**BLOODBORNE PATHOGENS**

**Prepared for:**

**(INSERT YOUR MUNICIPALITY HERE)**

**Date:**

**Link:**

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**BLOODBORNE PATHOGENS STANDARD**

**EXPOSURE CONTROL PLAN**

**(INSERT YOUR MUNICIPALITY HERE)**

**TABLE OF CONTENTS**

PREFACE 1

TERMS AND DEFINITIONS 2

I. EXPOSURE CONTROL 3

A. Exposure Control 3

B. Methods of Compliance 4

C. Hepatitis B Vaccination 8

D. Post-Exposure Evaluation and Follow Up 8

E. Communication of Hazards to Employees (Education & Training) 10

F. Record Keeping 11

G. Responsibilities 12

II. EXPOSURE CONTROL PLAN 13

A. Work Activities Involving Potential Exposure To Bloodborne Pathogens 13

B. Engineering Control Equipment 13

C. Personal Protective Equipment (PPE) 14

D. Cleaning/Decontamination Schedule 15

E. Acceptance Form 17

F. Hepatitis B Vaccination Information Form 18

G. Hepatitis B Inoculation Records 19

H. Exposure Incident Investigation Form 20

I. Source Individual Consent Form 21

I. Source Individual Consent Form 21

J. Employee Consent Form 22

K. Medical Surveillance Form 23

III. IMPLEMENTATION AND DOCUMENTATION 24

A. Medical Surveillance Diagnostic Summary Report 25

B. Post-Exposure Checklist 27

C. Education and Training Materials (attached) 28

D. Implementation Schedule 29

E. Sample Letter to Outside Contractor 30

F. Waste and Sharps Disposal Guidelines 31

IV. BLOODBORNE PATHOGEN STANDARD 32

# PREFACE

On June 8, 1993, the PEOSHA Bloodborne Pathogens Standard was adopted by the New Jersey Department of Labor. This standard is based on OSHA's Occupational Exposure to Bloodborne Pathogens Standard (29 CFR 1910.1030). The Bloodborne Standard applies to all occupational exposure to blood and other potentially infectious materials (OPIMS) including human body fluids. The purpose of this Standard is to prevent Bloodborne Infections by eliminating or reducing Occupational Exposure. In order to achieve this purpose, it is necessary to know where and how such exposure can occur and who will be performing those tasks and procedures. It is the goal of this Standard to reduce a significant risk of infection by minimizing or eliminating Occupational Exposure to blood and other potential infectious materials, providing the Hepatitis B vaccine, and post-exposure medical follow-up.

The purpose of this Exposure Control Plan is to protect all occupationally exposed employees from exposure to any blood or body fluid. The Exposure Control Plan will attempt to identify all occupationally exposed groups of employees within the INSERT YOUR MUNICIPALITY HERE and attempt to explain the methods of compliance that will be instituted to minimize exposure to blood and body fluids.

# TERMS AND DEFINITIONS

As part of the final Bloodborne Standard, OSHA has defined certain terms that are crucial to understanding the Standard. The following are just a few of the key terms, along with their definitions, that will help to better understand this Exposure Control Plan.

**Blood** is human blood, human blood components and products made from human blood.

**Bloodborne Pathogens** are microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV), and human immunodeficiency virus (HIV).

**Exposure Incident** is a specific eye, mouth or 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.

**Occupational Exposure** is reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

**Other Potentially Infectious Materials (OPIM)** include, but are not limited to, 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. It also includes any unfixed tissue or organ (other than intact skin) from human (living or dead) and HIV-containing cell or tissue cultures, organ cultures and HIV-HBV-containing culture medium or other solutions and blood organs or other tissues from experimental animals infected with HIV or HBV.

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

**Regulated Medical Waste (RMW)** 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.

**Universal (Standard) Precautions** is an approach to infection control. According to the concept of Standard Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

# I. EXPOSURE CONTROL

## A. Exposure Control

Employees are at risk each time they are exposed to bloodborne pathogens or other potentially infectious materials. Any exposure incident may result in infection and subsequent illness. Since it is possible to become infected from a single exposure incident, exposure incidents must be prevented whenever possible.

The purpose of determining occupational exposure is not to determine whether one individual is of greater or lesser risk, but it is to identify all those employees who have occupational exposure and who are covered by the standard. It should be noted, that the exposure determination has been made without taking into consideration the use of personal protective clothing or equipment.

The **INSERT YOUR MUNICIPALITY HERE** has determined that Occupational Exposure to blood or other potentially infectious materials may occur in the following group(s) of employees:

**Table 1. Exposed Employee Job Classifications**

1. **BBP EXPOSURE DETERMINATION**

**These job classifications have been identified (see Table I below) as ones in which employees and volunteers have potential exposure (i.e. skin, eye, mouth, other mucous membrane, or parenteral) to bloodborne pathogens. This assessment is made without regard to the use of PPE. [Note that Categories 1 and 2 require training]:**

***\* Category 1: Tasks involve direct contact with blood, body fluids, or tissues. Procedures, or other job-related tasks that involve an inherent potential for percutaneous, mucous membrane, or skin contact with blood or Other Potentially Infectious Material, are Category 2 tasks. Appropriate protective measures will be required for every employee engaged in Cat. 1 tasks.***

***\* Category 2: Tasks involve direct exposure to blood or OPIM, and may require performing unplanned Category 1 tasks. The normal work routine involves no contact with blood or OPIM, but contact may be required as a condition of employment. Appropriate protective measures shall be readily available for every employee engaged in Category 2 tasks.***

***\* Category 3: Employees not classified in Category 1 or 2 of this section. These people do not perform tasks that involve contact with blood or OPIM, and Category I tasks are not a job requirement. The normal work routine does not involve contact with blood or OPIM. Persons who perform these duties are not called upon as part of their job responsibilities, to perform any Category I tasks or assist in emergency medical care or first aid.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Department | Category 1 | Tasks for Category 1 | Category 2 | Tasks for Category 2 | Category 3 |
| ***Police*** | ***Police Officer  Police Administrator*** | **Search or restraining prisoners, process evidence, EMS/accident response** | ***Police Officer***  ***Police Administrator*** | **Police Communications Operators  Logistics Personnel** | **Records Dept.**  **Clerical Staff** |
| ***Fire Dept.*** | ***Chief***  ***Firefighters*** | **Rescue operations, EMS/accident Response** | ***Chief***  ***Paid Firefighters***  ***Volunteer Firefighters*** | **Communications**  **Drivers**  **Auxiliary Staff** |  |
| ***Recreation Services*** | ***Life Guards  Aerobic Exercise Leaders  Water Aerobic Exercise Leaders  Facility Supervisors  Intramural Sport Supervisors  Weight & Fitness Room Monitors*** | **Rescue**  **Personal Contact with clients/team members** | ***RS Staff*** | **Occasional responsibility as Manager on Duty**  **Emergency Assistance** | **Clerical**  **Staff**  **Administrative Office** |
| ***DPW*** | ***DPW Laborer***  ***Sanitation Workers***  ***Mechanics*** | **Trash Collection Vehicle Maintenance & Cleaning**  **Recycle yards**  **CSE Response** | ***Director/ Superintendent***  ***Foreman*** | **Field Inspection**  **Job Hazard Assessment** | **Administrative Staff** |

Note: "Good Samaritan" acts which result in exposure to blood or other potentially infectious materials from assisting a fellow employee or student (i.e., assisting a co-worker with a nosebleed, giving CPR, or first aid) are not included in the Bloodborne Standard. The INSERT YOUR MUNICIPALITY HERE will offer Post-Exposure Evaluation and Follow-up in such cases.

The INSERT YOUR MUNICIPALITY HERE has chosen to list the tasks and procedures performed by employees where occupational exposure to blood and other potentially infectious materials may occur. This list (located on Page 13) will be updated at least annually to ensure that all tasks and procedures are evaluated with regards to reasonably anticipated occupational exposure to blood and other potentially infectious materials.

The employees have been instructed to follow the rules and requirements established by this plan, in addition to the standard operating procedures established by the **INSERT YOUR MUNICIPALITY HERE**

## B. Methods of Compliance

**Standard (Universal) Precautions** will be observed by the **INSERT YOUR MUNICIPALITY HERE** to minimize and/or prevent contact with blood and/or potentially infectious materials. Standard Precautions is a method of preventing disease by preventing transfer of blood and certain body fluids. The underlying concept of Standard Precautions is that all blood and certain other body fluids are considered to be infectious for bloodborne pathogens. In almost all situations, our employees will treat all blood and certain body fluids as though they contain bloodborne pathogens. This will be done through the use of gloves or any other personal protective equipment that may be required. It should be noted that in rare instances, such as unexpected medical emergencies, employees may not be able to put on gloves or other personal protective equipment. Only in this type of situation will this institution allow an employee to disregard Standard Precautions.

**Engineering and work practice controls** will be instituted to eliminate or minimize employee exposure wherever possible. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

The INSERT YOUR MUNICIPALITY HERE identifies the need for changes in engineering controls and work practices through review of PEOSH records, employee interviews, and committee activity. The INSERT YOUR MUNICIPALITY HERE will evaluate new procedures or new products regularly by literature review and supplier information. Both front-line workers and management officials are to be involved in this process through interviews and product trials.

Hand washing facilities are readily accessible to INSERT YOUR MUNICIPALITY HERE employees. Due to the nature of their activities access to wash areas may not be feasible. In the event washing facilities are not available, employees will be provided Anti-Viral Sanitizers, as an interim measure.

Employees are required to wash their hands or other exposed skin or flush mucous membranes immediately or as soon as feasible after:

* Removal of gloves or other PPE
* Contact with blood or other OPIMS.

Sharps will include, but will not be limited to, needles, scalpels, broken glass, broken capillary tubes and scissors.

All contaminated needles will be discarded without being recapped, sheared, bent, broken, or re-sheathed by hand. Shearing or breaking contaminated needles is 100% prohibited by the INSERT YOUR MUNICIPALITY HERE.

Immediately or as soon as possible after use, contaminated sharps, used by healthcare personnel, will be placed in an appropriately labeled puncture resistant container (Sharps Container) for proper disposal. The (INSERT YOUR MUNICIPALITY HERE will provide puncture resistant containers for proper disposal of sharps as needed.

The INSERT YOUR MUNICIPALITY HERE is currently in full compliance with all requirements pertaining to sharps and other regulated medical waste as mandated by the New Jersey Comprehensive Regulated Medical Waste Management Act.

Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is reasonably anticipated occupational exposure.

Food and drink will not be kept in refrigerators, shelves, cabinets, and/or counter-tops where blood and other potentially infectious materials are present. These areas will be demarcated with a biohazard label.

Specimens of blood or other OPIM’S will be placed in containers designed to prevent leakage during collection, handling, processing, storage, transfer or shipping.

The INSERT YOUR MUNICIPALITY HERE has instituted work practice controls to minimize the potential splashing, spraying, splattering and generation of droplets of blood and/or other potentially infectious materials.

In addition, employees have been informed that if there is outside contamination of a container that could be associated with blood or body fluids, then that container must be decontaminated.

All materials that come in contact with OPIM’S will be considered Infectious/Contaminated Waste. Non-sharps Infected Waste will be double bagged in BIOHAZARD waste bags. All Infectious wastes produced at the scene will be turned over to the Fire Rescue or EMS Units on scene for transport and disposal at the receiving hospital. All other infectious wastes will be secured by the Fire Rescue Team and brought to a receiving hospital for disposal.

**PPE** will only be instituted when engineering controls and work practices are insufficient to eliminate exposure to blood and other potentially infectious materials. PPE may include, but will not be limited to, gloves, gowns, goggles, face shields, glasses with solid-side shields, masks and resuscitation devices.

PPE will be provided to employees at no cost and the INSERT YOUR MUNICIPALITY HERE will ensure that the employees use appropriate PPE at all times. Note that in rare and extraordinary circumstances, an employee may, in his or her professional judgment, determine that the use of PPE will increase the hazard to the safety of a co-worker. Any and all of these circumstances will be investigated and documented by the INSERT YOUR MUNICIPALITY HERE.

The specific types of PPE available for employees to use during the course of their employment will be identified later in this plan.

Such PPE shall not permit blood or OPIM’S to pass through or to reach employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucus membranes under normal conditions of use.

Gloves will be available in all areas where occupational exposure is anticipated. Everyday work gloves will be worn over disposable vinyl/latex gloves when handling sharp objects or rough objects are likely to be encountered.

Gloves will be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucus membranes and non-intact skin.

Gloves will be replaced as soon as practical when contaminated (i.e. at least after each use) and as soon as feasible when torn or punctured. Disposable gloves will not be washed for reuse.

Employee uniforms will be changed immediately or as soon as feasible if penetrated by blood or other OPIMs.

The INSERT YOUR MUNICIPALITY HERE will arrange to clean, launder, and dispose of PPE at no cost to the employee. In addition, when personal protective equipment is removed, it will be placed in a designated area and/or receptacle for storage, washing, decontamination or disposal.

Housekeepingprocedures will be instituted by the INSERT YOUR MUNICIPALITY HERE to ensure that the work site is maintained in a clean and sanitary condition. Written procedures have been prepared to assure that all areas and/or surfaces are cleaned and decontaminated properly. A written schedule for cleaning and method of decontamination based on the type of surface to be cleaned, type of soil present, and tasks or procedures being performed has been prepared.

Contaminated work surfaces will be cleaned with a disinfectant after completion of procedures immediately or as soon as feasible when they are visibly contaminated or after a spill of blood or other OPIM by the Fire Fighters.

If any equipment, working surfaces, bins, pails, cans, etc. come in contact with blood or any other OPIMs, they will be cleaned and decontaminated as soon as feasible.

As noted above, the INSERT YOUR MUNICIPALITY HERE currently is in compliance with the New Jersey Comprehensive Regulated Medical Waste Management Act. This Act requires that regulated medical waste be placed in a color-coded bag and/or in a receptacle, that has the universal biohazard symbol on it.

The INSERT YOUR MUNICIPALITY HERE currently maintains copies of tracking forms to ensure that the waste has been properly disposed.

Broken glassware shall not be picked up directly with the hand and shall be cleaned up using mechanical means, such as brushes, etc.

It is anticipated that there will be **contaminated laundry** generated by the INSERT YOUR MUNICIPALITY HERE. If it is generated, contaminated laundry will be handled as little as possible and with a minimum of agitation. It will be bagged or containerized at the location where it was used. It shall not be sorted or rinsed at the location it was used.

Whenever it is deemed possible that laundry is wet and presents a likelihood of soaking through or leakage, the laundry should be placed and transported in bags or containers, which are soak-proof or leak-proof.

Employees who come in contact with contaminated laundry are required to wear gloves and other appropriate PPE.

Where laundry is shipped off-site for cleaning or handling, it will be placed in bags or containers, which are labeled or color-coded in accordance with this policy.

As noted above, the INSERT YOUR MUNICIPALITY HERE currently is in compliance with the New Jersey Comprehensive Regulated Medical Waste Management Act. This Act requires that regulated medical waste be placed in a color-coded bag and/or in a receptacle that has the universal biohazard symbol on it.

## C. Hepatitis B Vaccination

As indicated previously, all employees have been evaluated to determine which of these employees have occupational exposure to blood and OPIMs. All employees who have occupational exposure will be provided the Hepatitis B vaccine free of charge.

Occupationally exposed employees are offered the Hepatitis B vaccination within ten (10) working days of their initial assignment. If an employee chooses not to receive the vaccination offered at this time, they will be asked to sign a declination form. A copy of this declination form will be made part of the employees’ medical record. Medical records are located in the (INSERT YOUR INFORMATION HERE).

## D. Post-Exposure Evaluation and Follow Up

Following a report of an exposure incident, the INSERT YOUR MUNICIPALITY HERE will make available a confidential medical evaluation, and follow-up documentation of the incident will be made on the Exposure Incident Investigation Form that will include at least the following:

* Documentation of the routes of entry and circumstances under which the exposure incident occurred.
* Identification and documentation of the source individual, if possible.
* The source individual's blood will be tested as soon as possible after consent has been obtained in order to determine HBV and HIV infectivity. If consent cannot be obtained, the employer will establish that legally required consent was not available.
* The exposed employee’s blood will be tested as soon as possible after consent has been obtained in order to determine HBV and HIV infectivity. If consent cannot be obtained, the employer will establish that legally required consent was not available. All results of the exposed employees testing will be made available to the exposed employee.
* The INSERT YOUR MUNICIPALITY HERE will use a designated physician as the healthcare professional responsible for providing medical evaluation and follow up as well as vaccines for employees. The INSERT YOUR MUNICIPALITY HERE will ensure that the healthcare professional responsible for the exposed employee's Hepatitis B vaccination will be provided with a copy of the bloodborne standard regulation as well as a description of the exposed employee's duties as they relate to the exposure incident, documentation of the routes of exposure and circumstances under which exposure occurred, results of the source individual's blood testing, if available, and all relevant medical records.
* The healthcare professional will provide the employee with a copy of a written opinion within fifteen (15) days of completion of the evaluation of the employee.
* If a post-exposure prophylaxis is medically indicated, it shall be followed as recommended by the United States Public Health Service.
* If the employee consents to a baseline blood collection, but does not consent to HIV testing, the blood sample shall be preserved for at least 90 days, and the employee shall have that much time to request that HIV testing be performed.
* The healthcare professional's written opinion for post-exposure evaluation and follow up shall be limited to the following:
* That the employee has been informed of the results of the evaluation and
* That the employee has been told about any medical conditions resulting from exposure to blood or other OPIMs, which require further evaluation or treatment.
* Any and all other findings or diagnosis shall remain confidential and shall not be included in the written report.
* Any and all medical records required by this Exposure Control Plan and Policy shall be maintained as required under OSHA Standard 29 CFR 1910.20 (Retention of Records).
* A post-exposure evaluation and follow-up checklist will be used to insure that proper procedures have been followed.

## E. Communication of Hazards to Employees (Education & Training)

The INSERT YOUR MUNICIPALITY HERE will ensure that at the time of initial assignment to tasks where occupational exposure may occur and at least annually thereafter, employees will receive information and training at no cost and during working hours. The program will contain material appropriate in content and vocabulary to the educational level, literacy, and language of employees being trained.

The training program will contain information as required in sections A through N of the OSHA Bloodborne Standard. One of the keys to this information and training program will be that all employees have an opportunity for interactive questions and answers with the person conducting the training session.

Training records will be maintained that include the date of the session, contents or summary of the session, names and qualifications of the person conducting the training, and names and job titles of all persons attending the training session. These records will be maintained for a period of three (3) years.

The training program shall consist of the following:

* A copy of the text of the Bloodborne Pathogen Standard and an explanation of its contents.
* A general explanation of the causes, symptoms, and control of bloodborne diseases.
* An explanation of the modes of transmission of bloodborne pathogens.
* An explanation of this exposure control plan. If a copy is needed, it can be obtained from the personnel department.
* How to recognize tasks and activities that will involve exposure to blood or OPIM’S.
* An explanation of the use and limitations of methods that will prevent or reduce exposure including engineering controls, work practice controls, and personal protective equipment.
* Information on the types, use, location, removal, handling, decontamination, and disposal of personal protective equipment.
* An explanation of the basis for selecting personal protective equipment.
* Information on Hepatitis B vaccine, including information on its efficacy, safety, method of administration, benefits of being vaccinated and that the vaccine will be offered free of charge.
* Information on appropriate actions to be taken and persons to contact in an emergency involving blood or OPIM’S.
* Procedures to follow if exposure incidents occur, including method of reporting, and medical follow-up that will be made available.
* Information on post-exposure evaluation and follow-up following an exposure incident.
* Labels and color-coding.

The instructor shall allow a suitable opportunity for questions and answers for employees taking the training.

Container Labeling - INSERT YOUR MUNICIPALITY HERE will ensure that warning labels will be affixed to all containers, refrigerators, or any other devices that may hold or contain blood or other OPIMs. These labels will be fluorescent orange or orange red or will predominantly display the universal biohazard symbol. Red bags or red containers may be substituted from time to time with these universal labels.

## F. Record Keeping

The INSERT YOUR MUNICIPALITY HERE will maintain an accurate record for all employees with occupational exposure. This record will include:

* The name and social security of the employee.
* A copy of the employee's Hepatitis B vaccination status.
* A copy of any and all results of examinations, medical testing and follow up procedures resulting from post-exposure evaluation, a copy of any information provided by a healthcare professional to the employee.

These records will be kept confidential and will be maintained for at least the duration of employment plus thirty years in accordance with 29 CFR 1910.1030.

Employee training records required by this policy shall be provided upon request for examination and copying to OSHA inspectors, employees, and employee representatives.

Employee medical records required by this policy shall be provided upon request for examination and copying to OSHA inspectors, the subject employee or to anyone having written consent of the subject employee in accordance with 29 CFR 1910.1030.

An implementation schedule has been prepared to document proper adherence to OSHA guidelines.

## G. Responsibilities

The overall responsibility for the health and safety of all members of the INSERT YOUR MUNICIPALITY HERE lies with (INSERT YOUR INFORMATION HERE).

|  |  |
| --- | --- |
| **RESPONSIBLE INDIVIDUAL** | **ACTION** |
| DPW Management | Education and Training |
| DPW Director | Compliance Review |
| DPW Management | Engineering and Work Practice Controls |
| DPW Management | Maintenance of Records |
| DPW Management | Provide PPE |
| Municipality | ECP Plan Update |
| Physician (Private Practice)  Medical Center, Health Dept. | Administer Hepatitis B Vaccine  Medical Evaluation & Post Exposure Follow-Up |
| N/A | Regulated Medical Waste Disposal |

# II. EXPOSURE CONTROL PLAN

## A. Work activities Involving Potential Exposure To Bloodborne Pathogens (Sample)

|  |  |
| --- | --- |
| **JOB CLASSIFICATION** | **TASK/PROCEDURE** |
| Supervisor | Incidental contact with OPIM’S during site cleaning, needles in trash bin removal |
| Truck Driver | Incidental contact with OPIM’S during site cleaning, needles in trash bin removal, sweeping broken glass in public areas & clean-up of city jail |
| Laborer | Incidental contact with OPIM’S during site cleaning, needles in trash bin removal, sweeping broken glass in public areas & clean-up of city jail |
| Operator | Incidental contact with OPIM’S during site cleaning, needles in trash bin removal, sweeping broken glass in public areas & clean-up of city jail |
| Plumbers | Contact with OPIM’S during plumbing maintenance |

## 

## B. Engineering Control Equipment (Sample)

The following areas have, or should have, Engineering Control Equipment to eliminate or minimize our employees' exposure to bloodborne pathogens. If equipment is needed but not yet installed, "None" is indicated in the "Control Equipment" column.

|  |  |
| --- | --- |
| **CONTROL EQUIPMENT** | **LOCATION** |
| Hand Washing Sink | Public Works Maintenance Facility |
| Showers | Public Works Maintenance Facility |
| Vehicle Bay equipped with Water Hose | Public Works Maintenance Facility |

## C. Personal Protective Equipment (PPE)

The following PPE is available to eliminate or minimize our employees' exposure to bloodborne pathogens. If equipment is needed, but not yet available, "None" is indicated in the Type of Equipment column.

|  |  |
| --- | --- |
| **TYPE OF EQUIPMENT** | |
| DPW Facilities | Surgical face mask, Disposable latex/vinyl gloves, Aprons, Tyvek Suits, Goggles & Eye Shields |
| DPW Vehicles | Disposable latex/vinyl gloves & Goggles & Eye Shields |

## D. Cleaning/Decontamination Schedule

| **AREA(S)/ EQUIPMENT TO BE CLEANED** | **SCHEDULED CLEANING**  **DAY/TIME** | **PRODUCT(S) USED** | **INSTRUCTIONS** |
| --- | --- | --- | --- |
| Vehicles (Interiors/Exteriors) | Immediately after OPIMs contamination | Use bleach solution (1:10 ratio) or other approved disinfecting cleaning product if surfaces are suspected of being contaminated with blood or other OPIM. | 1. Don PPE (min. -gloves & goggles). 2. Scrub all areas in contact with OPIM’S including contaminated clothing & turnout gear. 3. Rinse area thoroughly and let dry. 4. Dispose/decontaminate PPE (gloves & goggles). |
| Artificial Respiration & Medical Equipment – Masks, Bag-Valve Mask Device | After every use regardless of visible OPIM contamination | Use bleach solution (1:10 ratio) or other approved disinfecting cleaning product if surfaces are suspected of being contaminated with blood or other OPIM. | 1. Don PPE (min. -gloves & goggles). 2. Wash equipment thoroughly. 3. Rinse area thoroughly and let dry. 4. Dispose/decontaminate PPE (gloves & goggles). |
| Work Uniforms | Immediately after OPIMs contamination | n/a | 1. Remove contaminated clothing immediately. 2. Place clothing into a BIOHAZARD Plastic Bag. 3. Send to approved laundry facility under direction of (INSERT YOUR INFORMATION HERE) |

|  |  |  |  |
| --- | --- | --- | --- |
| Bunker Gear, Leather Clothing | Immediately after OPIMs contamination  (Minor) contamination only –12 square inches or less.) | Use bleach solution (1:10 ratio) or other approved disinfecting cleaning product if surfaces are suspected of being contaminated with blood or other OPIM. | 1. Don PPE (min. -gloves & goggles). 2. Scrub all areas in contact with OPIM’S. 3. Rinse area thoroughly and let dry. 4. Dispose/decontaminate PPE (gloves & goggles). |
| Bunker Gear, Boots, Leather Clothing | Immediately after OPIMs contamination  (Major contamination only –12 square inches or greater.) | n/a | 1. Remove contaminated clothing immediately. 2. Place clothing into a BIOHAZARD Plastic Bag. 3. Send to approved laundry facility under direction of the (INSERT YOUR INFORMATION HERE) |
| Boots, | Immediately after OPIMs contamination | Use bleach solution (1:10 ratio) or other approved disinfecting cleaning product if surfaces are suspected of being contaminated with blood or other OPIM. | 1. Don PPE (min. -gloves & goggles). 2. Scrub all areas in contact with OPIM’S. 3. Rinse area thoroughly and let dry. 4. Dispose/decontaminate PPE (gloves & goggles). |

## E. Acceptance Form

This Exposure Control Plan is required by the PEOSH Bloodborne Pathogens Standard. The purpose of this Exposure Control Plan is to protect ALL occupationally exposed employees of the **INSERT YOUR MUNICIPALITY HERE** from exposure to blood or other OPIM’S.

The **INSERT YOUR MUNICIPALITY HERE** understands its responsibilities under the standard, and will ensure that the employees adhere to methods of compliance outlined within the plan.

## F. Hepatitis B Vaccination Information Form

**Declination Statement:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(employee name)**, understand that due to my occupational exposure to blood or other potentially infectious materials, may be at risk of acquiring **Hepatitis B Virus (HBV) infection**. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself. However, I decline the Hepatitis B vaccine 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)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(witness)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(date)**

**Hepatitis B Vaccination Request:**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(employee)**; am requesting the offered Hepatitis B vaccination program initiated for my protection. I understand the program is a series of three (3) inoculations given over a period of six months, and that a fourth inoculation may be necessary to complete my immunization.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(employee signature)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(witness)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(date)**

**Excused from the Hepatitis B Vaccination Requirement:**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(employee)**; have been excused from the vaccination requirement for the following reason(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(employee signature)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(witness)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(date)**

## G. Hepatitis B Inoculation Records

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Employment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SERIES** | **INOCULATION DATE** | **MANUFACTURER** | **LOT NO.** | **EXP. DATE** |
| **1st** |  |  |  |  |
| **2nd** |  |  |  |  |
| **3rd** |  |  |  |  |
| **4th** |  |  |  |  |

**Hepatitis B Surface Antibody Test Record**

|  |  |  |
| --- | --- | --- |
| **DATE OF TEST** | **ANTIBODY DETERMINED** | **NOT DETERMINED** |
|  |  |  |
|  |  |  |
|  |  |  |

## H. Exposure Incident Investigation Form

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Time of Incident:** \_\_:\_\_ AM/PM

**Employee Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Location:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OPIM(S) Involved:**

**Type:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Circumstances (work being performed):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cause for Incident (Accident, equipment malfunction, etc.):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PPE Being Used:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Actions Taken:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Recommendations for Avoiding Repetition:**

## I. Source Individual Consent Form

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(injured name)**, having received aid or assistance for an injury as a result of which \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(responder name)** the responder sustained exposure to my blood, blood products or body fluids, hereby agree that a blood sample(s) may be obtained from me for the purposes of testing for bloodborne disease, including the Acquired Immune Deficiency Disease Virus, the virus of Hepatitis B .

It is understood that the information so obtained is confidential, and will be used solely for the purposes of rendering care and treatment to the above referenced healthcare person, and will be reviewed with me in a timely fashion by a professional HCP Health Care Provider.

**Exposure** is construed to mean the contamination of abraded skin or mucous membranes by the blood, blood products, or body fluids of the treated individual. A finger stick, abrasion or a laceration sustained in the process of rendering care that allows the blood, blood products, or body fluids of the injured person to enter the body of the responder.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(INJURED INDIVIDUAL SIGNATURE)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(WITNESS SIGNATURE)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(DATE)**

**Office Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office Telephone:** **( )**\_\_\_\_-\_\_\_\_\_ **x**.\_\_\_\_\_\_

## J. Employee Consent Form

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(employee name)**, having possibly sustained an exposure to a bloodborne pathogen(s) during the act of: (check appropriate box)

**\_\_\_\_\_** Rendering aid or assistance to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(the injured person’s name)** an injured individual or;

**\_\_\_\_\_** During the clean up process after an individual has sustained injury

I hereby agree that a blood sample(s) may be obtained from me for the purpose(s) of testing for bloodborne pathogen(s), including the Acquired Immune Deficiency Disease Virus, the Hepatitis B Virus. It is understood that the information so developed is confidential, will not be divulged to others without my permission, will be kept only in my medical file, and is being sought at this time only for my benefit. It is further understood that the results of this testing will be reviewed with me in a timely fashion by a HCP.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(EMPLOYEE SIGNATURE)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(WITNESS SIGNATURE)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(DATE)**

## K. Medical Surveillance Form

Healthcare Professional:

The employee presenting this form warrants a medical evaluation or consultation because of what may have been a work related exposure to bloodborne pathogens. Details are supplied below, and any additional information may be obtained from:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(supervisor name)**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hepatitis B Vaccination: \_\_\_\_Yes \_\_\_\_No**

**Exposure: Date\_\_\_\_\_\_\_\_\_\_\_\_ Time\_\_:\_\_ AM/PM**

**Place\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Description of event (please include the mode(s) of exposure, body areas, or systems involved):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee's description of any presenting signs and symptoms:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Preparer Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)**

**Office Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office Telephone:** ( )**\_\_\_\_-\_\_\_\_\_** x.**\_\_\_\_\_\_**

# III. IMPLEMENTATION AND DOCUMENTATION

## A. Medical Surveillance Diagnostic Summary Report

**Examining Physician** \_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_

**Employee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_

**Medical Examination/Additional Comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Recommendation** | **Yes** | **No** | **Comments** |
| **Testing:** |  |  |  |
| Hepatitis B |  |  |  |
|  |  |  |  |
| Hepatitis C |  |  |  |
|  |  |  |  |
| HIV |  |  |  |
|  |  |  |  |
| Blood Cultures |  |  |  |
|  |  |  |  |
| Other |  |  |  |
|  |  |  |  |
| **Specifics:** |  |  |  |
| Future Visits |  |  |  |
| Future Testing |  |  |  |
| Special Intervention |  |  |  |
| Surveillance Program |  |  |  |

**Existing Medical conditions pertinent to bloodborne pathogen exposure:**

**Employee Statement:**

This is to certify that I have had the results of this examination explained to me, including such testing as the HIV/HBV/HCV test, and I understand what was told to me by the Physician, concerning the results of the evaluations and recommendations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(employee signature)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(physician signature)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(date)**

## B. Post-Exposure Checklist

The following steps must be taken, and information transmitted, in the case of an employee's exposure to Bloodborne Pathogens:

|  |  |
| --- | --- |
| **ACTIVITY** | **COMPLETION DATE** |
| Employee was furnished with documentation regarding exposure incident. |  |
| Source individuals identified:  (name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Source individual's blood tested and results given to employee.**\*\*\*** |  |
| Exposed employee's blood collected and tested. |  |
| Appointment arranged for employee with Physician:  (name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| All documentation has been forwarded to Physician:  Bloodborne Pathogen Standard  Description of employee's duties  Description of exposure incident, including routes of exposure.  Results of source individuals blood testing.  Employee's medical records. |  |
| **\*\*\*** If consent has not been obtained, check here and explain:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

## C. Education and Training Materials (attached)

## D. Implementation Schedule

|  |  |  |
| --- | --- | --- |
| **DATE REQUIRED** | **COMPLIANCE DESCRIPTION** | **DATE COMPLETED** |
|  | Meeting to update the **INSERT YOUR MUNICIPALITY HERE** Bloodborne Pathogen Exposure Control Plan. |  |
|  |  |  |
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## E. Sample Letter to Outside Contractor

To Whom It May Concern:

As required by the OSHA Bloodborne Pathogens Standard (29CFR1910.1030), the **INSERT YOUR MUNICIPALITY HERE** has informed all of its employees of the hazards related to blood or other potentially infectious materials that may be found in the workplace. In addition, employees have been offered the Hepatitis B vaccine, proper workplace practices and controls have been instituted, and a written exposure control plan has been created. All of this has been done in order to minimize the chance that an employee will have exposure to blood and other potentially infectious materials during the course of their normal work duties.

Although it is highly unlikely, there is a possibility that one of **your employees** may be exposed to blood or other potentially infectious materials during the course of your work in our facility. It is your responsibility as the contractor to the **(INSERT MUNICIPALITY HERE)**  to inform him/her of the potential exposure to blood or other potentially infectious materials at a job site.

I am requesting that you establish a procedure so that if an employee has exposure to blood or other potentially infectious materials, this office is informed of that exposure incident within a twenty-four hour period. This will allow us to document the exposure incident and may also enable us to provide you with specific medical advice and/or treatment for your employee that has been exposed.

Thank you for your attention to this matter. If you have any questions or comments, please do not hesitate to contact me directly.

Very truly yours,

## F. Waste and Sharps Disposal Guidelines

The disposal of waste and sharps basically falls under the three categories of Sharps, Red Bag, and Clear Bag. The guidelines for various items are below.

Sharps Disposal:

The following items MUST be discarded in a SHARPS container:

|  |  |
| --- | --- |
| 1. Needles | 1. Scissors, disposable |
| 1. Needles with Syringes | 1. Razors, disposable |
| 1. Syringes Only | 1. Trocars |
| 1. Vacutainer Needles | 1. Vacutainer Blood Specimen Tubes |
| 1. Scalpel Blades |  |

Red Bags:

The items below may be infectious and therefore MUST be discarded in Red Bags:

|  |  |
| --- | --- |
| 1. Any item saturated with blood |  |
| 1. Blood Administration Sets (bags, tubing) | 1. Bandages saturated with blood |
| 1. Discarded specimen of Human Tissue | 1. I.V. Tubing; all I.V. Bags |
| 1. Introducers | 1. Plastic I.V. cannulas filled with blood |
| 1. Gloves and disposable gowns saturated with blood |  |

Clear Bags:

The items below may be disposed of in Clear bags:

|  |  |
| --- | --- |
| 1. Bandages | 1. Kitchen Waste |
| 1. Gloves | 1. Medication Vials (non-chemotherapy) |
| 1. Disposable Gowns | 1. Papers, wrappings, packaging materials |
| 1. Empty Containers | * Infant Diapers |
|  |  |

# IV. BLOODBORNE PATHOGEN STANDARD

**See Attached**