Bloodborne Pathogens Exposure Control Plan

(Revised)

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I. PURPOSE

The objective of this Bloodborne Pathogens Exposure Control Plan is to comply with the Occupational Safety and Health Administration's Bloodborne Pathogens Standard, 29 CFR 1910.1030, and to eliminate or minimize employee occupational exposure to blood, certain other bodily fluids or other potentially infectious materials. Definitions of terms relating to this exposure control plan are found in Appendix A.

II. AUTHORITY & REFERENCE

Occupational Safety and Health Administration (OSHA) 29 CFR 1910.1030

III. APPLICATION

This Exposure Control Plan (ECP) applies to [FACILITY] employees who are engaged in workplace activities that may involve exposures to blood or other bodily fluids.

IV. RESPONSIBILITY FOR COMPLIANCE

[RESPONSIBILITIES MAY BE DISTRIBUTED DIFFERENTLY BASED ON THE FACILITY'S SITUATION]

The implementation of this ECP will be the responsibility of the [TITLE OF RESPONSIBLE PERSON]. These responsibilities will include

- Maintaining, reviewing and updating the ECP at least annually and whenever necessary to include new or modified tasks and procedures.
- Providing and maintaining all necessary personal protective equipment (PPE), engineering controls, labels and red bags as required by the standard.
- Ensuring all medical actions required by the standard are performed and that the appropriate employee health and OSHA records are maintained

- Providing hepatitis B vaccines under specific circumstances as defined by an exposure determination and/or medical follow-up for exposure incidents.

- Ensuring that annual and initial training is conducted and documented

- Ensuring that the written ECP is available to employees and others as required

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

Employees are responsible for attending required training; utilizing proper work practices; universal precautions; personal protective equipment; and proper cleanup and disposal techniques. Employees are also responsible for immediately reporting all exposure incidents to [TITLE(S) OF RESPONSIBLE PERSON(S)].

V. EXPOSURE DETERMINATIONS

The [TITLE/NAME] will determine which employees can reasonably be expected to be exposed to blood or other body fluids containing blood in the course of their work. These exposure determinations may be performed with the assistance of a qualified person(s) (i.e. occupational, public health or infection control nurse, industrial hygienist or safety professional) or a committee consisting of qualified persons with appropriate education, experience and/or training.

Exposure determination shall be updated as job classifications or work situations change and shall be made without regard to the use of personal protective equipment.

The [TITLE(S)/NAME(S)] has identified the following job classifications as those in which employees could be exposed to bloodborne pathogens in the course of fulfilling their job requirements:

- JOB TITLES

VI. METHODS OF COMPLIANCE

[ADDITIONAL METHODS OF COMPLAINCE MAYBE IMPLEMENTED BASED ON THE FACILITY'S OPERATIONS-SEE BLOODBORNE PAHTOGENS WRITTEN PROGRAM CHECKLIST LOCATED ON THE DSPS WEBSITE http://dsps.wi.gov/Programs/Industry-Services/Industry-Services-Programs/Public-Sector-Employee-Safety/Public-Sector-Employee-Safety-Publications/]

Work Practice Controls

Universal Precautions
All employees will utilize universal precautions to prevent contact with blood or other potentially infectious materials (OPIM). All blood or other potentially contaminated body fluids will be considered to be infectious regardless of the perceived status of the source individual. Under circumstances in which differentiation among body fluid types is difficult or impossible, all body fluids will be considered potentially infectious materials.

Exposure Control Plan (ECP)
Employees covered by the bloodborne pathogens standard received an explanation of this ECP during their initial training session. The ECP will also be included as part of the annual refresher training. All employees can obtain a copy of this plan by contacting the [TITLE/NAME].

Post Exposure Incident Investigation
An exposure incident is defined as contact with blood or OPIM on non-intact skin, eye, mouth or other mucous membrane and includes piercing of the skin or mucous membranes by needles or other sharp objects. An exposure incident investigation form will be completed each time an exposure incident occurs (See Appendix B).

Sharps Injury Log
A needle stick/sharps injury log shall be maintained and shall include the following information for each incident:

- Period of time the log covers
- Date of the incident
- Date the incident is entered into the log
- Type and brand of sharp involved
- Department or area of incident
- Description of the incident

The log(s) shall be retained for five years after the end of the log year. Appendix D contains a copy of the Sharps Injury Log.

Engineering Controls

The following engineering controls shall be used:

- Sharps containers
- Biohazard bags/containers

Engineering and work practice controls are designed to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment will be used.

Personal Protective Equipment

The [TITLE(S)/NAME(S)] will ensure that appropriate personal protective equipment is readily accessible at the worksite. Personal protective equipment will be available [INSERT LOCATIONS]. At no cost to the employee, the [TITLE(S)/NAME(S)]will arrange for the disposal, repair or replacement of personal protective equipment.

The [TITLE(S)/NAME(S)]will provide training in the use of the appropriate PPE for specific tasks or procedures. The types of personal protection equipment (PPE) available employees include:

- Disposable Gloves
- Masks, face shields, and/or goggles
- [LIST ADDITIONAL PPE AS APPLICABLE TO YOUR FACILITY]

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE
- Remove PPE after it becomes contaminated and before leaving the work area
- Used gloves should be disposed of in biohazardous containers
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised
- Never wash or decontaminate disposable gloves for reuse
- Wear appropriate face and eye protection when splashes, spray, spatters or droplets of blood or OPIM pose a hazard to the eyes, nose or mouth
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM in such a way as to avoid contact with the outer surface

All PPE shall be cleaned, laundered or disposed of by [TITLE(S)/NAME(S)] at no cost to the employee. Used PPE shall be placed in biohazard containers or bags

until decontaminated or disposed of as appropriate. [DISPOSAL METHODS MAY VARY BASED ON LOCATION, CHECK WITH LOCAL AUTHORITIES ON PROPER DISPOSAL METHODS]

Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives will be readily accessible to those employees who are allergic to the gloves nominally provided.

Supervisors will ensure that their employees use the appropriate personal protective equipment. If an employee declines to use personal protective equipment because the equipment is in his/her judgment would have posed an increased hazard to the employee or others, the [TITLE(S)/NAME(S)]will investigate and document the circumstances of this occurrence in order to determine whether changes can be instituted to prevent such events in the future.

Hand Washing

The [FACILITY] will provide hand washing facilities which are readily accessible to employees, or when provisions for hand washing facilities is not feasible, [FACILITY] will provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes.

Employees will wash hands or any other affected skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or OPIM. Employees will also wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

When antiseptic hand cleaners or towelettes are used, hands will be washed with soap and running water as soon as feasible. Gloves will be immediately disposed of after use.

Housekeeping and Waste Procedures

The [FACILIYT] will ensure that the worksite is maintained in a clean and sanitary condition. All equipment, materials, environmental and working surfaces will be cleaned and decontaminated after contact with blood or OPIM. Contaminated work surfaces will be decontaminated with an appropriate disinfectant immediately after completion of procedures/task/therapy or after any spill of blood or OPIM.

Protective coverings, such as plastic wrap, aluminum foil, or imperiously-backed absorbent paper used to cover equipment and environmental surfaces, will be removed and replaced as soon as feasible when protective coverings become contaminated with blood or OPIM.

All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM will be cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Materials, such as paper towels, gauze squares or clothing, used in the treatment of blood or OPIM spills that are blood-soaked or caked with blood will be bagged, tied and designated as a biohazard. The bag will then be removed from the site as soon as feasible and replaced with a clean bag. Biohazard bags will be red in color or affixed with a biohazard label and will available at [LOCATION(S)].

[TITLE(S)/NAME(S)]will respond immediately to any major blood or OPIM incident so that the area can be cleaned, decontaminated, and the material removed immediately. A major blood or OPIM incident is one in which there will be biohazardous material for disposal.

Note: According to the Department of Health Services, biohazardous waste for this standard's purposes will only include items that are blood-soaked, caked with blood or contain liquid blood that could be wrung out of the item. This would also include items such as sharps, broken glass or plastic on which there is fresh blood. [DISPOSAL METHODS MAY VARY BASED ON LOCATION, CHECK WITH LOCAL AUTHORITIES ON PROPER DISPOSAL METHODS]

In the event that regulated waste leaks from a bag or container, the waste will be placed in a second container and the area will be cleaned and decontaminated. Broken glass contaminated with blood or OPIM will not be picked up directly with the hands. The glass will be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps. All broken glass will be containerized.

Contaminated sharps, broken glass, plastic or other sharp objects will be placed into appropriate sharps containers. The sharps containers will be closeable, puncture resistant, labeled with a biohazard label, and leak proof. Containers will be maintained in an upright position. Containers will be easily accessible to staff and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found.

[LIST METHOD(S)] provided for disposal of biohazardous materials including sharps and sharps containers. Contact the [TITLE(S)/NAME(S)] if additional containers are needed.

Disposal of all regulated waste will be in accordance with applicable federal, State or local regulations. Employees will notify the [TITLE(S)/NAME(S)] when a sharp container becomes 3/4 full so that the container can be disposed of properly.

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

Contaminated needles will not be bent, recapped, removed, sheared or purposely broken.

Food and drink will not be kept in refrigerators, freezers, cabinets, or on shelves, counter-tops or bench tops where blood or other potentially infectious materials are present.

All procedures involving blood or OPIM will be performed in such a manner as to minimize splashing, spraying, splattering, and generating droplets of these substances. Mouth pipetting/suctioning of blood or OPIM is prohibited; e.g., sucking out snakebites.

Specimens of blood or OPIM will be placed in containers which prevent leaking during collection, handling, processing, storage, transport, or shipping. These containers will be labeled with a biohazard symbol or be colored red.

Equipment which may become contaminated with blood or OPIM is to be examined prior to servicing and shipping and is to be decontaminated, if feasible. If not feasible, a readily observable biohazard label stating which portions are contaminated is to be affixed to the equipment. This information is to be conveyed to all affected employees, the service representative, and/or manufacturer, as appropriate, prior to handling, servicing or shipping.

Contaminated laundry will be handled as little as possible. Gloves must be worn when handling contaminated laundry. Contaminated laundry will be bagged or containerized at the location where it was used and will not be sorted or rinsed in the location of use. Containers must be leak-proof if there is reasonable likelihood of soak-through or leakage. All contaminated laundry will be placed and transported in bags or containers that are biohazard-labeled or colored red.

Labels

The [TITLE(S)/NAME(S)] shall ensure that biohazard labels are affixed to containers of regulated waste, refrigerators or freezers containing blood or OPIM. Labels shall also be affixed to any other containers used to store, transport or ship blood or OPIM. The labels shall be fluorescent orange or orange-red and shall include the universal biohazard symbol. Red bags or containers with the universal biohazard symbol may be substituted for labels.

VII. HEPATITIS B VACCINATION

The [TITLE(S)/NAME(S)] will ensure that training on the hepatitis B vaccine which includes information on its efficacy, safety, method of administration, benefits of being vaccinated and availability is conducted. The hepatitis B vaccine and vaccination series will be available to all [FACILITY] employees who have potential occupational exposure, as well as post-exposure follow up to [FACILITY] employees who have experienced an exposure incident.

The [TITLE(S)/NAME(S)] shall ensure that all medical evaluations and procedures involved in the hepatitis B vaccine and vaccination series and post-exposure follow up, including prophylaxis are:

- Made available at no cost to the employee after initial training and within 10 days of initial assignment to a position that has been determined to have potential exposure
- Made available to the employee at a reasonable time and place
- Performed by or under the supervision of a licensed physician or other licensed healthcare professional, and
- Provided in accordance with the recommendations of the United States Public Health Service.

Vaccination is encouraged unless:

- Documentation exists that the employee has previously received the series
- Antibody testing reveals that the employee is immune, or
- Medical evaluation shows that vaccination is contraindicated

Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. It will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

If an employee declines the vaccination, the employee must sign a declination form as provided in Appendix C. Employees who decline may request and obtain the vaccination at a later date at no cost.

VIII. POST-EXPOSURE EVALUATION AND FOLLOW-UP

All [FACILITY NAME] employees must immediately report all exposure incidents to the [TITLE(S)/NAME(S)]. The [TITLE(S)/NAME(S)] shall investigate and document each exposure incident as provided for in Appendix C. The exposed employee shall immediately receive a confidential post-exposure evaluation and follow up which will include:

- Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
- Identification and documentation of the source individual, unless identification is infeasible or prohibited by state or local law;

- After consent is obtained, the source individual's blood will be tested as soon as feasible in order to determine HBV and HIV infectivity. If consent is not obtained, the [TITLE(S)/NAME(S)] will establish that legally required consent cannot be obtained.

- If the source individual is already known to be HIV, HBV and/or HCV, positive, new testing need not be performed.

- The exposed employee will be provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual.

- After consent is obtained, the exposed employee's blood will be collected as soon as feasible and tested. If the employee consents to baseline blood collection, but does not consent at that time for HIV serological testing, the sample will be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing will be done as soon as feasible.

After an exposure incident occurs, the [TITLE(S)/NAME(S)] shall ensure that the healthcare professional(s) responsible for the exposed employee's evaluation is provided with the following information:

- A description of the employee's duties as they relate to the exposure incident

- Documentation of the route of exposure and the circumstances under which the exposure occurred

- If consent was given and the results are available, results of the source individual's blood testing

- All medical records relevant to the appropriate treatment of the employee, including vaccination status

- A copy of 29 CFR 1910.1030, OSHA's Bloodborne Pathogens Standard

The [TITLE(S)/NAME(S)] will obtain and provide the exposed employee with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation. The healthcare professional's written opinion for post-exposure follow up shall be limited to the following information:

- A statement that the exposed employee has been informed of the results of the evaluation; and

- A statement that the exposed employee has been told about any medical conditions resulting from exposure to blood or OPIM that require further evaluation or treatment

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

IX. COMMUNICATION ABOUT HAZARDS TO EMPLOYEES

Warning Labels

Warning labels will be affixed to containers of regulated waste, refrigerators, and freezers containing blood or OPIM; and other containers used to store, transport or ship blood or other potentially infectious materials. Red bags or red containers may be substituted for labels.

- These labels will be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.
- These labels will be an integral part of the container or will be affixed as close as feasible to the container by string, wire, adhesive, or other methods that prevent their loss or unintentional removal.
- Labels for contaminated equipment must follow the same labeling requirements. In addition, the labels will also state which portions of the equipment remain contaminated.

Employee Training

The [FACILITY] will ensure that all current and new employees with potential for occupational exposure participate in an initial and annual training program at no cost to employees. Training will be provided at the time of initial assignment to tasks when occupational exposure may take place and at least annually thereafter.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms and transmission of bloodborne pathogen diseases. In addition, the training program covers the following elements:

- A copy and explanation of the OSHA Bloodborne Pathogens Standard
- An explanation of our ECP and how to obtain a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident

- An explanation of the use and limitations of engineering controls, work practices and PPE
- An explanation of the types of PPE, uses, location, removal, handling, decontamination and disposal
- An explanation of the basis for PPE selection
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine is offered free of charge
- Information on the appropriate actions to take and person to contact in an emergency involving blood or OPIM
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- An explanation of the signs, and labels and/or color coding required by the standard and used at [FACILITY]
- An opportunity for interactive questions and answers with the person conduction the training session

The person conducting the training will be knowledgeable in the subject matter covered by the elements contained in the training program, as it relates to the [FACILITY] workplace.

X. RECORDKEEPING

Medical Records

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

The [TITLE(S)/NAME(S)] is responsible for maintenance of the required medical records. These confidential records are kept in [LOCATION OF FILES] for at least the duration of employment plus 30 years. These medical records will be kept separate from other personnel records.

The [FACILITY] will insure that the employee's medical records are kept confidential and are not disclosed or reported without the employee's expressed written consent to any person within or outside of the[FACILITY], except as required by law.

Training Records

Employee training records will be maintained for three years from the date the training occurred and will include:

- The date(s) of the training session
- The contents or a summary of the training sessions
- The name(s) and qualifications of person(s) conducting the training
- The name and job titles of all persons attending the training session

XI. EVALUATION AND REVIEW

The [TITLE(S)/NAME(S)] will conduct an annual evaluation and review the effectiveness of this exposure control plan and will coordinate corrective action and update the plan as needed.

Appendix A

DEFINITIONS FOR THE PURPOSES OF THIS EXPOSURE CONTROL PLAN

Antibody	a substance produced in the blood of an individual which is capable of producing a specific immunity to a specific germ or virus.
Amniotic Fluid	the fluid surrounding the embryo in the mother's womb.
Antigen	any substance which stimulates the formation of an antibody
Assistant Secretary	the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.
Biohazard Label	a label affixed to containers of regulated waste, refrigerators/freezers and other containers used to store, transport or ship blood and other potentially infectious materials. The label must be fluorescent orange-red in color with the biohazard symbol and the word biohazard on the lower part of the label.
Blood	human blood, human blood components, and products made from human blood.
Bloodborne Pathogens	pathogenic (disease producing) 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)
Bodily Fluids	semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial 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
Cerebrospinal Fluid	a clear, colorless fluid surrounding the brain and spinal cord. It can be withdrawn by performing a spinal puncture.
Clinical Laboratory	a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
Contaminated	the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry	laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.
Contaminated Sharp	any contaminated object that can penetrate the skin including, but not limited to needles, scalpels, broken glass, capillary tubes, and the exposed ends of dental wires.
Decontamination	the use of physical or chemical means to remove, inactivate, or destroy Bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.
Engineering Controls	products (i.e., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.
Exposure Control Plan	a written program developed and implemented by the employer which sets forth procedures, engineering controls, personal protective equipment, work practices and other methods that are capable of protecting employees from exposures to bloodborne pathogens, and meets the requirements spelled out by the OSHA bloodborne Pathogens Standard.
Exposure Determination	how and when occupational exposure occurs and which job classifications and/or individuals are at risk of exposure without regard to the use of personal protective equipment.
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.
Handwashing Facilities	a facility providing an adequate supply of running potable water, soap and single use towels, medicated towelettes or hot air drying machines.
HBV	Hepatitis B Virus.
HIV	Human Immunodeficiency Virus.
Licensed Health care Professional	a person whose legally permitted scope and practice allows him or her to independently perform the activities required

	by paragraph (f) of the standard: hepatitis B vaccination and post exposure evaluation and follow-up.
Medical Consultation	a consultation which takes place between an employee and a licensed healthcare professional for the purpose of determining the employee's medical condition resulting from exposure to blood or other potentially infectious materials, as well as any further evaluation or treatment that is required.
Mucus	a thick liquid secreted by glands, such as those lining the nasal passages, the stomach and intestines, the vagina, etc.
Mucous Membranes	a surface membrane composed of cells which secrete various forms of mucus, as in the lining of the respiratory tract and the gastrointestinal tract, etc.
Occupational Exposure	a 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.
OSHA	the Occupational Safety and Health Administration of the U.S. Department of Labor; the Federal agency with safety and health regulatory and enforcement authorities for most U.S. industry and business.
OPIM	Other Potentially Infectious Materials-any unfixed tissue or organ (other than intact skin) from a human (living or dead), and human immunodeficiency virus (HIV)-containing cell or tissue cultures, organ cultures, and HIV- or hepatitis B virus (HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
Parenteral	piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.
Pathogen	a bacteria or virus capable of causing infection or disease.
Pericardial Fluid	fluid from around the heart.
Pericardium	the sheath of tissue encasing the heart.

Peritoneal Fluid	the clear straw-colored serous fluid secreted by the cells of the peritoneum.
Peritoneum	the lining membrane of the abdominal (peritoneal) cavity. It is composed of a thin layer of cells.
Personal Protective Equipment (PPE)	specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (i.e., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment. Personal protective equipment may include, but is not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection equipment, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membrane under nominal conditions of use and for the duration of time which the protective equipment is used.
Pleural	the membrane lining the chest cavity and covering the lungs. It is made up of a thin sheet of cells.
Pleural Fluid	fluid from the pleural cavity.
Production Facility	a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.
Prophylaxis	the measures carried out to prevent diseases.
Regulated Waste	liquid or semi-liquid blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
Research Laboratory	a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Serous Fluids	liquids of the body, similar to blood serum, which are in part secreted by serous membranes.
Source Individual	any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.
Sterilize	the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
Synovial Fluid	the clear amber fluid usually present in small quantities in a joint of the body (i.e., knee, elbow).
Universal Precautions	an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
Vascular	pertaining to or composed of blood vessels
Work Practice Controls	methods that reduce the likelihood of exposure by altering the manner in which the task is performed.

Appendix B

EXPOSURE INCIDENT INVESTIGATION FORM

Date of Incident:_____ Time of Incident: _____

Location: _____

Person(s) Involved:_____

Engineering Controls and Work Practices Involved: _____

_____

_____

If Applicable, Description of the Device/Sharp: _____

_____

Record all percutaneous injuries from contaminated sharps on the Sharps Injury Log, Appendix D

Circumstances (what was occurring at the time of the incident): _____

_____

_____

How was the incident caused: (accident, equipment malfunction, etc.) List any tool, machine, or equipment involved:_____

_____

Personal protective equipment being used at the time of the incident:

_____

_____

Actions taken (decontamination, clean-up, reporting, etc.) _____

_____

_____

Recommendations for avoiding repetition of incident: _____

_____

Appendix C

HEPATITIS B VACCINE DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring 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 understand that I can receive the vaccination series at no charge to me.

Employee Name (Please Print):_____

Employee Signature: _____

Date: _____

Appendix D

NEEDLESTICK/SHARPS INJURY LOG

Instructions:

1. Complete a log for each employee exposure incident involving a sharp
2. Ensure that the form is received by your department's Worker's Compensation Department.

Employee exposed:	Employee Number:	Phone number/ E-mail:
Department:	Supervisor:	Phone number/ E-mail:

Date and Time of Stick or contact with Sharp:	Location of Incident:	Job classification of employee:
Nature of exposure:	Body part stuck:	Procedure being performed at time of exposure:

Describe how the incident occurred:

- Patient agitated/ hostile
- Emptying on handling sharps container
- During disposal
- Re-sheathing
- Other _____

Sharps information if known (Type, Brand, Model) e.g. 18g needle/ABC Medical/ "no stick" syringe:

Was the sharp/ needle contaminated? _____

If yes, what was the contaminant? _____

Did the device used have a retractable or self-sheathing needle? _____

If yes, was training provided on its proper use? _____

For the employee: What do you think could have been done to prevent this injury?

For the employer: What do you think could have been done to prevent this injury?

Employee's Signature:	Date: