

Exposure Control Plan



for

Job Options, Inc. Employees at:

**Weed Army Community Hospital
Ft. Irwin, California**



Job Options, Inc.
March 2023



Exposure Control Plan

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INTRODUCTION

Job Options, Inc. (JOI) is committed to providing a safe and healthful work environment for our employees working at the Weed Army Community Hospital, Ft. Irwin, California. In pursuit of this goal, JOI has adopted the following Exposure Control Plan (ECP) in accordance with OSHA standard 29 *CFR* 1910.1030, "Occupational Exposure to Bloodborne Pathogens." Bloodborne pathogens are micro-organisms in human blood that can cause disease in humans. They include the Hepatitis B Virus (HBV) and the Human Immunodeficiency Virus (HIV). HIV is the virus that causes AIDS (Acquired Immunodeficiency Syndrome). HBV causes Hepatitis B, a serious liver disease.

Occupational transmission of HIV is relatively rare, but the lethal nature of HIV requires us to take every possible measure to prevent exposure. The purpose of this program is to limit occupational exposure to blood and other potentially infectious materials because any exposure could result in transmission of bloodborne pathogens that could lead to disease or death. The ECP is a key document to assist our company in implementing and ensuring compliance with the OSHA standard, thereby protecting our employees.

The hazard of exposure can be minimized or eliminated by the use of a combination of engineering and work practice controls, personal protective clothing and equipment, training, medical surveillance, Hepatitis B vaccination, signs and labels and other provisions. That is exactly what this program provides for.

This Exposure Control Plan will be reviewed and updated by Job Options' Safety Officer at least annually and whenever necessary to reflect new or revised employee positions with possible occupational exposure. The Hospital Environmental Services (HES) Division Manager, Project Managers and Assistant Project Manager shall be responsible for ensuring their employees comply with the provisions of this plan. A copy will be accessible to all employees and made available to appropriate government agencies in accordance with applicable legal and constitutional provisions.

SCOPE

This program covers all employees who are likely to be exposed to blood or Other Potentially Infectious Materials (OPIM). "Good Samaritan" acts such as assisting a co-worker with a nosebleed would not be considered occupational exposure.

OPIM include the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, any and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Because there is no population that is risk free for HIV or HBV infectivity, any employee who has occupational exposure to blood or other potentially infectious material is included within the scope of the OSHA standard.

It should also be noted that the following are included within the coverage of the OSHA standard if there is occupational exposure:

- Part-time, temporary or per-diem employees.
- Employees trained in first aid and designated by management as responsible for rendering medical assistance as part of his/her job duties.

DEFINITIONS

The following provides further clarifications of some definitions found in this Exposure Control Plan:

1. **BLOOD** – means human blood, human blood components, and products made from human blood.
2. **BLOODBORNE PATHOGENS** – While HBV and HIV are specifically identified in the standard, the term includes any pathogenic microorganism that is present in the human blood and can cause disease in persons who are exposed to blood containing the pathogen. Other examples include Hepatitis C, malaria, syphilis, babesiosis, brucellosis, leptospirosis, arboviral infectious, relapsing fever, and viral hemorrhagic fever.
3. **CLINICAL LABORATORY** – means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
4. **CONTAMINATED** – means the presence or the reasonably anticipated presence of blood or other potentially infectious material on an item or surface.
5. **CONTAMINATED LAUNDRY** – means laundry which has been soiled with blood or OPIM or may contain sharps.
6. **CONTAMINATED SHARPS** – means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
7. **DECONTAMINATION** – means the use of physical or chemical means to remove, inactivate or destroy Bloodborne Pathogens on any items or surface to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.
8. **ENGINEERING CONTROLS** – means controls (e.g. sharps disposal containers, self-sheathing needles) that isolate or remove the Bloodborne Pathogens hazard from the workplace.
9. **EXPOSURE INCIDENT** – means a specific eye, mouth or other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that results from the performance of an employee’s duties.
10. **HANDWASHING FACILITIES** – means a facility providing an adequate supply of running portable water, soap and single use towels or hot air drying machines.
11. **LICENSED HEALTHCARE PROFESSIONAL** – is a person whose legally permitted scope of practice allows him/her to perform Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up as provided in paragraph (f) of the OSHA standard.
12. **HBV** – means Hepatitis B Virus.
13. **HIV** – means Human Immunodeficiency Virus.
14. **OCCUPATIONAL EXPOSURE** – means reasonably anticipated skin, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of an employee’s duties.
15. **OPIM** – means “OTHER POTENTIALLY INFECTIOUS MATERIALS”.
16. **OTHER POTENTIAL INFECTIOUS MATERIALS** – includes:
 - Semen
 - Vaginal secretion
 - Cerebrospinal fluid
 - Amniotic fluid
 - Saliva in dental procedures
 - Any body fluid visibly contaminated with blood
 - All body fluids when it is difficult to differentiate between body fluids
 - Any unfixed tissue or organ (other than intact skin) from a human (living or dead)
 - HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture medium or other solutions; and blood; organs, or other tissues from experimental animals infected with HIV or HBV.

17. **PARENTERAL** – means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
18. **PERSONAL PROTECTIVE EQUIPMENT** – is specialized clothing worn by an employee for protection against a hazard. General work clothes (e.g. uniforms, pants, shirts or blouses) not intended to function as protection against a hazard is not considered to be personal protective equipment.
19. **PRODUCTION FACILITY** – means a facility engaged in industrial-scale large-volume or high concentration production of HIV or HBV.
20. **REGULATED WASTE** – means liquid or semi-liquid blood or OPIM; contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM.
21. **RESEARCH LABORATORY** – means a lab producing or using significant amounts of HIV or HBV. Research labs may produce high concentrates of HIV or HBV but not in the volume of production facilities.
22. **SOURCE INDIVIDUAL** – means anyone, living or dead, whose blood or OPIM may be a source of occupational exposure to the employee. Examples include, but are not limited to:
 - Hospital and clinic patients.
 - Clients in institutions for the developmentally disabled.
 - Trauma victims
 - Clients of drug and alcohol treatment facilities.
 - Residents of hospices and nursing homes.
 - Human remains.
 - Individuals who donate or sell blood or blood components.
23. **STERILIZE** – means the use of physical or chemical procedures to destroy all microbial life including highly resistant bacterial endospore.
24. **UNIVERSAL PRECAUTIONS** – is an approach to infection control. All human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other Bloodborne Pathogens.
25. **WORK PRACTICE CONTROLS** – means controls that reduce the likelihood of exposure by altering the manner in which the task is performed (e.g. prohibiting recapping of needles by a two-handed technique).
26. **WASHROOM** – is the area of the laundry where soiled laundry is sorted and loaded into the washer.

EXPOSURE DETERMINATION

Certain employees working for Job Options have occupational exposure to bloodborne pathogens. Our policy is to conduct exposure determinations throughout the Weed Army Community Hospital facilities in which our employees are assigned to work without regard to the use of PPE. The Corporate Safety Officer, in conjunction with the HES Division Manager, Project Managers, Assistant Project Managers, Supervisors, and other individuals at the worksites, will periodically review exposure determinations. This process involves identifying all the job classifications, tasks, or procedures in which our employees may have reasonably anticipated occupational exposure to blood or OPIM. Attachment A of this Exposure Control Plan identifies those jobs and tasks in which occupational exposure may occur on the job. Persons holding those jobs will receive the training, protective equipment, offer of vaccination and other matters required by the OSHA standard. Employees will be individually advised by supervision of the requirements that apply to them. We will review our exposure determination regularly and make additions or deletions from the Attachment A list as appropriate.

METHODS OF IMPLEMENTATION & CONTROL

Our Exposure Control Plan includes a combination of engineering and work practice controls as well as Personal Protective Equipment (PPE) requirements.

1. **Universal Precautions** - All employees will be required to observe the basic rule of exposure known as “Universal Precautions”. Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, **all** human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.
2. **Exposure Control Plan** – 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 can review this plan at any time during their work shifts by contacting their Project Manager or by contacting the Job Options’ (JOI) Corporate Safety Officer. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

The JOI Corporate Safety Officer is responsible for reviewing and updating the ECP annually, or more frequently if necessary, to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

3. **Engineering Controls** - An engineering control is the use of available technology and devices to isolate or remove hazards from the worker to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls in use at JOI’s worksites are:
 - a. *Sharps Container*. A container especially designed for the purpose to store sharps safely will be available where required in the event a sharp is discovered. This container will be puncture-resistant and safe to use and move.
 - b. *Emergency Cleanup Kit* – Each worksite will retain a minimum of one complete kit complying with OSHA regulations for the cleanup of blood and other potentially infectious materials, to include red biohazard-labeled disposal bags.
4. **Work Practice Controls** - Work practice controls are alterations in the manner in which a task is performed in an effort to reduce the likelihood of a worker’s exposure to blood or OPIM. The list of work controls and rules at JOI’s worksites include the following:
 - a. All covered employees will have access to hand washing facilities. Not only will hand washing be required after using the restroom, but also immediately after removing Personal Protective Equipment (PPE) and especially after contact with body fluids or OPIM.
 - b. All PPE should be removed as soon as possible upon leaving the work area, and placed in an appropriately designed area or container for storage, washing, decontamination or disposal.
 - c. No needles or other sharps will be sheared, broken, bent, recapped or resheathed by hand.
 - d. All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing or spraying.
 - e. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in any area in which potential of exposure to bloodborne pathogens exists.

5. **Personal Protective Equipment (PPE)** - Our Exposure Control Plan requires the use of Personal Protective Equipment (PPE). PPE is specialized clothing or equipment used by workers to protect themselves from direct exposure to blood or OPIM. All PPE will be chosen based on the anticipated exposure to blood or OPIM. They are to be used, as appropriate, when there is a potential for exposure

General Rules for PPE

- a. PPE will be considered appropriate only if it does not permit blood or OPIM to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the PPE will be used.
- b. Those items of PPE specific for use in our operation will be readily available and accessible in all sizes necessary.
- c. Appropriate PPE such as gloves, gowns, face shields or masks, eye protection, or other PPE deemed necessary, will be provided at no cost to the employee. The type and characteristics of the PPE will depend upon the task and degree of exposure anticipated.
- d. We will clean, launder, and dispose of all required PPE and shall repair or replace it as needed in order to maintain its effectiveness, at no cost to the employee.
- e. Persons required to wear PPE will be trained by their Project Manager or designee on its proper use for specific tasks or procedures.
- f. Each Asst. Project Manager or Supervisor must ensure that their employees use appropriate PPE.
- g. If a garment(s) is penetrated by blood or OPIM, the garment(s) shall be removed immediately or as soon as possible.
- h. All PPE shall be removed prior to leaving the work area.
- i. When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
- j. Designated First Aid providers will be required to wear gloves prior to administering first aid when blood or OPIM are present.
- k. **Gloves** are an important part of this Exposure Control Plan. Nearly all opportunities for exposure will involve gloves as protection. Since minor skin cuts, abrasions, chapped skin and other conditions are common, it is especially important to include protective gloves as an integral part of the job. The procedures for proper gloves usage is:
 - If you have a cut or scrape, bandage it before putting gloves on.
 - Examine gloves for tears, cracks and tiny holes before and during use. Replace damaged gloves as soon as identified.
 - Never reuse disposable latex or nylon gloves. They are intended for one use and are to be thrown away whenever they are contaminated or compromised (damaged or worn).
 - General purpose utility gloves may be decontaminated and reused as long as they are in good condition for their intended purpose. Peeling, cracking, discoloration or any evidence of deterioration or puncture of utility gloves will be a cue to throw them away.
 - Alternative gloves will be provided to those who may be allergic to gloves conventionally provided.
 - Remove gloves so that the glove's outer surface never touches the wrist. Grasp the outside of a glove near the wrist. Make a fist of the hand on which you are removing the glove. Pull down until the glove comes off inside-out. Cup this glove in the palm of your gloved hand. Then, insert 2 fingers of your bare hand inside the cuff of the remaining glove. Pull down so this glove also comes off inside-out—with the first glove tucked inside. Dispose of gloves appropriately and immediately wash hands thoroughly.
- l. Employees are required to wash hands immediately after removing gloves or other PPE.

HOUSEKEEPING PRACTICES

1. All work areas must be maintained in a clean and sanitary condition at all times.
2. Contaminated sharps are to be discarded immediately in the sharps container located at the worksites. The procedures for **proper handling of sharps and sharps disposal containers** are:
 - Never bend, break or recap needles.
 - Never reach into a container or force sharps into a full container.
 - Immediately report to Supervisor, Asst. Project Manager or Project Manager if an improperly disposed sharp is discovered.
3. Broken glassware will not be picked up directly with the hands. Sweep or brush material into a dustpan.
4. Equipment that may become contaminated with blood or OPIM will be examined and decontaminated before use.
5. Decontamination will be accomplished by utilizing the following materials:
 - 10% (minimum) solution of chlorine bleach
 - Lysol or other EPA-registered disinfectants
6. All contaminated work surfaces, tools, objects, etc., will be decontaminated immediately or as soon as feasible after any spill of blood or OPIM. The bleach solution or disinfectant must be left in contact with contaminated work surfaces, tools, objects, or OPIM for at least 10 minutes before cleaning.

LAUNDRY

1. Laundry that has the potential of being contaminated with blood or OPIM will be handled as little as possible, with minimal agitation.
2. Required PPE (gloves, smock, eye protection, mask) will be used at all times when handling contaminated laundry.
4. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.
5. Contaminated laundry bags should not be held close to the body or squeezed when transporting to avoid punctures from improperly discarded sharps.

FIRST AID INCIDENTS

1. All first aid incidents involving the presence of blood or OPIM shall be reported to the Project Manager, Asst. Project Manager, or Supervisor and the Corporate Safety Officer before the end of the work shift during which the first aid incident occurred.
2. An incident report must immediately be completed, to 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, and a determination as to whether or not, in addition to the presence of blood or OPIM, an exposure incident occurred.

HEPATITIS B VACCINATION

All employees hired to work at the Weed Army Community Hospital, regardless of job classification, will be provided with the Hepatitis B vaccination prior to commencing employment at that site, in accordance with contract stipulations. 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.

1. In no case shall participation in a prescreening program be made a prerequisite for receiving Hepatitis B vaccinations.
2. Vaccinations shall be given at a reasonable time and place under the supervision of a LICENSED HEALTH CARE PROFESSIONAL at:

**HERITAGE VICTOR VALLEY MEDICAL GROUP
VICTORVILLE, CA**

POST-EXPOSURE & FOLLOW-UP

Should an exposure incident occur, contact the JOI Corporate Safety Officer at **619-688-1784**. **Initial treatment** will be provided at the **Weed Army Community Hospital, IAW MEDDAC**. A confidential medical evaluation and follow-up will be made immediately available by a licensed healthcare professional from the **Heritage Victor Valley Medical Group or Concentra Clinic**. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

1. Document the routes of exposure and how the exposure occurred using the BBP Exposure Incident Report form (Attachment. C).
2. Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
3. 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.
4. If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
5. 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).
6. After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
7. 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.

ADMINISTRATION OF POST-EXPOSURE EVALUATION & FOLLOW-UP

The JOI Corporate Safety Officer ensures that healthcare professional(s) responsible for employee's Hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard. The Safety Officer will utilize the Post Exposure Incident Checklist (Attachment D) to ensure thorough post-exposure procedures are completed.

The JOI Corporate Safety Officer, utilizing the Instructions of the Evaluating Healthcare Professional Checklist (Attachment E) ensures that the healthcare professional evaluating an employee after an exposure incident receives the following:

- a description of the employee's job duties relevant to the exposure incident
- route(s) of exposure
- circumstances of exposure
- if possible, results of the source individual's blood test
- relevant employee medical records, including vaccination status
- Healthcare Professional's Written Opinion for completion upon evaluation (Attachment F)

The JOI Corporate Safety Officer provides the employee with a copy of the evaluating healthcare professional's written opinion (Attachment F) within 15 days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The JOI Corporate Safety Officer will review the circumstances of all exposure incidents to determine:

- engineering controls in use at the time
- work practices followed
- a description of the device being used (including type and brand)
- protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- location of the incident
- procedure being performed when the incident occurred
- employee's training

The JOI Corporate Safety Officer will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

If revisions to this ECP are necessary, the JOI Corporate Safety Officer will ensure that appropriate changes are made. Changes may include an evaluation of safer work practices, engineering controls, adding employees to the exposure determination list, etc.

EMPLOYEE TRAINING

1. All employees with occupational exposure must participate in a training program that will be provided at no cost to affected employees during normal working hours.
2. The training will be provided at the time of initial assignment and annually thereafter.
3. Additional training will be provided when changes such as modifications of tasks or procedures are made. The additional training may be limited to addressing the new exposures created.

4. The training program covers, at a minimum, the following elements:
 - A copy and explanation of the OSHA bloodborne pathogens standard
 - An explanation of our ECP and how to obtain a copy
 - A general explanation of the causes, symptoms and modes of transmission of bloodborne pathogens.
 - An explanation of the methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident.
 - An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
 - An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE.
 - 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.
 - Information on the appropriate actions to take and person(s) to contact in case of an exposure incident.
 - Information on the post-exposure follow-up that will be made available.
 - An explanation of the signs and labels and/or color coding required by the standard and used at this facility.
 - An opportunity for interactive questions and answers with the person conducting the training session.
5. Training records will be maintained by the JOI Corporate Safety Officer for three years from the date on which the training occurred and will include the following:
 - Date(s) of training session(s)
 - Contents or summary of training program, including the trainer's name and qualifications.
 - Job titles and names of all the persons attending the training session.

RECORDKEEPING

1. A record of each exposure incident to blood or OPIM shall be maintained according to regulations. Such records will be kept confidential and shall not be disclosed or reported to any person within or outside the workplace without the employee's express written consent except as may be required by law or OSHA regulation.
2. Needle stick injuries shall be included in the OSHA 300 occupational injury and illness log if medical treatment such as gamma globulin is administered by licensed medical personnel.
3. HBV and HIV shall be recorded on the OSHA 300 log if the illnesses can be traced back to an occupational injury or other exposure incident that occurred on the job.
4. Medical records will be kept for each employee with occupational exposure for the duration of employment plus 30 years. These records will include:
 - Name and social security number.
 - A copy of the employee's Hepatitis B vaccination status and any medical records relative to the employee's ability to receive the vaccination.
 - A copy of all results of examinations, medical testing and follow-up procedures.
 - The employer's copy of the healthcare professional's written opinion.
 - A copy of the information provided to the healthcare professional.
5. Records of Hepatitis B vaccination status (including all dates) will be kept for all covered employees.
6. Confidential exposure treatment and follow-up recordkeeping will be maintained by the Heritage Victor Valley Medical Group or CONCENTRA Clinic.

JOB EXPOSURE DETERMINATION

Review Date: March 2023

Based on a review of all job classifications, the following is a list of jobs that involve the possibility of exposure to Bloodborne Pathogens. Employees in these classifications will be considered covered by the application of the Job Options, Inc. Exposure Control Plan.

Hospital Environmental Services Division:
Weed Army Community Hospital, Ft. Irwin, California:

CATEGORY A - JOB CLASSIFICATIONS IN WHICH ALL EMPLOYEES HAVE OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS:

<u>Job Classification</u>	<u>Tasks/Procedures in These Jobs That Have Occupational Exposure</u>
• Project Manager	Assisting/training in cleaning restrooms, Operating Rooms, Emergency Department, Patient Rooms, Exam Rooms and Isolation Rooms, handling regulated medical waste, cleaning up spills, administering first aid (collateral duty)
• Asst. Project Manager or Supervisor	Assisting/training in cleaning restrooms, Operating Rooms, Emergency Department, Patient Rooms, Exam Rooms and Isolation Rooms, handling regulated medical waste, cleaning up spills, administering first aid (collateral duty)
• Lead	Assisting/training in cleaning restrooms, Operating Rooms, Emergency Department, Patient Rooms, Exam Rooms and Isolation Rooms, handling regulated medical waste, cleaning up spills
• Quality Inspector	Inspecting areas serviced by EVS Techs. Assisting/training in cleaning restrooms, Operating Rooms, Emergency Department, Patient Rooms, Exam Rooms and Isolation Rooms, handling regulated medical waste, cleaning up spills
• Housekeeper/Floor Tech	Cleaning restrooms, Operating Rooms, Emergency Department, Patient Rooms, Exam Rooms and Isolation Rooms, handling regulated medical waste, cleaning up spills
• Designated First Aid Provider	Providing first aid (collateral duty).

CATEGORY B - JOB CLASSIFICATIONS IN WHICH SOME EMPLOYEES HAVE OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS:

- *All job classifications are listed in Category A.*

DECLINATION OF HEPATITIS B VACCINATION

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) infection and I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to myself.

Print Name: _____

Signature: _____

Date: _____

Work Site: _____

Job Title: _____

BBP EXPOSURE INCIDENT REPORT

(To be completed by Project Manager, Asst. Project Manager or Supervisor)

FAX TO GLADIS JARQUIN, (619) 688-9884

Employee Name: _____ **Site:** _____

Date of Incident: _____ **Time of Incident:** _____

Location of exposure incident (clinic, department, unit, floor): _____

Employee's Job Classification: _____

Tasks & Procedure(s) performed at time of incident: _____

Routes of Exposure (e.g., eye, intact skin, non-intact skin, mouth, other mucous membranes, parenteral contact, etc.):

Description of sharp(s) or other device(s) involved: _____

Personal Protective Equipment worn: _____

Other Pertinent Information: _____

Name of Person Completing Form: _____



Date: _____

ATTACHMENT D

Post Exposure Incident Checklist

Healthcare Professional shall receive from employer:

- _____ Copy of Bloodborne Pathogens Standard (CFR 29 1910.1030, Bloodborne Pathogens).
- _____ All medical records relevant to the appropriate treatment of the employee including vaccination status.
- _____ Completed Job Options, Inc. Bloodborne Pathogens Exposure Incident Report which includes:
 - A description of the exposed employee's duties as they relate to the exposure incident.
 - Documentation of the route(s) of the exposure and circumstances under which exposure occurred.
 - Results of the source individual's blood testing, if available.

Exposed Employee shall receive:

A confidential medical evaluation and follow-up, including at least the following elements:

- _____ Documentation of the route(s) of the exposure and circumstances under which exposure occurred.
- _____ Collection and testing of blood for HBV and HIV serological status.
- _____ Identification and documentation source.
- _____ Results of source testing.
- _____ Results of employee testing.
- _____ Post exposure prophylaxis when medically indicated, as recommended by the U.S. Public Health Service.
- _____ PEP counseling.
- _____ Evaluation of reported illnesses.
- _____ Copies of all information given to Healthcare Professional.
- _____ Healthcare Professional's Written Opinion within 15 days of evaluation.



Instructions of the Evaluating Healthcare Professional

This employee may have suffered an exposure incident as defined in the Bloodborne Pathogens Standard. In accordance with the standard’s provision for post-exposure evaluation and follow-up, the employee presents for evaluation. Included to assist you in properly complying with the paperwork requirements for this evaluation are:

- _____ A copy of 29 CFR 1910.1030, Bloodborne Pathogens.
- _____ A description of the exposed employee’s duties as they relate to the exposure incident.
- _____ Documentation of the routes of the exposure and circumstances under which exposure occurred.
- _____ Results of the source individual’s blood testing, if available.
- _____ All employee’s medical records relevant to this employee’s appropriate treatment, including vaccination status.
- _____ For your convenience, following is the telephone number for the Post-Exposure Prophylaxis line: 1-888-448-4911*

* Please note that this is **not** a general information number and is to be used **only by the treating clinician** and only in situations calling for immediate treatment.

After completing the evaluation, please:

- _____ Inform the employee regarding the evaluation results and any follow up needed.
- _____ Complete the attached *Healthcare Professional’s Written Opinion for Hepatitis B* and *Healthcare Professional’s Written Opinion* form and give them to the employee.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up. (29 CFR 1910.1030, Bloodborne Pathogens)

Medical Records

Medical records maintained after an exposure incident should contain the following elements:

- _____ Name and social security number of employee.
- _____ Copy of HBV vaccination status including dates and medical records relative to ability to receive vaccination.
- _____ Copies of results of examinations, medical testing, and follow-up as required for post-exposure evaluation and follow-up.
- _____ Employer’s copy of healthcare professional’s written opinion as required for post-exposure evaluation and treatment.
- _____ Copy of information that was provided to the healthcare professional as required for post-exposure evaluation and treatment.



ATTACHMENT F

**Healthcare Professional’s Written Opinion
Bloodborne Pathogen Exposure Incident Report**

EXPOSED EMPLOYEE

Name Identification Number

Date of Incident Type of Incident

TO THE EVALUATING HEALTHCARE PROFESSIONAL:

After you have determined whether there are contraindications to vaccination of this employee with Hepatitis B vaccine, please state in the space below only if vaccine was indicated and if vaccine was received.

Following completion of this form, please provide the original to the employee and a copy to the employer.

- 1. _____ Vaccine was indicated.
- 2. _____ Vaccine was provided.

After your evaluation of this employee, please assure that the following information has been furnished to the employee and provide your initials beside the following statements:

- 1. _____ The employee has been informed of the results of this evaluation.
- 2. _____ The employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials, which require further evaluation and treatment.

All other findings or diagnoses shall remain confidential and shall not be included in the written report.

Healthcare Professional’s Signature

Healthcare Professional’s Name (printed)

Date

MEDICAL ATTENTION

The exposed employee was referred to the following doctor for medical evaluation, counseling and follow-up:

Name Phone

Address

Date of Exam Date of Follow-up