

Aitkin County Board of Commissioners
Request for County Board Action/Agenda Item Cover Sheet



To: Chairperson, Aitkin County Board of Commissioners Date: 10/23/2013

Via: Patrick Wussow, County Administrator

From: Bobbie Danielson, HR Manager

Title of Item:

Bloodborne Pathogen Policy

Requested Meeting Date: 11/12/13 Estimated Presentation Time: _____

Presenter: Bobbie Danielson, HR Manager

Type of Action Requested (check all that apply)

- For info only, no action requested
- Approve under Consent Agenda
- For discussion only with possible future action
- Adopt Ordinance Revision
- Let/Award Bid or Quote (attach copy of basic bid/quote specs or summary of complex specs, each bid/quote received & bid/quote comparison)
- Approve/adopt proposal by motion
- Approve/adopt proposal by resolution (attach draft resolution)
- Authorize filling vacant staff position
- Request to schedule public hearing or sale
- Other (please list) _____
- Request by member of the public to be heard
- Item should be addressed in closed session under MN Statute _____

Fiscal Impact (check all that apply)

- Is this item in the current approved budget? Yes No (attach explanation)
- What type of expenditure is this? Operating Capital Other (attach explanation)
- Revenue line account # that funds this item is: _____
- Expenditure line account # for this item is: _____

Staffing Impact (Any yes answer requires a review by Human Resources Manager before going to the board)

- Duties of a department employee(s) may be materially affected. Yes No
- Applicable job description(s) may require revision. Yes No
- Item may impact a bargaining unit agreement or county work policy. Yes No
- Item may change the department's authorized staffing level. Yes No



Supporting Attachment(s)

- Memorandum Summary of Item
- Copy of applicable county policy and/or ordinance (excerpts acceptable)
- Copy of applicable state/federal statute/regulation (excerpts acceptable)
- Copy of applicable contract and/or agreement
- Original bid spec or quote request (excluding complex construction projects)
- Bids/quotes received (excluding complex construction projects, provide comparison worksheet)
- Bid/quote comparison worksheet
- Draft County Board resolution
- Plat approval check-list and supporting documents
- Copy of previous minutes related to this issue
- Other supporting document(s) (please list) _____


Provide eleven (11) copies of supporting documentation NO LATER THAN Wednesday at 12:00 pm to make the Board's agenda for the following Tuesday. Items WILL NOT be placed on the Board agenda unless complete documentation is provided for mailing in the Board packets. (see reverse side for details)

AITKIN COUNTY HUMAN RESOURCES

Bobbie Danielson, HR Manager
bobbie.danielson@co.aitkin.mn.us
Nicole Visnovec, HR Specialist
nicole.visnovec@co.aitkin.mn.us

Phone 218-927-7306
Job Hotline 218-927-7393
Fax 218-927-7374
www.co.aitkin.mn.us

To: County Commissioners
Patrick Wussow, County Administrator

From: Bobbie Danielson, HR Manager 

Date: October 23, 2013

Subject: Safety Committee Recommendation / Bloodborne Pathogens Exposure Control Plan

Background

The Safety Committee is currently working on developing and/or updating a number of safety policies and procedures, seeking input from department heads and staff. The first one adopted was the Emergency Action Plan for Employees, adopted in August 2013. The next one, Bloodborne Pathogens Exposure Control Plan, is attached for your review.

We're asking that any prior "county-wide" versions be replaced by this new plan. It should be noted that a couple offices (sheriff's office and public health) already have departmental bloodborne pathogens policies. Per the policy manual, department heads may establish departmental rules provided they do not conflict with the county rules and are filed with and approved by the County Board.

Action Requested

Motion to adopt the attached "county-wide" Bloodborne Pathogens Exposure Control Plan, effective November 12, 2013, noting upon approval by the Board, this Plan shall replace and supersede all prior "county-wide" Bloodborne Pathogens Exposure Control Plans.

If you have any questions or require additional information prior to the meeting, please feel free to contact me.

AITKIN COUNTY
BLOODBORNE PATHOGEN
EXPOSURE CONTROL PLAN

Implemented [insert date] –*Board action pending, 11/12/2013*

Employees who work in the Aitkin County Jail, please refer to the Jail Bloodborne Pathogens Exposure Control Plan for work practice controls and information.

Table of Contents

Introduction.....	3
Purpose	3
Background.....	3
Training is Available Year Round and Required Annually.....	3
Assignment of Responsibility, Administered on a Departmental Basis.....	4
Exposure Determination, Category I High Risk Jobs and Category II Possible Risk Jobs.....	5
Implementation Schedule and Methodology, Compliance Methods.....	6
Universal Precautions (aka Standard Precautions).....	6
Engineering Controls (aka Work Practice Controls).....	6
Sharps Containers	6
Sharps Injury Log	6
Hand Washing Facilities.....	7
Work Area Restrictions	7
Specimens.....	7
Contaminated Equipment	8
Personal Protective Equipment (PPE)	8
PPE Use	8
PPE Accessibility.....	8
PPE Cleaning, Laundering and Disposal.....	8
Types of PPE	9
Housekeeping	9
Regulated Waste Disposal	9
Sharps	9
Other Regulated Waste	10
Laundry.....	10
Hepatitis B Vaccines and Post-Exposure Evaluation and Follow Up	10
General.....	10
Hepatitis B Vaccination.....	11
Category I Employees (within 10 working days).....	11
Category II Employees (within 24 hours)	11
Post-Exposure Evaluation and Follow Up.....	11
Information Provided to the Healthcare Professional.....	12
Healthcare Professional’s Written Opinion	12
Labels and Signs	13
Recordkeeping	13
Medical Records (Retained for duration of employment plus 30 years).....	13
Training Records	14
Availability of Records.....	14
Evaluation and Review	14
Appendix A, B	15

INTRODUCTION

Purpose

The purpose of the Aitkin County Bloodborne Pathogen Exposure Control Plan is to comply with the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030, and to eliminate or minimize employee occupational exposure to blood, certain other body fluids, or other potentially infectious materials as defined below:

- A. Blood means human blood, human blood components, and products made from human blood.
- B. Bodily fluids means semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
- C. Other potentially infectious materials means any unfixed tissue or organ (other than intact skin) from a human (living or dead), and human immunodeficiency virus (HIV)-containing cell or tissue cultures, organ cultures, and HIV- or hepatitis B virus (HBV)-containing culture medium or other solutions.

BACKGROUND

OSHA requires employers to identify situations and job classifications in which employees may be exposed to blood or other potentially infectious materials, and to provide protection to these employees in the form of engineering controls, personal protective equipment, training, and risk reduction.

TRAINING IS AVAILABLE YEAR ROUND AND REQUIRED ANNUALLY

An online Bloodborne Pathogens training session is available year round by contacting the Human Resources Department. Employees may take this session at their workstation or in HR. This session trains the employee to identify bloodborne pathogens that might be present in the workplace, to understand how certain diseases are transmitted through blood, to determine their risk of exposure, protect themselves from exposure, respond appropriately if they are exposed to bloodborne pathogens, and to understand their right to medical evaluations. Duration: 24 minutes.

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

- A. a copy of 29 CFR 1910.1030, OSHA's Bloodborne Pathogen Standard;
- B. a discussion of the epidemiology and symptoms of bloodborne diseases;
- C. an explanation of the modes of transmission of bloodborne pathogens;
- D. an explanation of Aitkin County's Bloodborne Pathogen Exposure Control Plan, and how employees can obtain a copy of the plan;

- E. a description and recognition of tasks that may involve exposure;
- F. an explanation of the use and limitations of the methods employed by Aitkin County to reduce exposure (such as engineering controls, work practices, and personal protective equipment);
- G. information about the types, use, location, removal, handling, decontamination, and disposal of personal protective equipment;
- H. an explanation of the basis of selection of personal protective equipment;
- I. information about the Hepatitis B vaccination (including efficacy, safety, method of administration, and benefits), as well as an explanation that the vaccination will be provided at no charge to the employee;
- J. instruction on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
- K. an explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow up;
- L. information on the post-incident evaluation and follow up required for all exposure incidents; and
- M. an explanation of signs, labels, and color-coding systems.

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

ASSIGNMENT OF RESPONSIBILITY

The Bloodborne Pathogen Exposure Control Plan shall be administered on a departmental basis and each department head shall maintain staff records relevant to this plan. Supervisors will follow the plan and ensure that their employees are trained in and use proper work practices, universal precautions, personal protective equipment (PPE), and proper cleanup and disposal techniques.

The employer will provide adequate controls and equipment that, when used properly, will minimize or eliminate risk of occupational exposure to blood or other potentially infectious materials. These will be provided at no cost to the employees. The employer will ensure proper adherence to this plan through periodic audits conducted by the Safety Committee.

Employees are responsible for employing proper work practices, universal precautions, personal protective equipment and cleanup and disposal techniques as described in this plan. Employees are also responsible for reporting all exposure incidents to the HR Department immediately or within the time frame otherwise specified.

Contracted employees are also responsible for complying with this plan, and should be provided the training described herein by the applicable department.

EXPOSURE DETERMINATION

The following job classifications and locations have been identified by the employer to be those in which employees may be expected to incur occupational exposure to blood or other potentially infectious materials, based on the nature of the job or collateral duties. Exposure determination has been made without regard to the use of personal protective equipment as employees are considered to be exposed even if they wear personal protective equipment.

Incumbents of the following job classes may encounter blood, urine, feces, vomitus, wounds, saliva, and other bodily fluids on the job. Incumbents may perform tasks such as, but not limited to, providing emergency aid, nursing care, obtaining lab specimens, conducting sewer inspections, assessing of garbage, collecting contaminated water samples, working in tile and culvert conduits, mopping/cleaning, plumbing repairs, emptying trash, cleaning urinals, toilets, and drinking fountains, conducting pat and cell searches, responding to disturbances and fights, cleanup of blood/body fluid specimens, administering medication, chainsaw usage, and litter pickup.

Category I, high risk, these job classifications are expected to incur occupational exposure to blood or other possibly infectious materials.

Category II, possible risk, these job classifications may incur occupational exposure to blood or other possibly infectious materials during certain tasks or procedures.

Department	Job Classification (Category I or II)
Administration	Building and Grounds Supervisor (I) Utility Maintenance Custodian (I) Maintenance Custodian (I)
Environmental Services Dept.	Environmental Services Director (II) Assistant Zoning Administrator (II) Environmental Health Specialist (I) Compliance Officer/Wetlands Specialist (I) Zoning Technician (I) Contracted Sewer Inspector (I)
HHS Department	Public Health Supervisor (I) Public Health Nurse (I) Health Educator (II) Nursing Student Intern (I) WIC Staff (I)
Highway Department	Heavy Equipment Operator (II) Highway Maint. Foreman (II) Asst. Hwy. Maint. Foreman (II) Mechanic/Chief Mechanic (II)
Land Department	Park Foreman (I) Recreation Specialist (I) Forestry/Parks Technician (I) Seasonal Park Laborer (I) Maintenance Custodian, LLCC (I)

Land Department (continued)

Maintenance Coordinator, LLCC (I)
Instruction Coordinator (II)
Instructor/Naturalist (II)
Seasonal Naturalists (II)

Sheriff's Department

All Jail Staff (I)
All Licensed Peace Officers (I)

IMPLEMENTATION SCHEDULE AND METHODOLOGY

Compliance Methods

1. Universal Precautions (aka Standard Precautions)

The term, "universal precautions," refers to a concept of bloodborne disease control which requires that all human blood and certain human body fluids be treated as if known to be infectious for HIV, HBV or other bloodborne pathogens. Universal precautions shall be used at Aitkin County to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials shall be considered infectious, regardless of the perceived status of the source individual.

2. Engineering Controls (aka Work Practice Controls)

The term, "engineering controls," refers to controls that isolate or remove the bloodborne pathogens hazard from the workplace. The engineering and work practice controls listed below should be used to minimize or eliminate exposure to employees at Aitkin County. Where occupational exposure remains after institution of these controls, personal protective equipment (PPE) shall also be used.

Employees who work in the Aitkin County Jail, please refer to the Jail Bloodborne Pathogens Exposure Control Plan for work practice controls and information.

Department heads and supervisors will review the effectiveness of the work practice controls on an annual basis or as often as deemed necessary, and also when new equipment and/or technologies are brought into the workplace. Departments heads may implement additional controls as deemed necessary. Forward copies of additional work practice controls to the Human Resources Manager to be included in the Plan's next update.

a. Sharps Containers

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

Sharps containers should be checked twice per week or as otherwise deemed appropriate by the Department Head.

b. Sharps Injury Log

Needlestick and sharps injuries shall be reported to Human Resources on a First Report of Injury form and recorded on applicable OSHA logs, and should include the following information for each incident:

- a. period of time the log covers;
- b. date incident is reported;
- c. date of incident;
- d. type and brand of device involved;
- e. department or area of incident; and
- f. description of incident.

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

c. Hand Washing Facilities

Hand washing facilities are typically available and readily accessible to all employees who may incur exposure to blood or other potentially infectious materials. Where hand washing facilities are not feasible, the employer will provide an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. Employees who work off-site are responsible for keeping an adequate supply of antiseptic cleanser, paper towels, or antiseptic towelettes in their work vehicle(s) and/or equipment.

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

d. Work Area Restrictions

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

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

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

e. Specimens

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

Specimen containers should be labeled or color-coded in accordance with the requirements of the OSHA standard. *(Department Heads should note that the OSHA standard provides for an exemption to specimen container labeling/color coding if a facility uses universal precautions in handling of ALL specimens AND the containers are easily recognized as containing specimens. This exemption applies only while the specimens remain in the facility. If a department chooses to use this exemption, it must notify the Human Resources Manager so that can be included in the Plan's next update.)*

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

f. Contaminated Equipment

Supervisors shall ensure that equipment that has become contaminated with blood or other potentially infectious materials is examined prior to servicing or shipping. Contaminated equipment should be decontaminated, unless decontamination is not feasible. Contaminated equipment should be tagged and labeled as such.

3. Personal Protective Equipment (PPE)

Department Heads shall ensure that the provisions regarding personal protective equipment described in this plan are met and maintained.

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

The Department Head or designee shall list the personal protective equipment to be used within the department for specified tasks (see Appendix A). When unspecified or if uncertain, employees shall contact their supervisor to verify what PPE is required.

a. PPE Use

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

b. PPE Accessibility

Department Heads and supervisors shall ensure that appropriate PPE in the necessary sizes is readily accessible at the worksite or is issued at no cost to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives will be made available to those employees who are allergic to the gloves normally provided.

c. PPE Cleaning, Laundering and Disposal

All PPE should be cleaned, laundered, and disposed of by the employer at no cost to the employee. The employer will also make necessary repairs and replacements at no cost to the employee.

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

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

d. Types of PPE

i. Gloves

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

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

ii. Eye and Face Protection

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

iii. Other PPE

Additional protective clothing (such as lab coats, gowns, aprons, clinic jackets, or similar outer garments) should be worn in instances when gross contamination can reasonably be expected.

Housekeeping

The worksite should be cleaned and decontaminated regularly and as needed in the event of a gross contamination. All contaminated work surfaces, bins, pails, cans, and similar receptacles should be inspected and decontaminated regularly.

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

Regulated Waste Disposal

Disposal of all regulated waste shall be in accordance with applicable federal, state, and local regulations.

Sharps

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

During use, containers for contaminated sharps should remain upright throughout use, should be easily accessible to employees, and should be located as close as feasible to the immediate area where

sharps are used or can be reasonably anticipated to be found (including laundry areas). The Building Maintenance Supervisor or designee shall replace sharps containers routinely and not allow them to overfill.

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

Reusable containers shouldn't be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous injury. Medical waste must be handled in accordance with all applicable state and federal regulations.

Other Regulated Waste

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

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

Laundry

Laundry contaminated with blood or other potentially infectious materials should be handled as little as possible. Such laundry should be placed in appropriately marked bags (biohazard labeled or color-coded bags) at the location where it was contaminated. Contaminated laundry shouldn't be sorted or rinsed in the area of contamination.

The laundry at Aitkin County shall be cleaned at the Village Laundromat in Aitkin or at another off-site location that uses Universal Precautions in the handling of all laundry.

Hepatitis B Vaccines and Post-Exposure Evaluation and Follow Up

General

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

The Department Head, in conjunction with the Human Resources Department, 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:

1. made available at no cost to the employee;
2. made available to the employee at a reasonable time and place;
3. performed by or under the supervision of a licensed physician or other licensed healthcare professional; and
4. provided in accordance with the recommendations of the United States Public Health Service.

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

Hepatitis B Vaccination

The Department Head shall oversee the departmental Hepatitis B vaccination program. Generally, the series of shots service will be provided by Aitkin County Public Health or the Riverwood Healthcare Center.

Category I Employees

The Hepatitis B vaccination should be made available to an affected Category I employee after he or she has received training in occupational exposure and within 10 working days of initial assignment to job duties that involve exposure. Exceptions to the administration of the Hepatitis B vaccination include situations where an employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons (i.e. should not be used in the case in question).

Participation in a pre-screening program shouldn't be a prerequisite for an affected employee to receive the Hepatitis B vaccination. If an employee initially declines the Hepatitis B vaccination, but later decides to accept the vaccination and is still covered under the OSHA standard, the vaccination shall then be made available.

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

Category II Employees

The Hepatitis B vaccination series should be made available and administered to Category II employees no later than 24 hours after an exposure incident (as per OSHA Letter of Interpretation, November 1, 2000). All employees who decline the Hepatitis B vaccination should sign a waiver indicating their refusal (see Appendix B).

Post-Exposure Evaluation and Follow Up

All employees must immediately report exposure incidents to their supervisor and to the Human Resources Department for a First Report of Injury form be completed; incidents shall be recorded on applicable OSHA logs. The Department Head or designee shall investigate and document each exposure incident. Following a report of an exposure incident, the exposed employee should immediately receive a confidential post-exposure evaluation and follow up, to be provided by Riverwood Healthcare Center. The post-exposure evaluation and follow up should include the following elements, at a minimum:

1. Documentation of the route of exposure, and the circumstances under which the exposure occurred.
2. Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.

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

Names of employees that contract HIV, Hepatitis, or tuberculosis shall not be recorded on the OSHA 300 log.

Information Provided to the Healthcare Professional

After an exposure incident occurs, the Department Head should ensure that the healthcare professional responsible for the exposed employee's Hepatitis B vaccination, as well as the healthcare provider providing the post-exposure evaluation, if different, are provided with the following:

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

Healthcare Professional's Written Opinion

The Department Head or designee should obtain and provide the exposed employee a copy of the evaluating healthcare professional's written opinion within 15 days of completion of the evaluation.

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

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

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

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

Other findings or diagnosis resulting from the post-exposure follow up should remain confidential and shouldn't be included in the written report.

Labels and Signs

The Department Head or designee shall ensure that biohazard labels are affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious materials. Labels should also be affixed to any other containers used to store, transport, or ship blood or other potentially infectious materials.

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



Image of biohazard label:

RECORDKEEPING

Medical Records

All records shall be kept confidential and will be retained for at least the duration of employment plus 30 years. The Department Head shall maintain bloodborne pathogen records on active employees and will forward these records to the Human Resources Department for retention following the employee's date of termination. Department Heads shall also ensure that records with Public Health and the Riverwood Healthcare Center for Hepatitis B vaccinations and post-exposure evaluations and follow ups stipulate these OSHA recordkeeping and retention requirements.

Medical records should include:

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

Training Records

Department Heads shall maintain training records for three years from the date of training. Records should be kept in a secure location (i.e. locked office, desk drawer, or filing cabinet), and shall include:

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

Availability of Records

When an employee (or designated representative) requests access to a training record, the employer shall provide access to said employee's records in a reasonable time, place, and manner in accordance with 29 CFR 1910.1020(e). An employee (or designated representative) will only be given access to his or her own records.

Evaluation and Review

Department Heads and Supervisors, in cooperation with the Human Resources Department, shall review this Bloodborne Exposure Control Plan for effectiveness at least annually and as needed to incorporate changes to the standard or changes in the workplace.

Appendix B

Hepatitis B Immunization Consent/Refusal Form

Please check one:

Yes, I want to receive the Hepatitis B vaccine.

I read the information given to me about Hepatitis B virus and Hepatitis B vaccine and I had the opportunity to ask questions. My questions were answered. I want to participate in the vaccination program. I understand this includes three injections at prescribed intervals over a 6-month period. I understand that there is no guarantee that I will become immune to Hepatitis B and that I might experience an adverse side effect as the result of the vaccination.

	<u>Date Given</u>	<u>Lot#</u>	<u>Administered By</u>	<u>Next Date Due</u>
1st Dose				
2nd Dose				
3rd Dose				

No, I don't want to receive the Hepatitis B Vaccine.

I understand that due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring Hepatitis B Virus (HBV). I was given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to me. However, I **decline** Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at an increased risk of acquiring Hepatitis B, a serious disease. If in the future I want to be vaccinated with the Hepatitis B vaccine, I understand that I can receive the vaccine series at no charge to me.

Employee Name

Job Title and Department

City, State, Zip Address

Telephone Number

Signature

Date

Privacy Act Statement:

This information is sensitive and is protected by the Privacy Act of 1974 (5 U.S.C. 552a). The records will be stored in locked file cabinets or locked rooms. Access to records will be strictly limited to department staff with a bona fide need for the records. These records are considered to be part of the employee's medical file.