

THE GLENHAM FIRE DISTRICT STANDARD OPERATING GUIDELINE AND PROCEDURE	SUBJECT NO. GFD-43-18
DEPARTMENT: Glenham Fire Department SUBJECT: Bloodborne Pathogens Exposure Control Plan	
CROSS-REFERENCE: GFD-43-01 Organizational Statement & General Overview; GFD-43-04 Officer Responsibilities; GFD-43-06 Training Requirements; GFD-43-07 Issuing of Department Gear and Equipment; GFD-43-14 Patient Confidentiality	

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Purpose:

The Glenham Fire Department is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA/PESH standard 29 *CFR* 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

Scope:

This policy applies to all Department employees that could be involved in any incident dealing with patient handling in any manner, cleaning of equipment used in patient care, or any other incident or circumstances where an employee could come into contact with bodily fluids. Each employee shall be familiar with this policy and shall have required annual refresher training. Training will be made available to Department employees on an annual basis or when significant new information becomes available. All new members will receive training prior to being placed on line.

Definitions:

ECP: Exposure Control Plan

Blood Borne Pathogen: means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, TB, hepatitis A, B, and C virus (HBV) and human immunodeficiency virus (HIV).

(OPIM):Other Potentially Infectious Materials:

- 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 situations 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 HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Decontamination: means the use of physical or chemical means to remove, inactivate, or destroy blood borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Exposure Incident: means 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.

PPE: Personal Protective Equipment is specialized clothing or equipment 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.

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 blood borne pathogens.

Guidelines:

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

- Determination of employee exposure
- Implementation of various methods of exposure control, including: Universal precautions, Engineering and work practice controls, Personal protective equipment, and Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping

or evaluating circumstances surrounding exposure incidents. Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

PROGRAM ADMINISTRATION

The Glenham Fire Department is responsible for implementation of the ECP. The Emergency Medical Service Officer (EMSO) will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

- Those 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.
- The EMSO will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard.
- The EMSO will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
- The EMSO will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA / PESH records are maintained.
- The EMSO will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA / PESH, and NIOSH representatives.

EMPLOYEE EXPOSURE DETERMINATION:

- The following is a list of all job classifications at our establishment in which all employees have occupational exposure:
- The following is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur:
- Provisions of emergency medical care to injured or ill patients.
- Rescue of victims from hostile environments including burning structures, vehicles, water, contaminated atmospheres or oxygen deficient atmospheres.
- Extrication of persons from vehicles, machinery, collapsed excavation or structures.
- Response to hazardous materials emergencies, both transportation and fixed site involving potentially infectious substances.
- Natural Disasters of all kinds.
- All members of the Glenham Fire Department are Active and provide contact with individuals during firefighting or Emergency Medical Service and have a potential for occupational exposure.

METHODS OF IMPLEMENTATION AND CONTROL

Both front-line workers and management officials are involved in this process in the following manner: All officers will support and enforce compliance with the ECP. Correct any unsafe acts and refer members for remedial training. Mandate safe operating practices on scene or in the station. Members shall assume ultimate responsibility for their own health and safety. The Fire Chiefs responsible for ensuring that these recommendations are implemented.

Universal Precautions:

All employees will utilize universal precautions.

Universal precautions or Body Substance Isolation are recommended by the Center for Disease Control as a means of protection for Healthcare providers. Universal precautions are intended to supplement rather than replace recommendations for routine infection control, such as hand washing and use of gloves to prevent gross microbial contamination of hands.

Hand washing facilities may not always be readily available. In such cases, an appropriate antiseptic hand cleaner in conjunction with clean towels or antiseptic wipes may be used and hand washing should be done as soon as possible. Universal precautions apply to blood and other potentially infectious materials (OPIM).

Hand Washing should be done:

- After removing gloves
- Between patients
- After accidental contact with skin contaminated with blood or body fluids
- After each call that an employee had contact with a patient
- After cleaning equipment that was used in patient care

Universal precautions / BSI should be the minimum precautions for all procedures in any emergency or major traumatic injury. Routine use of appropriate barrier precautions such as gloves and surgical mask should be worn as needed and protective eyewear with face shield should be worn if splashing/spraying of blood or body fluid is likely. Appropriate protective barriers shall be used to prevent exposure to blood, body fluids containing visible blood and other fluid to which universal precautions apply. From the exposure determination, the appropriate protective equipment such as, but not limited to gloves, gowns, face shields or mask and eye protection, mouthpieces, resuscitation bag masks, pocket masks or other devices should be used.

If an employee temporarily and briefly declines to use personal protective

equipment under rare situations, it must be the employee's judgement in that instance that its use would prevent or delay the delivery of health care, which would cause a negative outcome.

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 reviewing the SOP / SOG Guideline located at the Watch Desk or from the Training Division or by contacting the EMSO. If requested, we will provide an employee with a copy of the ECP free of charge by their next duty day. The Glenham Fire Department EMSO 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.

Engineering Controls and Work Practices:

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

Whenever feasible, engineering controls shall be used as a first line of defense against occupational exposure to bloodborne pathogens. (Specific Engineering) Sharps or sharp containers; with engineered injury protection shall be used if possible.

Work practice controls reduce employee exposure in the workplace by either removing or isolating the employee from exposure.

- Shearing or breaking of contaminated needles and other contaminated sharps is prohibited.
- Contaminated sharps shall not be bent, recapped, or removed from the devices.
- Sharps that are contaminated with blood or OPIM shall not be stored in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
- Disposable sharps shall not be reused.
- The contents of sharps containers shall not be accessed unless reprocessed or decontaminated.
- Sharps containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risks of sharps injury.

- Regulated Biohazardous Waste (Sharps Containment and Disposal) performed using effective patient-handling techniques and other methods designed to minimize the risk of a sharp injury.
- All sharps containers for contaminated sharps shall be easily accessible to personnel and located close to the immediate area where sharps are used.
- All sharps containers for contaminated sharps shall be rigid, puncture resistant, leak proof on the sides and bottom, and must be properly labeled.
- All sharps containers shall be maintained upright throughout use, and replaced when necessary.
- Sharps containers shall not be filled beyond the line indicated on the container itself, or no more than 7/8's full.
- Sharps containers shall not be reused.
- When moving containers of contaminated sharps from the area of use, the containers shall be closed prior to removal or replacement to prevent spillage or protrusion of contents.
- If leakage of the primary container is possible, a secondary container must be used to prevent leakage during transport and handling. The secondary container must be properly labeled to identify the contents.
- Red-colored sharp's disposal containers are to be used for biologically contaminated sharps only.
- Sharps disposal containers are inspected and maintained or replaced by the EMSO every month or whenever necessary to prevent overfilling.

Resuscitation Equipment: i.e. laryngoscopes, ventilation or suction devices but not limited to.

These devices should be cleaned and disinfected with an Environmental Protection Agency approved disinfectant.

The Glenham Fire Dept. identifies the need for changes in engineering controls and work practices through (Review of OSHA / PESH records, employee interviews, committee activities, etc.)

We evaluate new procedures and new products regularly by (Training, literature reviewed, supplier info, products review).

Health Maintenance:

No member will be assigned to emergency response duties until an entrance physical assessment has been performed by the department physician or his/her designee, and the member has been certified as fit for duty.

Work restrictions for reasons of infection control may be initiated by the department physician. These may be temporary or permanent. As an example member with extensive dermatitis or open skin lesions on exposed areas may be restricted from providing patient care or handling and/or decontamination of patient care equipment.

All members shall receive annual physical evaluations.

All members will be offered initial and yearly screening for tuberculosis exposure.

Health Maintenance continued:

All members will be offered immunization against hepatitis B, measles, mumps, rubella, poliomyelitis, tetanus, and diphtheria. The risks and benefits of immunization will be explained to all members, and informed consent obtained prior to immunization.

Hepatitis B Vaccination:

The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan.

A member may request serologic testing prior to hepatitis B immunization to determine if previous immunity exists. Members may refuse immunization or may submit proof of previous immunization. Members who refuse immunization will be counseled on the occupational risks of communicable disease, and be required to sign a refusal of immunization form. Members who initially refused immunization may receive immunization upon request.

Any member returning to work following a debilitating injury or illness or communicable disease will be cleared by his/her personal and/or departmental physician prior to resuming emergency response duties.

Vaccination is encouraged unless:

- 1) Documentation exists that the employee has previously received the series.
- 2) Antibody testing reveals that the employee is immune.

3) Medical evaluation shows that vaccination is contraindicated.

However, if an employee declines the 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 (Declination) of the vaccination is kept in their personnel file. Vaccination will be provided by the appropriate agency deemed by the Glenham Fire Department. Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. It will be limited to whether the vaccine was recommended and whether the vaccine was administered.

Infection control records will become part of the member's personnel health file and will be maintained for the duration of the member's employment plus (30) years. Medical records are strictly confidential and will not be released without the signed written consent of the member.

Personal Protective Equipment (PPE):

PPE is provided to our employees at no cost to them. Standards for PPE will be developed by the EMSO and updated or modified as needed and approved by the Chief. Training in the use of the appropriate PPE for specific tasks or procedures is provided by The Training Division or Company Officers. The types of PPE available to employees are as follows: Gloves, Safety Glasses, Gowns, Masks

PPE is located in the cab of the vehicles or may be obtained through a request to your company officer or EMSO.

Emergency response is often unpredictable and uncontrollable. While blood is the single most important source of HIV and HBV infection in the workplace, in the field it should be assumed that all body fluids are infectious. For this reason, PPE will be chosen to provide barrier protection against all body fluids.

In general, members should select PPE appropriate to the potential spill, splash, or exposure to body fluids. No SOG/SOP best practices guideline or PPE ensemble can cover all situations. Common sense must be used. When in doubt, select, maximal rather than minimal PPE.

Disposable gloves will be worn during any patient contact when potential exists for contact with blood, body fluids, non-intact skin, or other infectious materials. All appropriate PPE will be used in conjunction where a potential hazard exists.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be disposed of in Red Biohazard bags
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Gloves shall be changed between patients in multiple casualty situations.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eyes, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.
- Eating, drinking, tobacco use, handling contact lenses, or applying lip balm is prohibited whenever a likelihood of exposure exists.

The procedure for handling used PPE is as follows:

Equipment will be decontaminated at the receiving hospital facility in accordance with Center for Disease Control (CDC) guidelines. Under no circumstances will kitchen, bathrooms, or living areas be used for decontamination or storage of patient care equipment or infectious waste.

Housekeeping:

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section "Labels"), and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling sharps disposal containers is: Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled

or colorcoded. Sharp disposal containers are available in the EMS bags or in the storage area on the first floor of the Fire Department.

The procedure for handling other regulated waste is: bag valve masks or other contaminated equipment shall be disposed in biohazard bags and disposed of transporting EMS agency for proper disposal.

Laundry:

Laundrying will be performed by the user of the items immediately upon returning to the station. The following laundrying requirements must be met:

- Handle contaminated laundry as little as possible, with minimal agitation.
- Wear the correct PPE when handling and/or sorting contaminated laundry.
- If items are to be discarded, place wet contaminated laundry in leak-proof, labeled or color coded containers before transport. Use (either red bags or bags marked with the biohazard symbol) for this purpose.

Labels:The following labeling methods are used in this facility: **BIOHAZARD**



The EMSO is responsible for ensuring that bags with warning labels are located in-house. Red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify their Officer in Charge who will notify the EMSO if they discover regulated waste containers, containing blood or OPIM, in the wrong location or contaminated equipment, etc., without proper labels.

Post Response:

At conclusion of on-scene operations all potentially contaminated patient care equipment will be removed for appropriate disposal or decontamination and reuse. All supplies of PPE will be replaced as needed.

Cleaning and decontamination will be performed as soon as practical.

Disposable equipment and other biohazard waste generated during on-scene operations will be stored in appropriate leak proof containers.

Gloves will be worn for all contact with contaminated equipment or materials

Disinfection will be performed with department approved disinfectant or with a 1:10 solution of bleach in water. All disinfectants will be tuberculocidal and EPA approved and registered.

Work surfaces will be decontaminated with appropriate disinfectant after completion of procedures, and after spillage or contamination with blood or other potentially infectious materials. Seats of response vehicles contaminated with body fluids from soiled PPE also will be disinfected upon return to the station.

Contaminated structural firefighting gear will be cleaned according to the manufacturer's recommendations found on the attached labels. Boots will be brushed and scrubbed with hot solution of soapy water, rinsed with clean water, and allowed to air dry.

Post-Exposure, Evaluation and Follow-Up:

If at the station and notification comes that one of our members could have a possible exposure you are to contact the EMSO and pass along all relevant information.

Should an exposure incident occur, immediately notify the Officer in charge and contact the EMSO. An immediately available confidential medical evaluation and follow-up will be conducted at the Healthcare Facility E.R. Department of choice. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed.

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).

Post-Exposure, Evaluation and Follow-Up continued:

- 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.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- 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).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
- 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 AND FOLLOW-UP:

The EMSO will ensure that the 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. The EMSO shall also ensure that the health care 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 (Name of responsible person or department). Employer must provide the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT:

The EMSO 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) and 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

If revisions to this ECP are necessary EMSO will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, increasing employee training, etc.)

EMPLOYEE TRAINING:

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by a Certified Trainer in the subject matter. All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the OSHA bloodborne pathogen standard
- An explanation of our ECP and how to obtain a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- An explanation of the use and limitations of engineering controls, work practices, and PPE
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- An explanation of the basis for PPE selection
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM

- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident at this facility
- An opportunity for interactive questions and answers with the person conducting the training session. Training materials for this department are available from the EMS Division.

RECORDKEEPING:

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for the individual's career.

The training records include:

- The dates of the training sessions
- The contents or a summary of the training sessions
- The names and qualifications of persons conducting the training
- The names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within two working days. Such requests should be addressed to the Training Officer.

Medical Records:

Medical records are maintained for each employee with occupational exposure in accordance with 29 *CFR* 1910.1020, "Access to Employee Exposure and Medical Records." Chief of the Department is responsible for maintenance of the required medical records. These confidential records are kept in the personnel files of the individuals for at least the duration of employment plus 30 years. 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 the Fire Chief of the Glenham Fire Department.

OSHA / PESH Recordkeeping:

An exposure incident is evaluated to determine if the case meets PESH's Recordkeeping Requirements (12 NYCRR Part 801). This determination and the recording activities are done by the EMSO.

Sharps Injury Log:

In addition to the Part 801 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:

- Date of the injury
- Type and brand of the device involved (syringe, suture needle)
- Department or work area where the incident occurred
- Explanation of how the incident occurred.

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

HEPATITIS B VACCINE DECLINATION (MANDATORY):

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

Signed: (Employee Name)_____ **Date:**_____

Appendix A

Sharps Injury Log
Glenham Fire Department

te	Case/ ReportNo.	Type ofDevice (e.g.syringe)	Brand NameofDevice	Work Areawhereinjuryoccurred	Briefdescriptionof how theincidentoccurred(i.e. procedurebeingdone,action beingperformed:disposal,injection, etc.)

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.

Date Given Lot # Administered By Next Date Due

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

Facility

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. Electronic records will be protected by restricted access procedures and audit trails. Access to records will be strictly limited to agency or contractor officials with a bona fide need for the records and in accordance with the system of records notice, OPM/GOVT-10. These records are essentially considered to be part of the Employee Medical Folder (EMF). Though they may be maintained securely on site during the period of employment, post-employment records must be transferred to the National Personnel Records Center. Any copies of original records must be destroyed either by shredding, burning or by erasing the disk. Those employees tasked with storing and maintaining such records must read and be familiar with OPM/GOVT-10.

Appendix C

Exposure Incident Investigation Form

Date of Incident: _____ Time of Incident: _____

Location: _____

Potentially Infectious Materials Involved:

Type: _____ Source: _____

Circumstances (work being performed, etc.): _____

How Incident Was Caused (accident, equipment malfunction, etc.): _____

Personal Protective Equipment Being Used: _____

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

Recommendations for Avoiding Repetition: _____

Report Prepared by _____ Date: _____

Supervisor: _____ Date: _____

Appendix D

Exposure Incident Report

(Routes and Circumstances of Exposure Incident)

Date Completed: _____

Employee's Name _____

SS# _____

Home Phone _____ Work Phone _____

DOB _____ Job Title _____

Employee Vaccination Status

Date of Exposure _____ Time of Exposure _____ Incident Number _____

Name of Supervisor Notified _____

EMSO Notified _____

Location of Incident (Address Be Specific)

Describe What Task(s) You Were Performing When The Exposure Occurred (Be Specific)

Were You Wearing Personal Protective Equipment (PPE)? Yes _____ No _____

If Yes, List

Did The PPE Fail? Yes _____ No _____

If Yes, Explain How _____

Body Fluid(s) You Were Exposed To (Blood or Other Potentially Infectious Material)? Be Specific

What Parts of Your Body Became Exposed? Be Specific _____

Estimate The Size of The Area of Your Body That Was Exposed

For How Long Was The Exposure

Did a Foreign Body (Needle, Nail, Auto Part, etc.) Penetrate Your Body?

Yes ____ No ____ If Yes, What Was The Object?

Where Did It Penetrate Your Body?

Was Any Fluid Injected Into Your Body? Yes _____ No _____ What Type _____

Amount Injected

Did You Receive Medical Attention? Yes _____ No _____ Location _____

When _____

By Whom _____

Identification of Source Individual(s)

Names

Did You Treat The Patient Directly? Yes _____ No _____

What Treatment Did You Provide? _____

Other Pertinent Information

Appendix E

Post-Exposure Evaluation and Follow-Up Checklist

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

Employee's Name: _____

ACTIVITY	DATE
Employee furnished with documentation regarding exposure incident.	_____
Source individual identified: _____ Yes _____ No	_____
Source individual's blood collected & tested & results given to exposed employee.	_____
_____ Consent from source individual could not be obtained.	
Exposed employee's blood collected and tested.	_____
Appointment arranged for employee with health-care professional.	_____
Documentation forwarded to health-care professional.	_____
_____ Description of exposed employee's duties	
_____ Description of exposure incident, including routes of exposure	
_____ Result of source individual's blood testing	
_____ Employee's medical records	

REVISION HISTORY			
Rev	Description of Change	Author	Effective Date