



MONTCLAIR STATE

UNIVERSITY

Bloodborne Pathogens Policy
Exposure Control Plan

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Introduction

Acquired Immunodeficiency Syndrome (AIDS) and Hepatitis B warrant serious concerns for workers occupationally exposed to blood and certain other body fluids that contain bloodborne pathogens. It is estimated that more than 5.6 million workers in healthcare and public safety occupations could be potentially exposed. In recognition of these potential hazards, the New Jersey Public Employees Occupational Safety and Health Act 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) 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 material must be treated as being infectious for HIV and 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. Montclair State University's (MSU) development of an Exposure Control Plan, 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

MSU is committed to providing a safe and healthful work environment for our entire staff. 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 NJ PEOSH Bloodborne Pathogens Standard.

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

1. Employee exposure determination.
2. The procedures for evaluating the circumstances surrounding an exposure incident.
3. 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

Instructions

The MSU Exposure Control Plan is in compliance with the [Bloodborne Pathogens Standard, OSHA, 29 Code Federal Regulation, 1910.1030](#), and the [NJ PEOSH adoption](#). A central component of the Standard is the development of an Exposure Control Plan (ECP) tailored to the individual worksite.

The plan includes the following elements:

1. Statement of MSU policy
2. Designation of employees responsible for implementation of various plan elements
3. Determination of employee exposure
4. Implementation of various methods of exposure control, including:
 - Universal Precautions
 - Engineering Controls and Work Practices
 - Training
 - Hepatitis B vaccination
 - Post-Exposure Evaluation and Follow-Up
 - Housekeeping
 - Labeling
5. MSU Recordkeeping

Before proceeding to use this document, read the Bloodborne Pathogens Standard. After you have familiarized yourself with the standard, follow the control plan in the order in which it is presented, adding information specific to your worksite wherever indicated. The plan must be completed in its entirety to assure that the ECP complies with the NJ PEOSH Standard. You will note that in several places within the plan, it will be necessary for you to exercise judgment as to how you will proceed. Should you have any questions in the regard or need clarification or guidance on any other aspect of the plan, you may contact Environmental Health and Safety (EH&S) at Ext. 4367.

The ECP also contains forms that may be used to comply with record keeping requirements of the standard.

Program Administration

1. EH&S is responsible for the implementation of the ECP. EH&S will maintain and update the written ECP at least annually and whenever necessary, to include new or modified tasks and procedures.
2. Employees who are “reasonably anticipated” (skin, eye, mucous membrane, or parenteral contact with blood or potentially infectious materials having contact with or exposure to blood) are required to comply with the procedures and work practices outlined in the ECP.
3. EH&S will be responsible for ensuring that all medical actions required are performed and that appropriate medical records are maintained.

4. EH&S will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA and NIOSH representatives.
5. EH&S will maintain and provide all necessary Personal Protective Equipment (PPE), engineering controls (i.e., sharp containers, labels and red bags), as required by the standard. EH&S will ensure that adequate supplies of the aforementioned equipment are available.

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 at MSU have occupational exposure:

<u>Employee</u>	<u>Tasks & Procedures</u>
<ul style="list-style-type: none"> ▪ Nurse ▪ EMS (including volunteers) 	<ul style="list-style-type: none"> ▪ Healthcare delivery ▪ Emergency medical services

B. The following is a list of job classifications in which some employees at MSU establishment have occupational exposure.

<u>Employee</u>	<u>Tasks & Procedures</u>
<ul style="list-style-type: none"> ▪ Police ▪ Fire Safety ▪ Athletic Personnel ▪ Housekeepers, Building Repair, Plumbers, Transportation 	<ul style="list-style-type: none"> ▪ Emergency Assistance ▪ First Aid and CPR ▪ Clean-up, disinfecting, handling, removal blood/bodily secretions, exposure from cuts, needle sticks from picking up boxes or trash.

If needed, additional job classification lists and task sheets for Section A and B are provided in the Appendix Section. (Appendix A-1 and A-2).

Methods of Implementation and Control

Universal Precautions

All MSU employees will utilize Universal Precautions. Universal Precautions is an infection control method, which requires the employees to assume that all human blood and specified human body fluids are infectious for HIV, HB, Hepatitis C and other bloodborne pathogens and, therefore, must be treated accordingly. See Appendix A.

Exposure Control Plan (ECP)

All MSU 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 may review this plan at any time during their work

shift by contacting EH&S. Employees seeking copies of the plan may have one copy free of charge, within 15 days of the request.

EH&S 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.

Engineering Controls and Work Practices

MSU engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls MSU uses on location are listed below:

<u>Location</u>	<u>Control</u>
<ul style="list-style-type: none">▪ University Health Center▪ EMS Vehicles▪ Panzer Gym▪ Richardson Hall	<ul style="list-style-type: none">▪ Self-sheathing needles▪ Mechanical needle recapping devices▪ Red needlestick containers▪ Puncture-resistant, leak-proof disposal containers labeled for contaminated sharps, orthodontia wire, or broken glass▪ Eye wash stations/eye wash bottles▪ Doubled Bag – Infirmary Trash
<ul style="list-style-type: none">▪ Police	<ul style="list-style-type: none">▪ CPR masks▪ Protective Eyewear▪ Mouthpieces
<ul style="list-style-type: none">▪ Transportation	<ul style="list-style-type: none">▪ Gowns▪ Masks▪ Gloves

New technology for needles and sharps will be evaluated and implemented whenever possible to further prevent accidental needle sticks and cuts. MSU engineering controls (i.e., sharps containers, etc.) will be inspected and maintained or replaced by EH&S every year. EMS Vehicles will be maintained by UPD/EMS.

MSU's engineering controls include, but are not limited to:

1. Removal of biological waste and the replacement of contaminated red sharps containers by an OSHA compliant environmental engineering company.
2. Providing readily accessible hand washing facilities.
3. Providing interim hand washing measures, such as antiseptic towelettes, hand sanitizer and paper towels after removal of gloves at non-fixed sites (emergency scenes, mobile blood collection sites) which lack hand washing facilities. Employees can later wash their hands with soap and water as soon as feasible.

4. Requiring washing body parts as soon as possible after skin contact with blood or other potentially infectious materials occurs.
5. Prohibiting the recapping or bending of needles.
6. Shearing or breaking contaminated needles is prohibited.
7. Labeling or color coding.
8. Equipment decontamination.
9. Prohibiting eating, drinking, and smoking, applying cosmetics or lip balm and handling contact lenses in work areas where there is a likelihood of occupational exposure.
10. 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.
11. 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.
12. Placing specimens of blood or other potentially infectious materials in a labeled or color coded container which prevents leakage during collection, handling, processing, storage, transport or shipping.
13. Examining equipment which may become contaminated with blood or other potentially infectious materials. If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage prior to servicing or shipping and decontaminating such equipment as necessary. Items will be labeled per the standard if not completely decontaminated.

Personal Protective Equipment

Personal Protective Equipment (PPE) must also be used if occupational exposure remains after instituting engineering and work practice controls, or if controls are not feasible. Training will be provided by EH&S in the use of the appropriate PPE for employees' specific job classifications and task/procedures they will perform. Additional training will be provided, whenever necessary, in the instance an employee assumes a new position or if new duties are added to their current position.

Appropriate personal protective equipment is required for the following tasks; the specific equipment to be used is listed after the task.

<u>Personnel</u>	<u>Task</u>	<u>PPE Equipment</u>
<ul style="list-style-type: none"> ▪ Nurse/EMS 	<ul style="list-style-type: none"> ▪ Medical am/Emergency Medical Treatment 	<ul style="list-style-type: none"> ▪ Gloves, Gowns, Face Masks/Shields, Goggles, CPR Guards, Resuscitation Bags
<ul style="list-style-type: none"> ▪ Police 	<ul style="list-style-type: none"> ▪ Emergency Assistance CPR 	<ul style="list-style-type: none"> ▪ Gloves, CPR Guards/Masks, Goggles
<ul style="list-style-type: none"> ▪ Athletic 	<ul style="list-style-type: none"> ▪ First Aid, CPR 	<ul style="list-style-type: none"> ▪ Gloves, CPR Masks/Shields, Goggles,
<ul style="list-style-type: none"> ▪ Housekeeping, Plumbing, Building Repair, Transportation 	<ul style="list-style-type: none"> ▪ Decontamination, Disposal, Removal, Handling 	<ul style="list-style-type: none"> ▪ Gloves, Goggles, Gowns, Face Masks

As a general rule, all MSU employees using PPE must observe the following precautions:

1. Wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. If hand washing is not immediately available, hand sanitizer may be used until the employee is able to wash his/her hands with soap and water.
2. Remove protective equipment before leaving the work area and after a garment becomes contaminated.
3. Place used protective equipment in appropriately designated areas or containers when being stored, washed, decontaminated, or discarded.

<u>Disposal PPE</u>	<u>PPE Containers</u>	<u>Location</u>
<ul style="list-style-type: none"> • Gloves • Face Masks • Gowns 	<ul style="list-style-type: none"> • Disposable 	<ul style="list-style-type: none"> • University Health Center • Ems Vehicles • Panzer Gym

4. 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 materials, or if their ability to function as a barrier is not compromised.
5. 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.

6. Never wash or decontaminate disposable gloves for reuse or before disposal. They may not be decontaminated for reuse. Discard unused utility gloves when they show signs of cracking, peeling, tearing, puncturing or deterioration.
7. 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, spatters, or droplets of blood or other potentially infectious materials pose a hazard to the eye, nose, or mouth.
 - If a garment is penetrated by blood or and other potentially infectious materials, the garments(s) must be removed immediately and discarded in a labeled container 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 pull-over 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). However, if the amount of blood exposure is such that the blood penetrates the scrub and contaminates the inner surface, not only is it impossible to remove the scrub without exposure to blood, but the penetration itself would constitute exposure. It may be prudent to train employees to cut such a contaminated scrub to aid removal and prevent exposure to the face. Repair and/or replacement of PPE will be at no cost to employees.

Training

All employees who have or are reasonably anticipated to have occupational exposure to bloodborne pathogens will receive training conducted by EH&S, unless otherwise noted.

EH&S will provide training on the epidemiology of bloodborne pathogen diseases. The training program will cover, at a minimum, the following elements:

- A copy and explanation of the standard
- Epidemiology and symptoms of bloodborne pathogens
- Modes of transmission
- Our Exposure Control Plan and how to obtain a copy
- Methods to recognize exposure tasks and other activities that may involve exposure to blood
- Use and limitations of engineering controls, work practices and Personal Protective Equipment (PPE) disposal
- Methods to recognize exposure tasks and other activities that may involve exposure to blood
- PPE – types, use, location, removal, handling, decontamination, and disposal
- PPE – the basis for selection
- Hepatitis B vaccine – offered free of charge. Training will be given prior to vaccination on its safety, effectiveness, benefits and method of administration
- Emergency procedures – for blood and other potentially infectious materials
- Exposure incident procedures

- Post-exposure evaluation and follow-up
- Signs and labels and/or color coding
- Questions and answer section

An Employee Education and Training Record (Appendix B) will be completed for each employee upon completion of training. This document will be kept with the employee's records at EH&S.

Hepatitis B Vaccinations

EH&S will provide information on Hepatitis B vaccinations addressing its safety, benefits, efficacy, methods of administration, and availability. The Hepatitis B vaccination series will be made available, at no cost, within 10 days of initial assignment to 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.

All employees are strongly encouraged to receive the Hepatitis B vaccination (HBV) series. However, if an employee chooses to decline HBV, 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. (Appendix C) is a documentation/record of refusal of the HBV and will be kept in EH&S with the employee's other medical records. Appendix C is also an optional form that may be used to record the employee vaccination series information.

Other Requirements - Hepatitis B Vaccination

1. Participation in pre-screening is not a prerequisite for receiving the Hepatitis B vaccination.
2. Hepatitis B vaccination will be provided even if an employee declines but later accepts treatment.
3. Employees must sign a statement when declining HB vaccination.
4. Vaccination will be administered in accordance with United States Public Health Service (USPHS) recommended protocol.
5. HB vaccination booster doses must be available to employees, if recommended by USPHS.

Post Exposure Evaluation, Documenting and Follow-up

Should an exposure incident occur, contact Human Resources immediately and seek treatment at the Imedi-Center, (Clifton, NJ) /Mountainside Hospital (Glen Ridge, NJ). Each exposure must be documented by the employee on an “Exposure Report Form” (Appendix D). Human Resources will add any additional information as needed.

An immediately available confidential medical evaluation and follow-up will be conducted by the provider as listed above. The following elements will be performed:

1. The MSU employee will document the routes of exposure and how exposure occurred.
2. Human Resources will identify and document the source individual (Appendix E), unless the employer can establish that identification is infeasible or prohibited by State or local law.
3. The medical treatment facility will obtain consent and test source individual’s blood, as soon as possible, to determine HIV and HBV infectivity and document the source’s blood test results.
4. If the source individual is known to be infected with either HIV or HBV, testing need not be repeated to determine the known infectivity.
5. 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.
6. 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.
7. Provide post-exposure prophylaxis when medically indicated.
8. 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.

Health Care Professionals

EH&S will ensure that the University Health Center at MSU is responsible for an employee’s HB vaccination, post-exposure evaluation and follow-up. The employee will be given a copy of the N.J. PEOSH Bloodborne Standard. EH&S 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

Healthcare Professional's Written Opinion

EH&S 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 diagnosis must remain confidential and should not be included in the written report to our organization.

Housekeeping

MSU Housekeeping will be responsible for implementing the cleaning and decontamination schedule for work surfaces as indicated by the standard. (Appendix N).

1. While wearing protective gloves, Housekeeping will decontaminate work surfaces with an appropriate disinfectant after completion of procedures, immediately when overtly contaminated, after any spill of blood or other potentially infectious materials, and at the end of the work shift when surfaces have become contaminated since the last cleaning.
2. While wearing protective gloves, Housekeeping will inspect and decontaminate, on a regular basis, reusable medical waste receptacles such as bins, pails, and cans that have likelihood for becoming contaminated. When contamination is visible, Housekeeping will clean and decontaminate receptacles immediately or as soon as feasible by removing and replacing protective coverings, such as plastic wrap and aluminum foil, when contaminated.
3. Housekeeping must always use mechanical means such as tongs, forceps, or a brush and dustpan to pick up contaminated broken glassware or any type of sharp instruments; never pick up broken glass with hands, even if gloves are worn. When storing, handling, transporting or shipping, place other regulated waste in identifiable red bags and sharps containers that are constructed to prevent leakage. Store or process reusable sharps in a way that ensures safe handling.
4. Housekeeping will place contaminated sharps in closable, puncture-resistant, labeled/color-coded (red) containers. Sharps containers must be easily accessible to personnel and located as close as feasible to the immediate area where sharps are used, or can be reasonably anticipated to be found. Sharps containers also must be kept upright throughout use, replaced routinely, closed when moved, and not allowed to overfill.
 - Discard all regulated waste according to federal, state, and local regulations, i.e., liquid or semi-liquid blood or other potentially infectious materials, items contaminated with blood or other potentially infectious materials that would release these substances in a liquid or semi-liquid state if compressed, items caked with dried

blood or other potentially infectious materials and capable of releasing these materials during handling, contaminated sharps and pathological and microbiological wastes containing blood or other potentially infectious materials.

Recordkeeping

Medical Records

University Health Center/Human Resources will maintain medical records for each employee with occupational exposure in accordance with NJ PEOSH. University Health Center/Human Resources is responsible for maintenance and storing of the required medical records.

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

- The name and social security number of the 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 MSU 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 maintained at the MSU Health Center/Human Resources for at least the duration of employment plus 30 years.

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

Training Records

Bloodborne Pathogen training records will be maintained by Environmental Health and Safety at 150 Clove Road, Little Falls, NJ 07424. (Appendix B).

The training record shall include:

- The dates of the training sessions
- The contents or 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.

Transfer of Records

If MSU ceases to do business and there is no successive employer to receive and retain the records for the prescribed period, the employer shall notify the Director of the National Institute for Occupation Safety and Health (NIOSH) at least three (3) months prior to scheduled record disposal and prepare to transmit them to the Director.

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 A & B of the Employer Exposure Determination on page four.

Designated First Aid providers:

Primary

- Nurses
- EMS

Secondary

- Police
- Fire Safety
- Athletic Personnel

Our facility has decided to:

- Offer Hepatitis B vaccination to the first aid provider after a first aid incident.
- Offer pre-exposure vaccination.

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 University Health Center/Human Resources before the end of their work shift.

The University Health Center/Human Resources will maintain a report (Appendix D) can be used, which describes name of the first aider, date, time and a description of incident.

The University Health Center/ Environmental Health and Safety 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.

Employees who are designated to render first aid assistance, but this assistance is not their primary work assignment are: Personnel who provide first aid at a first aid station, clinic, emergency response or public safety personnel, who are expected to render first aid in the normal course of their work (i.e. EMS personnel, Police). Jacqueline Lawrence will coordinate the training of the EMS Squad and the training of the specifics of the reporting procedures, in addition to all the training required.

APPENDIX SECTION

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

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

CONFIDENTIAL

HEPATITIS B VACCINE IMMUNICATION 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

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: _____

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,

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.

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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 _____

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