Bloodborn Pathogen Policy 65.7.1 requires the Departments/Agencies to identify situations and job classifications in which employees may be exposed to blood or other potentially infectious materials, and to provide protection to these employees in the form of engineering controls, personal protective equipment, training, and risk reduction.

III. ASSIGNMENT OF RESPONSIBILITY

- A. Program Administrator

Responsible Person(s) must manage the Bloodborne Pathogen Exposure Control Plan for Department/Agency Name, and maintain all records pertaining to the plan.

- B. Management

Department/Agency Name will provide adequate controls and equipment that, when used properly, will minimize or eliminate risk of occupational exposure to blood or other potentially infectious materials. These will be provided at no cost to the employees. Department/Agency Name management will ensure proper adherence to this plan through periodic reviews.

- C. Supervisors

Supervisors will themselves follow and ensure that their employees are trained in and use proper work practices, universal precautions, the use of personal protective equipment, and proper cleanup and disposal techniques.

D. Employees

Employees are responsible for employing proper work practices, universal precautions, personal protective equipment and cleanup/disposal techniques as described in this plan. Employees are also responsible for reporting all exposure incidents to **Responsible Person(s)** immediately or within **Time Frame**.

E. Contractors

Contract employees will be responsible for complying with this plan, and will when required be provided the training described herein by **Responsible Person(s)**.

IV. EXPOSURE DETERMINATION

All job classifications and locations in which employees may be expected to incur occupational exposure to blood or other potentially infectious materials, based on the nature of the job or collateral duties, regardless of frequency, will be identified and evaluated by **Responsible Person(s)**. This list must be updated as job classifications or work situations change. Exposure determination will be made without regard to the use of personal protective equipment (**employees are considered to be exposed even if they wear personal protective equipment**).

A. Category I

Job classifications in which employees are exposed to blood or other potentially infectious materials on a regular basis, and in which such exposures are considered normal course of work, fall into Category I. **Responsible Person(s)** will maintain a list of these types of jobs and the locations in which the work will be performed (see Appendix A).

B. Category II

Job classifications in which employees may have an occasional exposure to blood or other potentially infectious materials, and in which such exposures occur only during certain tasks or procedures that are collateral to the normal job duties, fall into Category II. **Responsible Person(s)** will maintain a list of these types of jobs and the locations in which the work may be performed (see Appendix B).

These lists must be updated as job classifications or work situations change.

V. IMPLEMENTATION SCHEDULE AND METHODOLOGY

A. Compliance Methods

1. Universal precautions

Universal precautions will be used at Department/Agency Name to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials will be considered infectious, regardless of the perceived status of the source individual.

2. Engineering Controls

The engineering and work practice controls listed below will be used to minimize or eliminate exposure to employees at Department/Agency Name.

The new needle stick rule and safety needles come under this section and need to be addressed.

- a. List controls such as sharps containers, bio-safety cabinets, safety needles, needleless systems, etc.

The following schedule will be followed to review the effectiveness of the engineering controls.

- a. list schedule (such as daily, once a week, etc.) that each control is to be reviewed, including the annual review;
- b. review of new equipment and/or technologies present at the workplace; and
- c. list who has the responsibility to review the effectiveness of each control, such as supervisor for each department, etc.

Where occupational exposure remains after institution of these controls, personal protective equipment will also be used.

3. Needles

Except as noted below, contaminated needles and other sharps must not be bent, recapped, removed, sheared, or purposely broken. Contaminated sharps will be placed immediately, or as soon as possible, after use into appropriate sharps containers. All disposable sharps containers must be puncture resistant, labeled with a biohazard label, and leak-proof.

At Department/Agency Name, the following procedure(s) require a contaminated needle to be recapped or removed with a mechanical device or one-handed technique, and no alternative is feasible:

- a. List the procedure(s) and the mechanical device(s) or one-handed technique to be used.

4. Containers for Reusable Sharps

Contaminated sharps that are reusable must be placed immediately, or as soon as possible, after use into appropriate sharps containers. All reusable sharps containers must be puncture resistant, labeled with a biohazard label, and leak-proof.

- a. **List where reusable sharps containers are located as well as the person(s) responsible for removing sharps from each container and the frequency that the containers shall be checked.**

5. Sharps Injury Log

A needlestick or sharps injury log (see Appendix C) shall be maintained and shall include the following information for each incident:

- a. Period of time the log covers;
- b. Date incident is entered on the log;
- c. Date of incident;
- d. Type and brand of device involved;
- e. Department or area of incident; and
- f. Description of incident.

The log shall be retained for five years after the end of the log year.

6. Hand Washing Facilities

Hand washing facilities must be made available and readily accessible to all employees who may incur exposure to blood or other potentially infectious materials. Where hand washing facilities are not feasible, **Department/Agency Name** will provide an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. Such areas include:

- a. **List locations, tasks, and responsibilities to ensure maintenance and accessibility of these alternative hand washing methods.**

When these alternatives are used, employees must wash their hands with soap and running water as soon as feasible.

7. Work Area Restrictions

In work areas where there is a reasonable risk of exposure to blood or other potentially infectious materials, employees must not eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages will not be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials may be present.

Mouth pipetting or suctioning of blood or other potentially infectious materials is prohibited.

All processes and procedures must be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

a. **List methods for minimizing exposure, such as covers on centrifuges, dental dams, etc.)**

8. Specimens

Each specimen of blood or other potentially infectious material must be placed in a container that will prevent leakage during the collection, handling, processing, storage, and transport of the specimen.

Specimen containers must be labeled or color-coded in accordance with the requirements of the OSHA standard. *(Employers shall note that the OSHA standard provides for an exemption to specimen container labeling/color coding if a facility uses universal precautions in handling of ALL specimens AND the containers are easily recognized as containing specimens. This exemption applies only while the specimens remain in the facility. **If the Department/Agency chooses to use this exemption, it shall be stated here.**)*

Any specimens that could puncture a primary container must be placed within a secondary puncture-resistant container. If outside contamination of the primary container occurs, the primary container must be placed within a secondary container that will prevent leakage during handling, processing, storage, transport, or shipping of the specimen.

9. Contaminated Equipment

Responsible Person(s) will ensure that equipment that has become contaminated with blood or other potentially infectious materials is examined prior to servicing or shipping. Contaminated equipment will be decontaminated, unless decontamination is not feasible. Contaminated equipment will be tagged and labeled as such.

10. Personal Protective Equipment (PPE)

a. PPE Provision

Responsible Person(s) will ensure that the provisions regarding personal protective equipment described in this plan are met and maintained.

Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. Protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach an employees' clothing, skin, eyes, mouth, or other mucous membranes under normal and proper conditions of use and for the duration of time that the equipment will be used.

A list of personal protective equipment and associated tasks for **Department/Agency Name** can be found in Appendix D of this plan.

b. PPE Use

Responsible Person(s) and supervisors will ensure that employees use appropriate PPE. In cases where an employee temporarily and briefly declines to use PPE because, in the employee's professional judgment, its use may prevent delivery of healthcare or pose an increased hazard to the safety of the worker or co-worker, then the supervisor will investigate and document the situation to determine whether changes can be instituted to prevent such occurrences in the future.

c. PPE Accessibility

Responsible Person(s) will ensure that appropriate PPE in the necessary sizes is readily accessible at the work site or is issued at no cost to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives will be readily accessible to those employees who are allergic to the gloves normally provided.

d. PPE Cleaning, Laundering and Disposal

All PPE will be cleaned, laundered, and disposed of by **Department/Agency Name** at no cost to the employees. **Department/Agency Name** will also make all necessary repairs and replacements at no cost to employees.

All garments penetrated by blood or other potentially infectious materials must be removed immediately or as soon as feasible. All PPE will be removed before leaving the work area.

When PPE is removed, it is to be placed in appropriately designated areas or containers for storage, washing, decontamination, or disposal.

e. Types of PPE

1. Gloves

Disposable gloves are not to be washed or decontaminated for re-use, and are to be replaced as soon as possible when they become contaminated. Gloves that become torn or punctured (or their ability to function as a barrier is otherwise compromised) must be replaced immediately or as soon as feasible.

Utility gloves may be decontaminated for re-use if the integrity of the glove is uncompromised. Utility gloves will be disposed of properly if they are cracked, peeling, torn, punctured, or they exhibit other signs of deterioration or inability to function as a barrier without compromise.

2. Eye and Face Protection

Masks worn in combination with eye protection devices (such as goggles or glasses with solid side shield, or chin-length face shields) are required when the occurrence of splashes, splatters, or droplets of blood or other potentially infectious materials can reasonably be anticipated to contaminate an employee's

eye, nose, or mouth. Situations at Department/Agency Name where eye and face protection is required include:

- a) List job assignments and work areas where eye and face protection are required.

3. Other PPE

Additional protective clothing (such as lab coats, gowns, aprons, clinic jackets, or similar outer garments) must be worn in instances when gross contamination can reasonably be expected. The following situations require additional protective clothing:

- a) List job assignments and work areas where additional protective clothing is required, as well as types of additional protective clothing that are to be used.

B. Housekeeping

This facility will be cleaned and decontaminated regularly and as needed in the event of a gross contamination. See Appendix E for cleaning schedule and required cleaning materials. All contaminated work surfaces, bins, pails, cans, and similar receptacles will be inspected and decontaminated regularly as described in Appendix E.

Any potentially contaminated glassware must not be picked up directly with the hands. Reusable sharps that are contaminated with blood or other potentially infectious materials will not be stored or processed in a manner that requires employees to reach by hand into the containers where sharps are placed.

C. Regulated Waste Disposal

Disposal of all regulated waste will be in accordance with all applicable regulations.

1. Sharps

Contaminated sharps must be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak proof on sides and bottom, and labeled or color-coded.

During use, containers for contaminated sharps will remain upright throughout use, be easily accessible to employees, and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (including laundry areas). **Responsible Person(s)** will replace sharps containers routinely and not allow them to overfill.

When moving sharps containers from the area of use, the containers will be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. Sharps containers must be placed in a secondary container if leakage of the primary container is possible. The second container will be closeable, constructed to contain all contents, and will prevent leakage during handling, storage,

transport, or shipping. The secondary container must be labeled or color-coded to identify its contents.

Reusable containers will not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous injury.

2. Other Regulated Waste

Other regulated waste must be placed in containers that are closeable, constructed to contain all contents, and will prevent leakage of fluids during handling, storage, transportation, or shipping.

All waste containers will be labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

D. Laundry

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry must be placed in appropriately marked bags (biohazard labeled or color-coded bags) at the location where it was contaminated. Contaminated laundry will not be sorted or rinsed in the area of contamination. *(If your facility uses Body Substance Isolation or Universal Precautions in handling of all soiled laundry (all laundry is assumed to be contaminated), then no labeling or color-coding is necessary if all employees recognize the hazards associated with the handling of the laundry.)*

The laundry at Department/Agency Name shall be cleaned at Laundering Facility. *(If your facility ships contaminated laundry to an off-site location that does not use Universal Precautions in the handling of all laundry, then contaminated laundry must be placed in bags or containers that are labeled or color-coded. One possible solution would be to include a requirement in the contract with the off-site laundry service that they also use the equivalent of Universal Precautions.)*

VI. Hepatitis B Vaccines and Post-Exposure Evaluation and Follow Up

A. General

Department/Agency Name will make the Hepatitis B vaccine and vaccination series available to all employees who have the potential for occupational exposure, as well as post-exposure follow up to employees who have experienced an exposure incident.

Responsible Person(s) will ensure that all medical evaluations and procedures involved in the Hepatitis B vaccine and vaccination series and post-exposure follow up, including prophylaxis are:

1. Made available at no cost to the employee;
2. Made available to the employee at a reasonable time and place;
3. Performed by or under the supervision of a licensed physician or other licensed healthcare professional; and
4. Provided in accordance with the recommendations of the United States public health service.

An accredited laboratory will conduct all laboratory tests at no cost to the employee.

B. Hepatitis B Vaccination

Responsible Person(s) will manage the Hepatitis B vaccination program. **Department/Agency Name** has contracted with **Healthcare Provider/Laboratory Name** to provide this service.

1. Category I Employees

The Hepatitis B vaccination will be made available to an affected Category I employee after he or she has received training in occupational exposure and within 10 working days of initial assignment to job duties that involve exposure. Exceptions to the administration of the Hepatitis B vaccination include situations where an 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.

Participation in a pre-screening program will not be a prerequisite for an affected employee to receive the Hepatitis B vaccination. If an employee initially declines the Hepatitis B vaccination, but later decides to accept the vaccination, the vaccination will then be made available.

All employees who decline the Hepatitis B vaccination will sign a waiver indicating their refusal (Appendix F). If the United States Public Health Service recommends a routine booster dose of Hepatitis B vaccine, this will also be made available free of charge to affected employees.

2. Category II Employees

The Hepatitis B vaccination series will be made available and administered to Category II employees no later than 24 hours after an exposure incident. All employees who decline the Hepatitis B vaccination must sign a waiver indicating their refusal (Appendix F).

C. Post-Exposure Evaluation and Follow Up

All employees must report all exposure incidents to **Responsible Person(s)** immediately or within **Time Frame**. **Responsible Person(s)** will investigate and document each exposure incident. Following a report of an exposure incident, the exposed employee will immediately receive a confidential post-exposure evaluation and follow up, to be provided by **Healthcare Provider/Laboratory Name**. The post-exposure evaluation and follow up will include the following elements, at a minimum:

1. Documentation of the route of exposure, and the circumstances under which the exposure occurred.
2. Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law. *(This provision may need to be modified in accordance with applicable local laws on this subject. **Modifications shall be included here**).*

3. The source individual's blood will be tested and documented as soon as feasible and after consent is obtained (if consent is required) in order to determine HBV and HIV infectivity. If consent cannot be obtained, **Responsible Person(s)** will establish and document that legally required consent cannot be obtained.
4. When the source individual is already known to be infected with the Hepatitis B virus (HBV) or human immunodeficiency virus (HIV), testing for the source individual's known HBV or HIV status need not be repeated.
5. Results of the source individual's testing will be made available to the exposed employee, and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
6. The exposed employee's blood will be collected as soon as feasible and tested after consent is obtained.
7. The exposed employee will be offered the option of having their blood tested for HBV and HIV serological status. The blood sample must be preserved for up to 90 days to allow the employee to decide if their blood shall be tested for HBV and HIV serological status.

D. Information Provided to the Healthcare Professional

After an exposure incident occurs, **Responsible Person(s)** will ensure that the healthcare professional responsible for the exposed employee's Hepatitis B vaccination, as well as the healthcare provider providing the post-exposure evaluation, if different, are provided with the following:

1. A copy of 29 CFR 1910.1030, OSHA's Bloodborne Pathogen Standard, with emphasis on the confidentiality requirements contained therein;
2. A written description of the exposed employee's duties as they relate to the exposure incident;
3. Written documentation of the route of exposure and circumstances under which the exposure occurred;
4. Results of the source individual's blood testing, if available; and
5. All medical records relevant to the appropriate treatment of the employee, including vaccination status.

E. Healthcare Professional's Written Opinion

Responsible Person(s) will obtain and provide the exposed employee a copy of the evaluating healthcare professional's written opinion within 15 days of completion of the evaluation.

The healthcare professional's written opinion for HBV vaccination will be limited to whether HBV vaccination is indicated for the employees, and if the employee has received said vaccination.

The healthcare professional's written opinion for post-exposure follow up will be limited to ONLY the following information:

1. A statement that the employee has been informed of the results of the evaluation; and

2. A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment.

Other findings or diagnosis resulting from the post-exposure follow up shall remain confidential and shall not be included in the written report.

VII. Labels and Signs

Responsible Person(s) will ensure that biohazard labels are affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious materials. Labels will also be affixed to any other containers used to store, transport, or ship blood or other potentially infectious materials.

The labels shall be fluorescent orange or orange-red, and shall include the universal biohazard symbol. Red bags or containers with the universal biohazard symbol may be substituted for labels. However, regulated wastes must be handled in accordance with the rules and regulations of the entity with jurisdiction. Blood products that have been released for transfusion or other clinical use are exempted from these labeling requirements.

VIII. Training

Responsible Person(s) will ensure that training is provided at the time of initial assignment to tasks where occupational exposure to blood or other potentially infectious materials may occur. Training shall be repeated every 12 months, or when there are any changes to tasks or procedures affecting an employee's occupational exposure. Training shall be tailored to the education level and language of the affected employees, and offered during the normal work shift. Training shall be interactive and include:

- A. A discussion of the epidemiology and symptoms of bloodborne diseases;
- B. An explanation of the modes of transmission of bloodborne pathogens;
- C. An explanation of **Department/Agency Name** bloodborne pathogen exposure control plan, and how employees can obtain a copy of the plan;
- D. A description and recognition of tasks that may involve exposure;
- E. An explanation of the use and limitations of the methods employed by **Department/Agency Name** to reduce exposure (such as engineering controls, work practices, and personal protective equipment);
- F. Information about the types, use, location, removal, handling, decontamination, and disposal of personal protective equipment;
- G. An explanation of the basis of selection of personal protective equipment;
- H. Information about the hepatitis b vaccination (including efficacy, safety, method of administration, and benefits), as well as an explanation that the vaccination will be provided at no charge to the employee;

- I. Instruction on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
- J. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow up;
- K. Information on the post-incident evaluation and follow up required for all exposure incidents; and
- L. An explanation of signs, labels, and color-coding systems.

The person conducting the training must be knowledgeable in the subject matter.

IX. Recordkeeping

A. Medical Records

Department/Agency Name HR Department will maintain medical records in *Designated Location*. All records will be kept confidential and retained for at least the duration of employment plus 30 years.

Medical records shall include:

1. Name and social security number of the employee;
2. A copy of the employee's HBV vaccination status, including the dates of vaccination;
3. A copy of all results of examinations, medical testing, and follow-up procedures; and
4. A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to an exposure incident, documentation of the routes and circumstances of an exposure.

B. Training Records

Responsible Person(s) will maintain training records for three years from the date of training. Records shall be kept in *Designated Place*, and include:

1. The dates of the training sessions;
2. An outline describing the material presented;
3. The names and qualifications of persons conducting the training; and
4. The names and job titles of all persons attending the training sessions.

C. Availability of Records

Whenever an employee (or designated representative) requests access to a record, *Department/Agency Name* will provide access to said employee's records in a reasonable time, place, and manner. An employee (or designated representative) will only be given access to his or her own records.

D. Evaluation and Review

Responsible Person(s) will review this Bloodborne Exposure Control Plan for effectiveness at least annually and as needed to incorporate changes in the work place.

Appendix A

Category I Employees at Risk for Occupational Exposure

Please list the job classifications in your Department / Agency where **all** employees will have reasonably anticipated exposure to human blood or other potentially infectious materials:

Job Title	Location
_____	_____
_____	_____
_____	_____

Please list the job classifications and work activities in you Department in which **some** of the employees will have reasonably anticipated exposure to human blood and other potentially infectious materials:

Job Title	Location	Task/Activities
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the **names of all employees** in your Department / Agency who are at risk for occupational exposure to bloodborne pathogens.

Name	Job Title	Procedure Placing Employee at Risk	Location of Employee
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please return this form to the Location's Department of Personnel

Appendix B

Category II Employees at Risk for Occupational Exposure

Please list the job classifications in your Department / Agency where employees may have exposure to human blood or other potentially infectious materials:

Job Title	Location
_____	_____
_____	_____
_____	_____

Please list the job classifications and work activities in you Department in which **some** of the employees will have reasonably anticipated exposure to human blood and other potentially infectious materials:

Job Title	Location	Task/Activities
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the **names of all employees** in your Department / Agency who are at risk for occupational exposure to bloodborne pathogens.

Name	Job Title	Procedure Placing Employee at Risk	Location of Employee
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please return this form to the Location's Department of Personnel

Appendix C

SHARPS INJURY LOG

Complete a Log record for each exposure incident involving a sharp. The exposure incident shall be recorded on the log within 14 working days of the date the incident is reported.

Department / Agency	Location	Date Completed
_____	_____	_____
Completed By	Phone #	
_____	_____	

As relates to the incident:

Name of Person Injured:	_____
Job Title:	_____
Date of Injury:	_____
Location Where Injured:	_____
Type of Sharp Involved:	_____
Brand of Sharp Involved:	_____
Model (if known): e.g. 18 g needle/ABC Medical/"no stick" syringe	_____
Duties Being Performed at Time of Incident:	_____
How the Incident Occurred:	_____
Body Part Involved in Exposure Incident:	_____

Retain Until _____ (five years after end of log year)

Appendix D

Personal Protective Equipment/Task List

Department/Agency Name

Date

Job Classification	Task/Procedure	Type of PPE to be Used	PPE to be Issued By

Appendix F

Hepatitis B Vaccine Declination

I understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to me. However, I decline the Hepatitis B vaccination at this time.

I understand that by declining this vaccine, I continue to be at risk of acquiring the serious disease Hepatitis B.

If, in the future, I continue to experience occupational exposure to blood or other potentially infectious materials and I wish to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature

Date

Responsible Person(s) Signature

Date