

4.6 BLOODBORNE PATHOGENS

National Park Service Bloodborne Pathogens Policy

Parks will implement a program to prevent or control employee exposures to blood or other potentially infectious material during the course of their duties in compliance with 29 CFR 1910.1030.

Scope

This section covers all employees who could possibly be in contact with blood and other potentially infectious materials as a result of performing their jobs.

References

1. 29 CFR 1910.1030 Bloodborne Pathogens
2. 29 CFR 1904.8 Reporting Criteria for Needlestick and Sharps Injuries.
3. 2001. Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV and HIV and Recommendations for Postexposure Prophylaxis. Morbidity and Mortality Weekly Report (MMWR), 50(RR11); 1-42 (2001, June 29), 33 pages.

Definitions

Bloodborne Pathogen is a pathogenic microorganism that is present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV).

Occupational Exposure is the 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.

Exposure Incident is 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.

Other Potentially Infectious Materials (OPIM) are any of the following: (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situation where it is difficult or impossible to differentiate between body fluids; (2) any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures and HIB or HBV-containing culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV or HBV.

Regulated Waste is a liquid or semi-liquid blood or other potentially infectious material; 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.

Program Elements

1. *Employee Exposure Determination.* Determine which employees are at increased risk of occupational exposure to bloodborne pathogens. Exposure determination must include 1) a list of all job classifications in which all employees have occupational exposure, and 2) a list of job classifications in which some employees have occupational exposure. This second list will be accompanied by a list of all tasks and procedures that are performed by employees that could result in an occupational exposure in that list. Determination is made without regard to the use of personal protective equipment.
2. *Exposure Control Plan.* Prepare and implement a written Exposure Control Plan designed to eliminate or minimize employee exposure to blood or other potentially infectious materials. The plan must describe park-specific procedures to control exposure and must include:
 - Employee Exposure Determination
 - Program Responsibilities
 - Compliance Methods: Universal Precautions, Engineering and Work Practice Controls
 - Personal Protection Equipment
 - Housekeeping Procedures
 - Regulated (biohazard) Waste Management Procedures
 - Hepatitis B Vaccination and Declination, Exposure Incidents, Post-Exposure evaluations and Followup Policies and Procedures
 - Information and Training
 - Record-keeping
 - Hazard Communication
 - Program Evaluation

The Exposure Control Plan will be accessible to employees. It must be reviewed and updated at least annually and whenever necessary to reflect changes in occupational exposure in the workplace. The review and update must include changes in technology and consideration of commercially available medical devices that can be used to eliminate or reduce exposure

3. *Universal Precautions.* Universal precautions must be observed to prevent contact with blood or OPIM. Universal precautions is the concept of bloodborne disease control which requires that all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.
4. *Engineering Controls.* Where engineering controls will reduce park employee exposure either by removing, eliminating or isolating the hazard, they must be used. Self-sheathing needles, puncture-resistant disposal containers for contaminated sharps, resuscitation bags and ventilation devices are examples of engineering controls. Engineering controls will be inspected monthly by the park to ensure their effectiveness.
5. *Work Practice Controls.* Parks will establish safe work procedures to reduce the risk of exposure.
6. *Labeling.* All containers of regulated waste or any container used to transport or store blood or other infectious material must be labeled with the biohazard symbol shown in Figure 4.6-1. Red bags or containers may be used instead of labeling. All first responders responding to first-aid accidents within the park will ensure that their first-aid kits contain red bags or biohazard labels.



7. *Personal Protective Equipment.* Personal protective equipment must be provided at not cost to all employees at risk of occupational exposure to bloodborne pathogens. Contaminated PPE must be removed prior to leaving the work area.
8. *Hepatitis B vaccination.* Hepatitis B vaccination must be made available to all employees who have occupational exposure to bloodborne pathogens within 10 working days of initial assignment and after appropriate training has been completed. Employees may decline HBV vaccination. If declined, the employee must sign an HBV Declination Form (Appendix E).
9. *Post Exposure Incident Follow-Up.* In the event that an employee is involved in an occupational exposure incident, the park must make a confidential medical examination and follow-up consultation immediately available to the employee. Post exposure follow-up requirements and procedures may be found in Appendix F.
10. *Reporting.* Parks must record all work-related needle-stick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material. The case must be entered on the OSHA 300 Log as an injury. To protect the employee's privacy, you may not enter the employee's name on the SHA 300 Log, but will maintain a "Sharps Injury Log." The sharps injury log shall contain, at a minimum:
 - The type and brand of device involved in the incident.
 - The department or work area where the exposure incident occurred.
 - An explanation of how the incident occurred.

The classification of the case must be updated on the OSHA Log if the case results in death, days away from work, restricted work or job transfer. You must also update the description to identify the infectious disease and change the classification of the case from an injury to an illness.

11. *Employee Training.* All employees with the potential for occupational exposure to bloodborne pathogens must participate in a bloodborne pathogens training program. Initial training will be provided at the time of assignment. Annual refresher training will be provided for as long as occupational exposure potential exists.

The training, at a minimum, must include the following: tasks which may cause exposure to blood or other potentially infectious material; the park's Bloodborne Pathogen Plan and how to access the plan; biohazard warning labels and their use; personnel protective equipment, emergency actions to be taken during an exposure incident, universal precautions, the park's vaccination program, post-exposure evaluation and follow-up; and regulated waste disposal procedures.

Training will be conducted by persons knowledgeable in the subject matter, will provide an opportunity for interactive questions and answers, and will include the following:

- A copy of 29 CFR 1910.1030.
- Epidemiology and symptoms of bloodborne diseases.
- Methods of transmission.
- An explanation of the park's Exposure Control Plan and how to obtain a copy.
- Recognition of tasks that present an exposure risk.
- Use, selection and limitations of protective measures.
- Information and Hepatitis B vaccine.
- Appropriate emergency actions.
- Post exposure incident procedures, medical examination and follow-up.
- Signs and labels.

12. *Record-keeping.* Medical Records. A medical record will include: training records, liability declinations, immunization records and exposure records including exposure evaluations. Medical records will be made available for employee review during normal work hours. Disclosure of this information without the employee's written consent by the Personnel Department is a violation of the Privacy Act. All employee records must be secured at all times and labeled "Confidential." Medical records will be kept for the duration of employment plus 30 years.

Training Records. Training records will include the employee's name and job title, topics covered, date and the name and qualifications of the trainer. Training records must be maintained for a period of three years from the date the training occurred.

Sharps Injury Log. The Sharps Injury Log will be maintained for five years beyond the end of the calendar year reported by the log.

13. Waste Management. Regulated waste shall be placed in containers that are:

- Closable.
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping.
- Labeled or color-coded.

Materials containing small amounts of blood, saliva or other secretions such as tainted gauze pads, sanitary napkins or facial tissues are not considered infectious waste. Disposal shall be in accordance with applicable local and state regulations.

Technical Appendices

Appendix A: Employee Exposure Risk Determination

Appendix B: Universal Precautions.

Appendix C: Personal Protective Clothing and Equipment

Appendix D: Work Practice Controls and Employee Exposure

Appendix E: Hepatitis B Vaccination and Declination

Appendix F: Post Exposure Evaluation and Follow-up

Appendix G: Sample Bloodborne Pathogens Exposure Control Plan

Appendix A: Universal Precautions

Since medical history and examination cannot reliably identify all patients infected with HIV or other bloodborne pathogens, care providers must consistently use blood and body-fluid precautions with all patients, including those in emergency care settings in which the risk of blood exposure is greater and the patient's infectious status usually is unknown. CDC currently recommends the "universal blood and body-fluid precautions" approach or "universal precautions."

All workers will routinely use appropriate barrier precautions to prevent skin and mucous-membrane exposure when anticipating contact with any patient's blood or other body fluids. Personnel will wear gloves to touch patients' blood and body fluids, mucous membranes or broken skin; to handle items or surfaces soiled with blood or body fluids; and to perform venipuncture and other vascular access procedures. Personnel will change gloves after contact with each patient. Personnel will wear masks and protective eyewear or face shields during procedures likely to generate blood droplets or other body fluids to prevent exposure to oral, nasal or optic mucous membranes. Personnel will wear gowns or aprons during procedures likely to generate blood splashes or other body fluids.

If contaminated with blood or other body fluids, personnel immediately will wash hands and other skin surfaces thoroughly. All persons shall wash their hands after completing activities likely to expose them to BBPs and remove protective clothing before leaving the work area.

All health care workers will take precautions to prevent injuries caused by needles, scalpels and other sharp instruments or devices during procedures or when cleaning used instruments, disposing of used needles and handling sharp instruments after procedures. To prevent needle-stick injuries, personnel will not by hand directly recap needles, purposely bend or break them, remove them from disposable syringes or otherwise manipulate them. After using disposable syringes and needles, scalpel blades and other sharp items, personnel will dispose of them by placing them in puncture-resistant containers located as close to the use area as practical. Reusable needles will not be used.

Although research has not definitively implicated saliva in HIV transmission, it is prudent to use mouthpieces, resuscitation bags, or other ventilation devices instead of mouth-to-mouth resuscitation. These devices must be available for use in areas where the need for resuscitation is predictable.

Health care workers who have exuding lesions or weeping dermatitis will not provide any direct patient care or handle patient care equipment until the condition resolves.

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas with a reasonable likelihood of occupational exposure to BBPs.

Personnel shall not keep food and drink in refrigerators, freezers, shelves, drug storage areas or cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.

Personnel shall perform all procedures involving blood or other potentially infectious materials in a manner that prevents droplets of these substances from splashing, spraying, splattering and generating.

Pregnant health care workers apparently do not face greater risk of contracting HIV infection than non-pregnant health care workers. However, if a health care worker develops HIV infection during pregnancy, the infant risks infection due to prenatal or perinatal transmission. Therefore, pregnant health care workers will thoroughly learn and strictly adhere to universal precautions to minimize the risk of HIV transmission.

Appendix B: Personal Protective Clothing and Equipment

Gloves

Gloves are to be worn whenever employees anticipate hand contact with potentially infectious materials. Disposable gloves are preferred (followed by good hand-washing techniques). Gloves must be replaced upon any sign of deterioration or puncture. Hypoallergenic gloves, glove liners or similar alternatives must be provided to park employees who have natural rubber (latex) skin contact allergies.

Resuscitator Devices

Resuscitator devices are to be readily available and accessible to park employees who can be reasonably be expected to perform resuscitation procedures. Emergency ventilation devices also fall under the scope of PPE and must be provided at no cost to the employees (i.e., masks, mouthpieces, resuscitation bags, shields/barriers). Park employees will be trained on proper use of each issued resuscitation device.

Face Masks, Eye Protection and Face Shields

Appropriate face and eye protection such as a mask with glasses and solid side shields or a chin-length face shield shall be provided when splashes, spatters or blood droplets/infectious materials pose a hazard to the eyes, nose, mouth and mucous membranes.

Protective Clothing

Gowns, aprons or disposable coveralls shall be worn whenever potential occupational exposure to the body is anticipated. Any contaminated garments must be removed immediately, identified as biohazardous and labeled to ensure proper laundering. It is the park's responsibility to not only provide PPE, but to also ensure that it is properly cleaned and maintained. Home laundering is prohibited since the park cannot ensure that proper handling and cleaning procedures were followed.

Laundry Bags

The material for the bags or containers used for any laundry collection service, if undertaken within the park, must prevent soak-through or leakage of fluids to the exterior, if the contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage. Not all contaminated laundry must be placed in such bags or containers; only laundry wet enough to leak or soak through and expose workers handling the bags/containers to blood or other potentially infectious material, or contaminate other surfaces should be considered "contaminated laundry."

Appendix C: Work Practice Controls and Employee Exposure

This appendix provides sample work practice controls and discussion of exposure issues that may be useful in your park.

Sharps Containers

Sharps disposal containers are classified as a medical device. They must be labeled or color-coded, puncture resistant, leak-proof, and closeable. They must have a well marked fill line, be translucent or have a translucent lid. NEVER OVERFILL THEM!

Shearing or breaking of contaminated sharps is completely prohibited. Bending, recapping or removing contaminated needles is prohibited as a general practice. Needles are expected to be used and immediately discarded (not recapped) into accessible sharps containers.

Contaminated evidence, sharps and/or specimens shall be placed in appropriate leak-proof biohazard containers as soon as possible.

Recapping Needles

Bending, recapping or removing contaminated needles is prohibited.

Hand Washing

Parks must provide hand-washing facilities that are readily accessible to employees. When provision of hand-washing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

All park employees exposed to blood, blood products, blood components or other human bodily fluids must wash their hands as soon as possible with warm soapy water for a period of 20 seconds followed by use of an approved disinfectant. Antiseptic towelettes will be utilized if running water is not available at the scene of the incident/accident. Hands should then be washed again when hand-washing facilities equipped with running water become available.

Park employees utilizing disposable latex gloves for first-aid treatment or cleaning of potentially contaminated areas (e.g. toilets, sinks, etc.) must also wash their hands with warm soapy water along with a disinfectant as soon as possible after glove removal.

Park employees are to wash hands and any other contaminated skin areas utilizing the same procedure mentioned above. If blood or blood products enter the eyes or mucous membranes, flush with water immediately or as soon as possible for a minimum of 15 minutes.

Contaminated Equipment

Any first aid equipment or contact surfaces of response equipment that may become contaminated must also be wiped down and cleaned with a disinfectant. Contaminated equipment or other contaminated items are not to be placed or stored in areas where food is kept, and decontamination should be accomplished as soon as possible following the incident/injury response. Cloths used to wipe contaminated equipment may be considered as regulated waste. All blood-contaminated cleaning supplies/materials must be placed in a red bag, properly labeled and packaged for disposal. Report all incidents immediately to your supervisor.

Cleaning and Decontaminating Blood or Other Body Fluid Spills.

Each place of employment must be kept clean and sanitary. The park must ensure that all incidents where the potential for employee exposure to blood or other potentially infectious materials are cleaned up.

Use an EPA-approved germicide or recommended surface disinfectant agent to promptly clean all blood and blood-contaminated fluid spills. Workers must wear gloves. First remove visible material with disposable towels or other appropriate means that prevent direct contact with blood. If anticipating splashing, wear protective eyewear and an impervious gown or apron that provides an effective barrier to splashes. Next, decontaminate the area with disinfectant solution or an appropriate EPA-approved germicide. Clean and decontaminate soiled cleaning equipment or put it in an appropriate container and dispose of it according to clinic policy. Use plastic bags clearly labeled as containing infectious waste to remove contaminated items from the spill site. Remove gloves; then wash hands.

A written cleaning schedule is required under OSHA's Bloodborne Pathogen Standard.

Disinfection Methods/Compounds

Disinfectants must have EPA registration as a sterilant (representing the highest level of antimicrobial activity that destroys all viruses), tuberculocidal disinfectants (effective against tuberculosis bacteria and specific viruses named on the product label as well as HIV/HBV efficacy claims). All disinfectants must be applied in accordance with the manufacturer's label instructions.

Diluted Household Bleach (½ cup per gallon of water 5.25% Sodium Hypochlorite) is the disinfection method of choice. Fresh solutions of diluted household bleach must be made up daily (every 24 hours). Household bleach is considered appropriate for disinfection of environmental surfaces and for decontamination of sites following initial cleanup

(i.e. wiping up spills of blood or other contaminated materials). Contact time for bleach is generally considered to be the time it takes for the product to air dry. Solutions of bleach should not be stored in glass containers, but in material such as plastic. Bleach may cause damage to some medical instruments and tools so care must be taken. Gross contamination should first be washed with a soap and water solution to ensure that the disinfectant is completely effective.

Iodine and quaternary ammonia products registered by the EPA can be used as substitutes for household bleach if registered on the label for the virus or bacteria of concern and only if the manufacturer's instructions for use are strictly adhered. More information on antimicrobial materials may be found on the following EPA Web site: <http://www.epa.gov/oppad001/>

Eating/Drinking/Smoking

Eating, drinking, smoking, applying cosmetics or lip balm, and handling of contact lenses are prohibited in work areas. Food, drink and medications must not be stored in any areas where blood or infectious materials are present.

Special Guidance for First Aid Providers

OSHA has provided an exception in its enforcement policy ([CPL 2-2.69] Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens) relating to Hepatitis B vaccination. Under this guidance, the park would not be cited if they have not offered the hepatitis B vaccination series to an employee whose only exposure to blood would be responding to injuries resulting from workplace incidents as long as this was only a collateral duty of the employee and certain other requirements have been met. Members of your AED Team would also fall under this category if the same conditions existed.

For this exception to be allowed, the first aid must be rendered only as a collateral duty, responding solely to injuries resulting from workplace incidents and generally at the location where the incident occurred.

NOTE: This exception does not apply to designated first aid providers who render assistance on a regular basis (i.e., at a first aid station, clinic, dispensary or other location where injured employees routinely go for assistance). Nor does it apply to any health-care, emergency or public safety personnel who are expected to render first aid in the course of their work. These employees must be offered the vaccine prior to exposure.

The park's exposure control plan must specifically address the provision of the hepatitis B vaccine to all unvaccinated first aid providers who render assistance in any situation involving the presence of blood or OPIM. The plan must include:

- Provision for a reporting procedure that ensures that all first aid incidents involving the presence of blood or OPIM will be reported before the end of the work shift during which the incident occurred. The report must include the names of all first aid providers who rendered assistance, regardless of whether personal protective equipment was used, and must describe the first aid incident, including time and date. The description must include a determination of whether or not, in addition to the presence of blood or other potentially infectious materials, an "exposure incident," as defined by the standard, occurred. This determination is necessary in order to ensure that the proper post-exposure evaluation, prophylaxis and follow-up procedures are made available immediately, whenever there has been an "exposure incident" as defined by the standard.
- A report that lists all such first aid incidents (that are readily available) upon request to all employees and to the Assistant Secretary.
- Provision for the bloodborne pathogens training program for designated first aid providers to include the specifics of this reporting procedure.
- Provision for the full hepatitis B vaccination series to be made available as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM, regardless of whether or not a specific exposure incident, as defined by the standard, has occurred.

Housekeepers, Custodians, Janitors

Individuals who perform housekeeping duties, particularly in patient care and laboratory areas, may be at increased risk for exposure when they perform tasks such as cleaning blood spills and handling infectious wastes. However, OSHA does not generally consider maintenance personnel and janitorial staff employed in non-health care facilities to have occupational exposure. Still, each park must determine which job classifications or specific tasks and procedures involve occupational exposure.

For example, OSHA expects products such as discarded sanitary napkins, to be discarded into waste containers, which are lined in such a way as to prevent contact with the contents. But at the same time, the employer must determine if employees can come into contact with blood during the normal handling of such products from initial pick-up through disposal in the outgoing trash.

All park personnel who may come into contact with potentially contaminated laundry or trash bags must use extreme caution. Pick up the bag from the top to carry. Do not place your hands on the bottom of the bag because of the potential for discarded needles or syringes piercing the bag.

Feminine Hygiene Products

OSHA does not generally consider discarded feminine hygiene products (used to absorb menstrual flow) to fall within the definition of regulated waste. The intended function of products such as sanitary napkins is to absorb and contain blood; the absorbent material of which they are composed would, under most circumstances, prevent the release of liquid or semi-liquid blood or the flaking off of dried blood. OSHA expects these products to be discarded into waste containers which are lined in such a way as to prevent contact with the contents.

In other words, custodial workers cleaning rest rooms would not be considered occupationally exposed under normal or routine circumstances. Please note, however, that parks must determine on a case-by-case basis whether their employees can come into contact with blood during the normal handling of such products from initial pick-up through disposal in the outgoing trash.

Maintenance Workers/Plumbers

Trades such as plumbers, pipe fitters and others who may at times be engaged in maintenance activities are not generally considered to have occupational exposure as defined by the OSHA BBP standard. Although contact with raw sewage, such during the accidental rupture of a sewage line (not originating directly from a health care facility) poses a number of health hazards, these hazards are not related to bloodborne pathogens and so this exposure is not regulated under the BBP standard.

Still, the parks must determine which job classifications or specific tasks and procedures may place employees at risk. For example, plumbers performing repairs on pipes or drains in laboratories, operating rooms or mortuaries may have occupational exposure to blood or other potentially infectious materials.

Chance Encounters with Discarded Needles in Maintenance, Custodial and Gardening Situations.

The following procedures will be used when a needle is visually sighted:

- The shift supervisor is notified and assumes responsibility for the removal and disposal of the needle in accordance with procedures agreed upon with the governmental entity.
- Disposal procedures include requirement for the supervisor to wear protective safety clothing and glasses, and to pick up and place needle in sharps container using tongs.
- Sharps containers are labeled and handled as biohazard waste.
- The final disposal of sharps container is contractually the responsibility of the governmental entity.

If an exposure incident occurs among the manual sorters, work practices must be analyzed and changed to reduce the exposure potential. Otherwise, contact with blood may be reasonably anticipated, and the manual sorters would be considered to have occupational exposure.

Appendix D: Hepatitis B Vaccination

The Hepatitis B vaccination will be made available to all park employees who have occupational exposure.

The vaccine will be provided within 10 working days of assignment, at a reasonable time and place, at no cost to the employee (including travel expenses), and performed by or under the supervision of a licensed physician or other licensed health care professional whose scope of practice allows him or her to independently perform those activities (e.g., nurse practitioner). All vaccinations must be administered according to the recommendations of the U.S. Public Health Service. The only exception to the 10 day period would be if the park employee has previously received the complete Hepatitis “B” vaccination series, antibody testing reveals that the employee is immune or medical reasons prohibit the employee from taking the vaccine.

Any park employee who chooses not to receive the Hepatitis “B” vaccination series must complete and sign the Declination Form provided in this appendix. However, if this individual changes his/her mind at a latter date they will still be able to receive the HBV vaccination series.

If the vaccination series is interrupted after the first dose, the second dose should be administered as soon as possible. The second and third doses should be separated by at least 2 months. If only the third dose is delayed, it should be administered when convenient.

HEPATITIS B VACCINATION RECORD

EMPLOYEE INFORMATION

Please Print

NAME: _____
LAST FIRST MIDDLE LAST NAME (at birth)

MALE FEMALE

SOCIAL SECURITY NUMBER

PLACE OF BIRTH: _____
CITY STATE COUNTRY DATE OF BIRTH

AGENCY: _____ WORK LOCATION: _____
CITY STATE

PHONE #: _____

Patient Acknowledgement of Hepatitis B Information

Acceptance and receipt of the hepatitis B vaccine is acknowledgement that I have read the information about Hepatitis B and the Hepatitis B vaccine. I have had the opportunity to ask questions and understand the benefits and risks of this immunization. I understand that all 3 doses are required for the optimum immune response. However, as with all medical treatment, I also understand there is no guarantee that I will become immune or that I will not experience adverse side effects from the vaccine.

VACCINATION RECORD	DATE	HEALTH CARE PROVIDER SIGNATURE	SITE	DRUG MFR & LOT NUMBER	DATE EXP.
1 st Dose					
2 nd Dose-1 month after 1 st					
3 rd Dose-6 months after 1 st					
4 th Dose (only if prescribed by health care provider)					
5 th Dose (only if prescribed by health care provider)					
6 th Dose (only if prescribed by health care provider)					

HEALTH CARE PROVIDER ADDRESS, PHONE & FAX: 	(If vaccine provided for post-exposure follow up) Mail or fax this form to:
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DECLINATION FORM

NO, I do not want HEPATITIS B VACCINATION

EMPLOYEE INFORMATION

Please Print

NAME: _____
LAST FIRST MIDDLE LAST NAME (at birth)

MALE FEMALE

SOCIAL SECURITY NUMBER

PLACE OF BIRTH: _____
CITY STATE COUNTRY DATE OF BIRTH

AGENCY: _____ WORK LOCATION: _____
CITY STATE

PHONE #: _____

HEPATITIS B VACCINATION 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 cost to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I may 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 cost to me.

EMPLOYEE SIGNATURE _____ DATE _____

THE NEXT THREE ITEMS ARE OPTIONAL:

- I have previously received hepatitis B vaccination(s)
(last shot completed 1, 2, 3 and date _____)
- I have already had hepatitis B disease (previously called serum hepatitis).

OTHER REASON: _____

(If Vaccine declined for post-exposure follow up)

Mail or fax this form to:

Appendix E: Post Exposure Evaluation and Follow-Up

An exposure incident is 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. Park employee exposures may include the following:

- An employee injury from contaminated needles or other sharps.
- An employee sustaining a human bite injury.
- Mucous membrane contact with blood or other potentially infectious material.
- Direct contact with injured patient's blood or bodily fluids during first aid treatment.

In the event that an employee is involved in an occupational exposure incident, the park must make a confidential medical examination and follow-up consultation immediately available to the employee.

Employee Responsibilities. Whenever an occupational exposure to blood or other infectious materials occurs, the employee will take the following steps:

- Initiate appropriate cleaning and/or first aid at exposure site.
- Identify the source of exposure.
- Report incident to his/her immediate supervisor.

Source Individual Testing

The park must identify and document the source individual if known, unless it can establish that identification is not feasible or is prohibited by state or local law. The source individual's blood must be tested as soon as feasible after consent is obtained in order to determine HIV and HBV infectivity. The information of the source individual's HIV and HBV testing must be provided to the evaluating health care professional. The results of the testing must be provided to the exposed employee. The exposed employee must be informed of applicable laws and regulation concerning disclosure of the identity and infectious status of the source individual.

Counseling

The park must provide the health care provider with the following documents and information:

- A copy of the standard.
- A description of the employee's duties as they relate to the exposure incident.
- Documentation of the route(s) and circumstances of the exposure.
- Results of the source individual's blood testing if available.
- All medical records relevant to the appropriate treatment of the employee, including vaccination status, which are the employer's responsibility to maintain.

Post-exposure prophylaxis (treatment) with Hepatitis B Immune Globulin (HBIG) (passive immunization) and/or vaccine (active immunization) should be used when indicated (e.g., after any park employees has a percutaneous (needle stick or cut from sharps) or mucous membrane exposure to blood (known or suspected) to be HbsAg-positive).

Needle stick or other percutaneous exposures of unvaccinated persons should lead to initiation of the Hepatitis B vaccination series. Post-exposure prophylaxis should be considered for any percutaneous, ocular (eye) or mucous membrane exposure to blood in the workplace and is determined by the HbsAg status of the source and the vaccination and vaccine-response status of the exposed park employee.

If the source of exposure is HbsAg positive and the exposed person is unvaccinated, HBIG should also be administered as soon as possible after exposure (within 24 hours) and the vaccine series has been started. The effectiveness of HBIG when administered >7 days after an exposure incident is unknown. If the exposed park employee had an adequate antibody response (≥ 10 mIU/mL) documented after the vaccination series through post-titer testing) no testing or treatment is needed, although administration of a booster dose of vaccine can be considered.

Park personnel who do not respond to the primary vaccine series (confirmed through post-titer testing) should complete a second three-dose vaccine series or be evaluated to determine if they are HbsAg-positive. Re-vaccinated employees should be re-tested at the completion of the second vaccine series. Park employees who prove to be HbsAgpositive must be counseled by their physician.

HIV (AIDS) Testing

Any exposed park employee has the opportunity for future testing without the need for an immediate decision. Employees involved in an exposure incident have at least 90 days following baseline blood collection to decide if they wish to have their blood tested for HIV. To the employee, HIV testing may present adverse ramifications, (e.g., confidentiality, employment, prejudice or lack of medical information). Therefore, the 90-day time frame allows the potentially exposed employee the opportunity to participate in education, counseling or further discussions involving the exposure incident. Employers are required to preserve the blood that the employee consented to have drawn, if it was not tested for HIV initially, for at least the 90-day period.

Exposure Incident Report

The park must prepare a report the results of the exposure incident evaluation. The report must contain the following information:

- Date and time of exposure.
- Details of the procedure being performed, including where and how the exposure occurred (If it's related to a sharp device, it should also list the type and brand of device and how and when in the course of handling the device the exposure occurred).
- Details of the exposure, including the type and amount of fluid or material and the severity of the exposure. For example, for a percutaneous exposure, note the depth of injury and whether fluid was injected. For a skin or mucous-membrane exposure, note the estimated volume of material and the condition of the skin (chapped, abraded, intact).
- Details about the exposure source. For example, was the source material contained HBV, HCV or HIV? If the source is HIV-infected, the stage of disease, history of antiretroviral therapy, viral load and antiretroviral resistance information should be noted, if known.
- Details about the exposed person. For example, identify the status of hepatitis B vaccination and vaccine-response status.
- Details about counseling, post exposure management and follow-up.

Physician Supplied Information

Post-exposure evaluation and follow-up are to be provided to the employee consistent with the requirements outlined in 29 CFR 1910.1030 (Bloodborne Pathogen Standard). The park is required to obtain a written opinion from the Health Care Facility concerning the exposure incident and provide that opinion to the employee within 15 working days of completion of the original evaluation.

Employer access to the physician's written opinion is specifically allowed under the standard. However, the treatment facility's written opinion must be limited to very specific information regarding the employee's Hepatitis B vaccination status, including indication for such vaccine and whether such vaccine was administered (i.e., first shot had been given).

Appendix G: Bloodborne Pathogens Exposure Control Plan

Parks must prepare and implement a written Exposure Control Plan designed to eliminate or minimize employee exposure to blood or other potentially infectious materials. The plan must describe park-specific procedures to control exposure and must include:

- Employee Exposure Determination
- Program Responsibilities
- Compliance Methods: Universal Precautions, Engineering, and Work Practice Controls
- Personal Protection Equipment
- Housekeeping Procedures
- Regulated (biohazard) Waste Management Procedures
- Hepatitis B Vaccination and Declination, Exposure Incidents, Post-Exposure Evaluations and Follow-up Policies and Procedures
- Information and Training
- Record-keeping
- Hazard Communication
- Program Evaluation

The Exposure Control Plan must be accessible to employees and will be reviewed and updated at least annually.

Sample Written Bloodborne Pathogens Exposure Control Program

Caution: Although such general guidance may be helpful, you must remember that the written program must reflect the conditions at your workplace. Therefore, if you use a generic program it must be adapted to address the facility it covers. For example, the written plan must indicate who is to be responsible for the various aspects of the program at your park, define job classifications for which exposures are possible, and provide park-specific exposure response procedures.

Bloodborne Pathogens Exposure Control Plan

[Your Park]

Policy

[Your National Park] is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following bloodborne pathogens exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens" and RM50B.

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

- Responsibilities and program evaluation requirements.
- Determination of employee exposure.
- Implementation of various methods of exposure control, including:
 - Universal precautions.
 - Engineering and work practice controls.
 - Personal protective equipment.
 - Housekeeping.
 - Regulated (biohazard) waste-handling procedures.
 - Labeling
- Hepatitis B vaccination.
- Post-exposure evaluation and follow-up.
- Employee information and training.
- Record-keeping.

1. Responsibilities

- a. John Hunter, EMS coordinator, is responsible for the implementation of the ECP and will maintain, review and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Mr. Hunter may be contacted at (123) 234-6485.

- b. Employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
- c. The following individuals will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels and red bags as required by the standard:
 - 1) [John Hunter], EMS coordinator, will ensure that adequate supplies of the aforementioned equipment is available for all health clinic and emergency services personnel in the appropriate sizes. [Mr. Hunter] may be contacted at the health clinic at [Headquarters Building 101, (123) 234-6485].
 - 2) [Susan Smith], Chief Maintenance Division, will ensure adequate supplies of the aforementioned equipment is available for all maintenance and interpretive staff in the appropriate sizes as required. [Ms. Smith] may be contacted at [Building 202, Maintenance yard, (123) 234-7890].
- d. [John Hunter] will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained. Contact location/phone number [(123) 234-5678].
- e. [Edward Miller], Safety Officer, will be responsible for training, documentation of training and making the written ECP available to employees, OSHA and NIOSH representatives. Contact location/phone number: [(123) 234-6485].

2. Determination of Employee Exposure

- a. The following is a list of all job classifications at [your park] in which all employees have occupational exposure:

GS-025	Park Ranger, Law Enforcement
GS-070	Correctional Officer
GS-081	Fire Fighter
GS-083	Police Officer
GS-085	Security Guard
GS-189	Recreation Aide/Technician (Lifeguard)
GS-610	Occupational Health Nurse
GS-1811	Criminal Investigator
SP-083	Park Police

- b. The following is a list of job classifications in which some employees at [your park] have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

GS-025	Park Ranger, Interpretation
GS-025	Park Ranger, Resource Management
	Park Volunteers

- c. The following tasks or closely related tasks may result in employee contact with blood or other potentially infectious material resulting in exposure to bloodborne pathogens.

- Drawing patient blood.
- Handling patient solid waste, linen and other materials.
- Examining patients, including contact with blood, body fluids and mucous membranes.
- Intubation.
- Performing procedures that produce extensive spattering of blood or body fluids.
- Working with victims of accidents, violence or illness.
- Clean up medical and rescue equipment after use.
- Restraining combative individuals.
- Designated to provide first aid for injured individual (First Responders).
- Examining criminal evidence contaminated with blood and body fluids.
- Handling regulated waste containing contaminated bandages, personal protection equipment and other supplies.
- Handling needles, sharps or other waste that are considered regulated (biohazard) waste.

3. Exposure Control

- a. Universal Precautions. All employees will utilize universal precautions.
- b. Engineering and Work Practice Controls
 - 1) Engineering and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens.
 - 2) Engineering controls will be examined, maintained, or replaced at least annually by the park Emergency Medical Services Coordinator or at any time a defect or problem is suspected. The park EMS Coordinator will periodically review tasks and other duties of employees, as well as procedures performed, to assess the need for engineering control updates. An inspection will be conducted annually prior to the Exposure Control Plan Review to examine:
 - i. Operations where engineering controls are currently employed.
 - ii. Operations where engineering controls can be updated/replaced.
 - iii. Operations currently in need of engineering controls.
 - 3) Specific engineering controls and work practice controls that will be employed at [your park] are listed below:
 - i. Hand-washing facilities (or antiseptic hand cleansers and towels, or antiseptic towelettes) that are readily accessible to all employees who have the potential for exposure.
 - ii. Containers for contaminated sharps that have the following characteristics:
 1. Puncture-resistant.
 2. Color-coded or labeled with a biohazard warning label.
 3. Leak-proof on the sides and bottom.
 4. Sharps disposal containers are inspected and maintained or replaced by [John Hunter] or [Susan Smith] each quarter or whenever necessary to prevent overfilling.
 - iii. Specimen/evidence and secondary containers that are:
 1. Leak-proof.
 2. Color-coded or labeled with a biohazard warning label.
 3. Puncture-resistant (when necessary).

- 4) Work Practice Controls. Work practice controls are established to ensure minimum exposure to bloodborne pathogens. All supervisors, in conjunction with the park EMS Coordinator, are responsible for overseeing the compliance with the work practice controls. The following work practice controls must be followed by all employees at GGNRA Bloodborne Pathogen Control Program:
- i. Hand washing:
 - 1. Hands should be washed with soap under running water for at least 10-15 seconds prior to providing health or medical care to any person whenever feasible.
 - 2. Employees must wash their hands immediately, or as soon as possible, after removal of potentially contaminated disposable gloves or other personal protective equipment. If washing of the hands is not feasible, an antiseptic hand cleaner or waterless de-germers with clean paper towels, or antiseptic towelettes will be used until hand washing is possible.
 - 3. Following any contact with blood or any other potentially infectious materials, employees must wash their hands and any other exposed skin with soap and water as soon as possible. Exposed mucous membranes must be flushed with water as soon as possible following contact.
 - ii. Sharps:
 - 1. Contaminated needles and other contaminated sharps are not to be bent, sheared, broken, recapped or removed (needles from syringes) unless there is a demonstrated need for this action (e.g., required by the medical procedure).
 - 2. Contaminated evidence, sharps and/or specimens shall be placed in appropriate containers immediately, or as soon as possible, after use.
 - 3. If outside contamination of a primary sharps container occurs, that container shall be placed within a second container, appropriately labeled for handling and storage. If the sharps can puncture the primary container, the secondary container must be puncture-resistant as well.
 - iii. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable risk of occupational exposure. The same is prohibited immediately after exposure until hands are washed. iv. Food, drink and medications must not be kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potential infectious materials are present.

- iv. Food, drink and medications must not be kept in refrigerators, freezers,shelves, cabinets or on counter tops or bench tops where blood or otherpotential infectious materials are present.
- v. Mouth pipetting/suctioning of blood or other infectious materials is prohibited.
- vi. All procedures involving blood or other potentially infectious materials shall be performed to minimize splashing, spraying, spattering and generation of droplets of the materials.
- vii. Contaminated evidence, specimens of blood or other material shall be placed in designated leak-proof containers and appropriately labeled for handling and storage.
- viii. Equipment that becomes contaminated must be examined prior to servicing or shipping and decontaminated as necessary. If the equipment cannot be decontaminated, then an appropriate biohazard-warning label must be attached to any contaminated equipment identifying the contaminated portions. Information regarding the remaining contamination shall be conveyed to all affected employees, the equipment service representative and/or the equipment manufacturer prior to handling, servicing or shipping. Equipment that cannot be decontaminated should be listed in park SOPs and included in the Hazard Communication program.
- ix. All at-risk park employees shall be trained regarding any work practice controls with which they are unfamiliar or not experienced.
- x. All contaminated trash shall be considered as regulated or biohazard waste and disposed of as prescribed in accordance with applicable federal, state and local regulations.

c. Personal Protection Equipment

- 1) Personal protective equipment will be provided at no cost to the employee in order to eliminate or minimize bloodborne pathogen hazards.
- 2) All work areas, including emergency response vehicles, shall be equipped with required personal protective equipment of appropriate size, quantity and quality.

- 3) To insure that PPE is not contaminated and is in the proper condition the following practices shall be adhered to:
 - i. All appropriate PPE is inspected by the responsible employee each day and repaired or replaced as needed to maintain its effectiveness.
 - ii. Reusable PPE is cleaned, laundered and decontaminated as needed.
 - iii. Single-use PPE (or equipment that cannot, for whatever reason, be decontaminated) is disposed of as prescribed in this Plan for biohazard material disposal.
- 4) All potentially contaminated personal protective equipment is to be removed prior to leaving a work area or accident/incident site if possible, or as soon as practical.
- 5) Employees must receive training in the use and care of appropriate personal protective equipment. Personal protective equipment shall be used as required unless the use of the protective equipment will prevent the delivery of health care, public safety services or pose an increase safety hazard.
- 6) This equipment includes, but is not limited to:
 - i. Gloves
 1. Gloves are worn whenever employees anticipate hand contact with potentially infectious materials. They are worn when handling or touching contaminated items or surfaces.
 2. Hypoallergenic gloves, glove liners and similar alternatives are readily available to employees who are allergic to the gloves normally provided. Gloves must be of appropriate material, latex or vinyl, and of appropriate size for each employee.
 3. Gloves should be changed with each new patient, or if torn, punctured or any loss of effectiveness as an exposure barrier.
 4. Utility gloves must be decontaminated for reuse unless they are cracked, peeling, torn or exhibit other signs of deterioration, at which time they must be disposed of.
 - ii. Face Masks, Eye Protection and Face Shields. Masks, eye protection or face shields shall be worn whenever splashes, spray, spatter or droplets of blood or other potentially infectious materials may be generated and eye, nose and mouth contamination can be reasonably anticipated.

- iii. Gowns. Gowns, aprons and other protective body clothing shall be worn whenever potential exposure to the body is anticipated. Any garments penetrated by blood or other infectious materials are removed immediately or as soon as practical. Contaminated protective clothing will be disposed of as biohazard waste.
 - iv. Resuscitation Equipment. Whenever practical, resuscitation (CPR) masks should be used.
- d. Housekeeping. Equipment and facilities in a clean and sanitary condition is an important part of the compliance of the Exposure Control Plan. To help ensure a clean environment, the following practices shall be employed:
- i. All equipment and surfaces must be cleaned and decontaminated after contact with blood or other potentially infectious material:
 - 1. After the completion of an examination of contaminated evidence.
 - 2. Immediately, or as soon as feasible, after surfaces are overtly contaminated.
 - 3. After a spill of blood or infectious materials.
 - 4. At the end of the work shift, if the surface may have been contaminated during that shift.
 - 5. Protective coverings (such as linens, plastic trash bags or wrap, aluminum foil or absorbent paper) must be removed and replaced as soon as possible when overtly contaminated or at the end of the work shift if they may have been contaminated during the shift.
 - ii. All trash containers, pails, bins and other receptacles intended for use must be routinely inspected, cleaned and decontaminated as soon as possible if visibly contaminated.
 - iii. All reusable emergency service equipment, such as resuscitation devices that have contacted the skin or mucous membranes, should be soaked in an appropriate commercial disinfecting product, which meets Environmental Protection Agency (EPA) requirements. Equipment surfaces (ambulance floors, walls, tables, gurneys, stretchers, MAST suits, backboards, etc.) that cannot be soaked must have a thorough physical cleaning that includes removal of any contaminated products.
 - iv. Broken glassware that may be contaminated must be picked up using mechanical means (such as broom and dustpan, tongs, forceps), but not by hand.

e. Laundry

i. Employees shall remove any clothing that becomes contaminated. Clothing grossly contaminated with blood or other potentially infectious material will not be taken home for cleaning. This clothing will be discarded as contaminated waste material and replaced by the employer through normal procedures.

1. Employees can decontaminate clothing lightly contaminated by washing (hot water, detergent and a small amount of bleach) or by professional dry cleaning (point out the contaminated area to the dry cleaner).
2. All contaminated linen and clothing shipped to any facility shall be placed in water-impervious bags and clearly labeled or color-coded with biohazard warnings
3. The following contaminated articles will be laundered by this company: [Acme Cleaners, 101 Main Street, Downtown, PA (list)]
4. All other laundering will be performed by [Jim Parker] at the Maintenance facility laundry on [Monday a.m.].
5. The following laundering requirements must be met:
 - a. Handle contaminated laundry as little as possible, with minimal agitation
 - b. place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use (red bags or bags marked with biohazard symbol) for this purpose. Wear the following PPE when handling and/or sorting contaminated laundry:

1. Nitrile gloves

ii. Cleaning blood and/or body fluid spills:

1. For blood or other potentially infectious material, use an absorbent barrier to contain the spill.
2. Collect absorbent materials using items such as a dustpan and tongs. Do not pick up items by hand. All soiled materials are to be placed in a puncture-resistant and leak-proof container.
3. Once body fluids have been removed from the area, wash area thoroughly with water.
4. Rinse with a 10-percent chlorine bleach and water solution.
5. Rinse a second time with water.

- f. Regulated (Biohazard) Waste Management Procedures.
 - i. Contaminated items will be disposed of in containers specifically manufactured, labeled and approved for biohazard material as described below. The containers must then be disposed of according to and in accordance with applicable federal, state and local regulations.
 - ii. Contaminated materials can include, but are not limited to: used needles, soiled scalpels, disposable resuscitators, intubation equipment, used bandages, disposed personal protective equipment and other potentially infectious materials.
 - iii. Contaminated materials must be discarded in containers that are:
 - 1. Closeable.
 - 2. Puncture-resistant, if discarded materials have the potential to penetrate the container.
 - 3. Leak-proof, if the potential for fluid spill or leakage exists.
 - 4. Red in color or labeled with the appropriate biohazard warning label.
 - 5. Containers for regulated waste must be placed in appropriate locations in emergency response vehicles and facilities within easy access of employees and as close as possible to the source of the waste.
- g. Program Review. [Your park] identifies the need for changes in engineering control and work practices through Review of OSHA records, employee interviews and committee activities. New procedures or new products will be evaluated during regular safety committee meetings. Employees are encouraged to provide supervisors or safety committee members with suggestions for improved engineering and work practice controls.
- h. Labels. Supervisors will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify [John Hunter, EMS Coordinator at (123) 2345678 or Edward Miller, Safety Officer, at (123) 234-6485] if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

4. Hepatitis B Vaccination

- a. [Edward Miller], Safety Officer, will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration and availability.
- b. The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series, 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination is contraindicated. However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept with the employee's medical records in the personnel office.
- c. Vaccination will be provided by Federal Occupational Health (FOH) at the Main Street clinic.
- d. Following the medical evaluation, a copy of the health care professional's Written Opinion will be obtained and provided to the employee. It will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

5. Post-Exposure Evaluation and Follow-Up

- a. Should an exposure incident occur, contact your supervisor and [John Hunter, EMS Coordinator, at (123)234-5678].
- b. An immediately available, confidential medical evaluation and follow-up will be conducted by FOH at the Main Street clinic.
- c. Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:
 - i. Document the routes of exposure and how the exposure occurred.
 - ii. Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
 - iii. Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV and HBV infectivity;

document that the source individual's test results were conveyed to the employee's health care provider.

- iv. If the source individual is already known to be HIV, HCV and/or HBV-positive, new testing need not be performed.
- v. Assure that the exposed employee is 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 (e.g., laws protecting confidentiality).
- vi. After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
- vii. If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

d. Administration of Post-Exposure Evaluation and Follow-Up.

- i. [John Hunter, EMS Coordinator,] will ensure that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's blood-borne pathogens standard.
 - 1. The exposed employee's supervisor will collect the following information and provide it to [Mr. Hunter] who will ensure that it is provided to the health care professional evaluating an employee after an exposure incident:
 - a. A description of the employee's job duties relevant to the exposure incident.
 - b. Route(s) of exposure circumstances of exposure.
 - c. If possible, results of the source individual's blood test relevant to employee medical records, including vaccination status.
 - d. Within 15 days following the evaluation, [Mr. Hunter] will provide the employee with a copy of the evaluating health care professional's written.

e. Exposure Incident Evaluation Procedures.

- i. The employee's supervisor and [Mr. Hunter], will review the circumstances of all exposure incidents to determine:
 - 1. Engineering controls in use at the time.
 - 2. Work practices followed.
 - 3. A description of the device being used (including type and brand.)
 - 4. Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.).
 - 5. Location of the incident (O.R., E.R., patient room, etc.).
 - 6. Procedure being performed when the incident occurred.
 - 7. Employee's training.
- i. [Edward Miller, Safety Officer,] will record all percutaneous injuries from contaminated sharps in the Sharps Injury Log.
- ii. If it is determined that revisions need to be made, [Mr. Miller] will ensure that appropriate changes are made to this ECP. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

6. Employee Information and Training

- a. Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees will have an opportunity to review this plan at any time during their work shifts by contacting their supervisor. Copies will be provided on request.
- b. All employees who have occupational exposure to bloodborne pathogens receive training conducted by [Edward Hunter, Safety Officer. Mr. Hunter has completed the FOH Bloodborne Pathogens train the trainer course].
- c. All employees who have occupational exposure to bloodborne pathogens will receive training on the epidemiology, symptoms and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:
 - i. A copy and explanation of the standard.
 - ii. An explanation of our ECP and how to obtain a copy.
 - iii. An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident.

- iv. An explanation of the use and limitations of engineering controls, work practices, and PPE.
 - v. An explanation of the types, uses, location, removal, handling, decontamination and disposal of PPE.
 - vi. An explanation of the basis for PPE selection.
 - vii. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine will be offered free of charge.
 - viii. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
 - ix. 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.
 - x. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
 - xi. An explanation of the signs and labels and/or color coding required by the standard and used at this facility.
 - xii. An opportunity for interactive questions and answers with the person conducting the training session.
- d. Training materials for this facility are available at the Safety Office.

7. Record-keeping

- a. Training Records.
 - i. Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at the Safety Office. The training records will include:
 1. The dates of the training sessions.
 2. The contents or a summary of the training sessions.
 3. The names and qualifications of persons conducting the training.
 4. The names and job titles of all persons attending the training sessions.

- ii. Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the safety officer.

b. Medical Records

- iii. Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."
- iv. The personnel office is responsible for maintenance of the required medical records. These confidential records are kept at the personnel office for at least the duration of employment plus 30 years.
- v. Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to [your park] Personnel Office.

c. OSHA Record-keeping

- vi. An exposure incident is evaluated to determine if the case meets OSHA's Record-keeping Requirements (29 CFR 1904). This determination and the recording activities are done by the Safety Officer.
- vii. Sharps Injury Log.
 - 1. In addition to the 1904 Record-keeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidences must include at least:
 - a. The date of the injury.
 - b. The type and brand of the device involved.
 - c. The department or work area where the incident occurred.
 - d. An explanation of how the incident occurred.
 - 2. This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report.