

# PARTNER



## **Bloodborne Pathogen Standard Exposure Control Plan**

**Kenilworth Public Schools  
401 Monroe Avenue  
Kenilworth, New Jersey 07033**

**Partner Project No. 19-270396**

**Plan Reviewed/Revised: 2020-2021 School Year**



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## 1.0 PREFACE

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On June 8, 1993, the PEOSH Bloodborne Pathogens Standard was adopted by the New Jersey Department of Labor. This standard is based on OSHA's Occupational Exposure to Bloodborne Pathogens Standard (29 CFR 1910.1030). The Bloodborne Standard applies to all occupational exposure to blood and other potentially infectious materials (PIMS) including human body fluids. The purpose of this standard is to prevent bloodborne infections by eliminating or reducing occupational exposure. In order to achieve this purpose, it is necessary to know where and how such exposure can occur and who will be performing those tasks and procedures. It is the goal of this standard to reduce a significant risk of infection by minimizing or eliminating occupational exposure to blood and other potential infectious materials, providing the Hepatitis B vaccine, and post exposure medical follow-up.

The purpose of this Exposure Control Plan is to protect all occupationally exposed employees from exposure to any blood or body fluid. The Exposure Control Plan will attempt to identify all occupationally exposed groups of employees within Kenilworth Public Schools and attempt to explain the methods of compliance that will be instituted to minimize exposure to blood and body fluids.

As part of the final Bloodborne Standard, OSHA has defined certain terms that are crucial to understanding the Standard. The following are just a few of the key terms, along with their definitions, that will help to better understand this Exposure Control Plan:

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## 2.0 DEFINITIONS

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**Appropriate Disinfectant** is diluted bleach and/or EPA registered disinfectant which appear on either EPA list A, B or D.

**Blood** is human blood, human blood components, and products made from human blood.

**Bloodborne Pathogens** are microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to: Hepatitis B virus (HBV), and human immunodeficiency virus (HIV).

**Exposure Incident** is a specific eye, mouth or 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.

**Occupational Exposure** is reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

**Other Potentially Infectious Materials (PIMS)** include, but are not limited to; 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. It also includes any unfixed tissue or organ (other than intact skin) from human (living or dead); and HIV-containing cell or tissue cultures, organ cultures and

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

**Personal Protective Equipment (PPE)** is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g. uniforms, pants, shirts, or blouses), which are not intended to function as protection against a hazard ARE NOT, considered to be PPE.

**Regulated Medical Waste (RMW)** means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

**Standard/Universal Precaution** is an approach to infection control. According to the concept of Standard/Universal Precautions. All human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HBC, and other bloodborne pathogens.

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### 3.0 EXPOSURE CONTROL

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#### 3.1 Exposure Control

Employees are at risk each time they are exposed to bloodborne pathogens or other potentially infectious materials. Any exposure incident may result in infection and subsequent illness. Since it is possible to become infected from a single exposure incident, exposure incidents must be prevented whenever possible.

The purpose of determining occupational exposure is not to determine whether one individual is of greater or lesser risk, but it is to identify all those employees who have occupational exposure and who are covered by the standard. It should be noted that the exposure determination has been made without taking into consideration the use of personal protective clothing or equipment.

Kenilworth Public Schools has determined that Occupational Exposure to blood or other potentially infectious materials may occur in the following group(s) of employees:

Table 1. Exposed Employee Job Classifications

<b>JOB TITLE</b>	<b>DEPARTMENT/LOCATION</b>
Nurses	All Facilities
Maintenance	All Facilities
Athletic Trainers and Coaches	All Facilities
Physical Education Teachers	All Facilities
Special Service Teachers/Aides	All Facilities

Note: "Good Samaritan" acts which result in exposure to blood or other potentially infectious materials from assisting a fellow employee (i.e., assisting a co-worker with a nosebleed, giving CPR or first aid) is not included in the Bloodborne Standard. Kenilworth Public Schools will offer Post-Exposure Evaluation and Follow-up in such cases.

Kenilworth Public Schools has chosen to list the tasks and procedures performed by employees where occupational exposure to blood and other potentially infectious materials may occur. This list (located on page 13) will be updated at least annually to ensure that all tasks and procedures are evaluated with regards to reasonably anticipated occupational exposure to blood and other potentially infectious materials.

The employees have been instructed to follow the rules and requirements established by this plan, in addition to the standard operating procedures established by Kenilworth Public Schools.

### 3.2 Methods of Compliance

Standard/Universal precautions will be observed throughout Kenilworth Public Schools to minimize and/or prevent contact with blood and/or potentially infectious materials. Standard/Universal Precautions is a method of preventing disease by preventing transfer of blood and certain body fluids. The underlying concept of Standard/Universal Precautions is that all blood and certain other body fluids are considered to be infectious for bloodborne pathogens. In almost all situations, our employees will treat all blood and certain body fluids as though they contain bloodborne pathogens. This will be done through the use of gloves or any other personal protective equipment that may be required. It should be noted that in rare instances, such as unexpected medical emergencies, employees may not be able to put on gloves or other personal protective equipment. Only in this type of situation will this institution allow an employee to disregard Standard/Universal Precautions.

Engineering and work practice controls will be instituted to eliminate or minimize employee exposure wherever possible. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used. Kenilworth Public Schools identifies the need for changes in engineering control and work practices through the evaluation of PEOSH records and employee interviews. Acquiring new product samples and field-testing these samples to determine the best available technology evaluate new procedures or new products. Kenilworth Public Schools staff is involved in the field-testing and evaluation process. Kenilworth Public Schools will ensure effective implementation of any recommendations received.

Hand washing facilities are readily accessible to employees throughout Kenilworth Public Schools facilities. Employees are required to wash their hands or other exposed skin or flush mucous membranes immediately or as soon as feasible after:

- Removal of gloves or other PPE
- Contact with blood or other PIM's

Sharps will include, but will not be limited to, needles, scalpels, broken glass, broken capillary tubes, and scissors.

All contaminated needles will be discarded without being recapped, sheared, bent, broken, or resheathed by hand. Employees are 100% prohibited by Kenilworth Public Schools to shear or break contaminated needles.

Immediately or as soon as possible after use, contaminated sharps will be placed in an appropriately labeled puncture resistant container for proper disposal.

Kenilworth Public Schools currently in full compliance with all requirements pertaining to sharps and other regulated medical waste as mandated by the New Jersey Comprehensive Regulated Medical Waste Management Act.

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is reasonably anticipated occupational exposure.

Food and drink will not be kept in refrigerators, shelves, cabinets and/or counter-tops where blood and other potentially infectious materials are present. These areas will be demarcated with a biohazard label.

Specimens of blood or other PIM's will be placed in containers designed to prevent leakage during collection, handling, processing, storage, transfer or shipping.

Kenilworth Public Schools has instituted work practice controls to minimize the potential splashing, spraying, splattering and generation of droplets of blood and/or other potentially infectious materials.

In addition, employees have been informed that if there is outside contamination of a container that could be associated with blood or body fluids, then that container must be decontaminated.

Personal Protective Equipment (PPE) will only be instituted when engineering controls and work practices are insufficient to eliminate exposure to blood and other potentially infectious materials. PPE may include, but will not be limited to: gloves, gowns, goggles, face shields, glasses with solid side shields, masks and resuscitation devices.

PPE will be provided to employees at no cost and the employer will ensure that the employees use appropriate PPE at all times. Note that in rare and extraordinary circumstances, an employee may, in his professional judgment, determine that the use of PPE will increase the hazard to the safety of a co-worker. Any and all of these circumstances will be investigated and documented by the employer.

The specific types of PPE available for employees to use during the course of their employment will be identified later in this plan.

Such PPE shall not permit blood or PIMs to pass through or to reach employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucus membranes under normal conditions of use.

Gloves will be available in all areas where occupational exposure is anticipated.

Gloves will be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucus membranes and non-intact skin.

Gloves will be replaced as soon as practical when contaminated (i.e., at least after each use) and as soon as feasible when torn or punctured. Disposable gloves will not be washed for reuse.

Employee clothing will be changed immediately or as soon as feasible if penetrated by blood or other potentially infectious materials.

The employer will clean, launder, and dispose of PPE at no cost to the employee. In addition, when personal protective equipment is removed, it will be placed in a designated area and/or receptacle for storage, washing, decontamination or disposal.

Housekeeping procedures will be instituted by the employer to ensure that the work site is maintained in a clean and sanitary condition. Written procedures have been prepared to assure that all areas and/or surfaces are cleaned and decontaminated properly. A written schedule for cleaning and method of decontamination based on the type of surface to be cleaned, type of soil present, and tasks or procedures being performed has been prepared.

Contaminated work surfaces will be cleaned with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when they are visibly contaminated or after a spill of blood or other PIM; and on a daily basis by a Kenilworth Public Schools employee.

If any equipment, working surfaces, bins, pails, cans, etc. come in contact with blood or any other PIMs, they will be cleaned and decontaminated as soon as feasible.

As noted above, Kenilworth Public Schools currently is in compliance with the New Jersey Comprehensive Regulated Medical Waste Management Act. This Act requires that regulated medical waste be placed in a color-coded bag and/or in a receptacle that has the universal biohazard symbol on it.

Broken glassware shall not be picked up directly with the hand and shall be cleaned up using mechanical means, such as tongs, etc.

It is anticipated that there will be little or no contaminated laundry generated at Kenilworth Public Schools. If it is generated, contaminated laundry will be handled as little as possible and with a minimum of agitation. It will be bagged or containerized at the location where it was used. It shall not be sorted or rinsed at the location it was used.

Whenever it is deemed possible that laundry is wet and presents a likelihood of soaking through or leakage, the laundry should be placed and transported in bags or containers, which are soak-proof or leak-proof.

Employees who come in contact with contaminated laundry are required to wear gloves and other appropriate PPE.

Where laundry is shipped off-site for cleaning or handling, it will be placed in bags or containers, which are labeled or color-coded in accordance with this policy.

### **3.3 Hepatitis B Vaccination**

As indicated previously, all employees have been evaluated to determine which of these employees have occupational exposure to blood and PIMs. All employees who have occupational exposure have been offered the Hepatitis B vaccine free of charge.

Occupationally exposed employees are offered the Hepatitis B vaccination within ten (10) working days of their initial assignment. If an employee chooses not to receive the vaccination offered at this time, they will be asked to sign a declination form. A copy of this declination form will be made part of the employee's medical record. Medical records are located in the Nurses' Office of each facility.

### **3.4 Post-Exposure Evaluation and Follow-Up**

Following a report of an exposure incident, the employer will make available a confidential medical evaluation, and follow-up documentation of the incident will be made on the Exposure Incident Investigation Form that will include at least the following:

- Documentation of the routes of entry and circumstances under which the exposure incident occurred.



- Identification and documentation of the source individual if possible.
- The source individual's blood will be tested as soon as possible after consent has been obtained in order to determine HBV and HIV infectivity. If consent cannot be obtained, the employer will establish that legally required consent was not available. All results of the source individual's testing will be made available to the exposed employee.
- The exposed employee's blood will be tested as soon as possible after consent has been obtained in order to determine HBV and HIV infectivity. If consent cannot be obtained, the employer will establish that legally required consent was not available. All results of the exposed employees testing will be made available to the exposed employee.
- Kenilworth Public Schools will use Dr. James Agresti as the healthcare professional responsible for providing medical evaluation and follow up as well as vaccines for employees. Kenilworth Public Schools will ensure that the healthcare professional responsible for the exposed employee's Hepatitis B vaccination will be provided with a copy of the bloodborne standard as well as a description of the exposed employee's duties as they relate to the exposure incident, documentation of the routes of exposure and circumstances under which exposure occurred, results of the source individual's blood testing, if available, and all relevant medical records.
- The healthcare professional will provide the employee with a copy of a written opinion within fifteen (15) days of completion of the evaluation of the employee.
- If post-exposure prophylaxes are medically indicated, it shall be followed as recommended by the United States Public Health Service.
- If the employee consents to a baseline blood collection but does not consent to HIV testing, the blood sample shall be preserved for at least 90 days, and the employee shall have that much time to request that HIV testing be performed.
- The healthcare professional's written opinion for post- exposure evaluation and follow up shall be limited to the following:
  - ✧ That the employee has been informed of the results of the evaluation; and
  - ✧ That the employee has been told about any medical conditions resulting from exposure to blood or other PIM's which require further evaluation or treatment.
- Any and all other findings or diagnosis shall remain confidential and shall not be included in the written report.
- Any and all medical records required by this Exposure Control Plan and Policy shall be maintained as required under OSHA Standard 29 CFR 1910.20 (Retention of Records).
- A post-exposure evaluation and follow-up checklist will be used to insure that proper procedures have been followed.

### **3.5 Communication of Hazards to Employees**

Kenilworth Public Schools will ensure that warning labels will be affixed to all containers, refrigerators, or any other devices that may hold or contain blood or other PIMs. These labels will be fluorescent orange or orange red or will predominantly display the universal biohazard symbol. Red bags or red containers may be substituted from time to time with these universal labels.

The employer will ensure that at the time of initial assignment to tasks where occupational exposure may occur and at least annually thereafter, employees will receive information and training at no cost and during working

hours. The program will contain material appropriate in content and vocabulary to the educational level, literacy, and language of employees being trained.

The training program will contain information as required in sections A through N of the OSHA Bloodborne Standard. One of the keys to this information and training program will be that all employees have an opportunity for interactive questions and answers with the person conducting the training session.

Training records will be maintained that include the date of the session, contents or summary of the session, names and qualifications of the person conducting the training, and names and job titles of all persons attending the training session. These records will be maintained for a period of three (3) years.

The training program shall consist of the following:

- A copy of the text of the Bloodborne Pathogen Standard and an explanation of its contents.
- A general explanation of the causes, symptoms and control of bloodborne diseases.
- An explanation of the modes of transmission of bloodborne pathogens.
- An explanation of this exposure control plan.
- How to recognize tasks and activities that will involve exposure to blood or PIM's.
- An explanation of the use and limitations of methods that will prevent or reduce exposure including engineering controls, work practice controls, and personal protective equipment.
- Information on the types, use, location, removal, handling, decontamination and disposal of personal protective equipment.
- An explanation of the basis for selecting personal protective equipment.
- Information on Hepatitis B vaccine, including information on its efficacy, safety, method of administration, benefits of being vaccinated and that the vaccine will be offered free of charge.
- Information on appropriate actions to be taken and persons to contact in an emergency involving blood or PIM's.
- Procedures to follow if exposure incidents occur, including method of reporting, and medical follow-up that will be made available.
- Information on post-exposure evaluation and follow-up following an exposure incident.
- Labels and color-coding.

The instructor shall allow a suitable opportunity for questions and answers for employees taking the training.

### 3.6 Record Keeping

Kenilworth Public Schools will maintain an accurate record for all employees with occupational exposure. This record will include:

- The name and social security of the employee.
- A copy of the employee's Hepatitis B vaccination status.
- A copy of any and all results of examinations, medical testing and follow up procedures resulting from post-exposure evaluation, a copy of any information provided by a healthcare professional to the employee.

These records will be kept confidential and will be maintained for at least the duration of employment plus thirty years in accordance with 29 CFR 1910.20. Employee training records required by this policy shall be provided upon request for examination and copying to OSHA inspectors, employees and employee representatives.

Employee medical records required by this policy shall be provided upon request for examination and copying to OSHA inspectors, the subject employee or to anyone having written consent of the subject employee in accordance with 29 CFR 1910.20.

An implementation schedule has been prepared to document proper adherence to OSHA guidelines.

### 3.7 Responsibilities

Kenilworth Public Schools will maintain an accurate record for all employees with occupational exposure. This record will include:

RESPONSIBLE INDIVIDUAL	ACTION
Safety Schools Online Training	Education and Training
Vincent Gonnella, Business Administrator Drew Vanderzee, Supervisor of Buildings & Grounds	Compliance Review
Vincent Gonnella, Business Administrator Drew Vanderzee, Supervisor of Buildings & Grounds	Engineering and Work Practice Controls
Melissa Conoe, School Nurse	Maintenance of Records (Hep B immunization; training; exposure incident reports)
Drew Vanderzee, Supervisor of Buildings & Grounds	Provide PPE
Partner Engineering and Science	ECP Plan Update
Dr. James Agresti (908) 272-0777	Administer Hepatitis B Vaccine
Dr. James Agresti (908) 272-0777	Medical Evaluation & Post Exposure Follow-Up
N/A	Regulated Medical Waste Disposal

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**4.0 EXPOSURE CONTROL PLAN**

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**4.1 Work Activities Involving Potential Exposure to Bloodborne Pathogen**

JOB CLASSIFICATION	TASK/PROCEDURE
Nurses	Emergency First Aid Medication administration Collection and Disposal of Sharps
Maintenance	Body Fluid Clean Up
Athletic Trainers and Coaches	Emergency First Aid
Physical Education Teachers	Emergency First Aid
Special Service Teachers/Aides	Emergency First Aid Diaper Changes Bites

**4.2 Engineering Control Equipment**

The following areas have, or should have, Engineering Control Equipment to eliminate or minimize our employees' exposure to bloodborne pathogens. If equipment is needed but not yet installed, "None" is indicated in the "Control Equipment" column.

DEPT. LOCATION	CONTROL EQUIPMENT
All Kenilworth Public Schools Facilities	Hand Washing Facilities
Nurses	Sharp Containers Red Bags First Aid Kits

### 4.3 Personnel Protective Equipment (PPE)

The following PPE is available to eliminate or minimize our employees' exposure to bloodborne pathogens. If equipment is needed, but not yet available, "None" is indicated in the Type of Equipment column.

JOB CLASSIFICATION	TASK/PROCEDURE
Nurses	Gloves Eye Protections CPR Mouth Pieces
Maintenance	Gloves
Athletic Trainers and Coaches	Gloves
Physical Education Teachers	Gloves
Special Service Teachers and Aides	Gloves

#### 4.4 Cleaning/Decontamination Schedule

AREA(S) TO BE CLEANED	SCHEDULE CLEANING DAY/TIME	PRODUCT(S) USED	INSTRUCTIONS
Offices	Daily, and immediately after PIMs contamination	Use 10% Clorox Solution or other appropriate disinfecting cleaning product if surfaces are visibly contaminated with blood or other PIM.	Clean all surfaces; replace the liner in all trash cans
Nurses Station	Daily and immediately after PIMs contamination	Use 10% Clorox Solution or other appropriate disinfecting cleaning product if surfaces are visibly contaminated with blood or other PIM.	Clean all surfaces; replace the liner in all trash cans
Bathrooms	Daily and immediately after PIMs contamination	Use 10% Clorox Solution or other appropriate disinfecting cleaning product if surfaces are visibly contaminated with blood or other PIM.	Clean all surfaces; replace the liner in all trash cans
Classrooms	Daily and immediately after PIMs contamination	Use 10% Clorox Solution or other appropriate disinfecting cleaning product if surfaces are visibly contaminated with blood or other PIM.	Clean all surfaces; replace the liner in all trash cans

#### 4.5 Hepatitis B Vaccination Information Form

**Declination Statement:**

I, \_\_\_\_\_ (**employee name**), understand that due to my occupational exposure to blood or other potentially infectious materials, may be at risk of acquiring **Hepatitis B Virus (HBV) infection**. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself. However, I decline the Hepatitis B vaccine 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.

\_\_\_\_\_ (**employee signature**)

\_\_\_\_\_ (**witness**)

\_\_\_\_\_ (**date**)

**Hepatitis B Vaccination Request:**

I, \_\_\_\_\_ (**employee**); am requesting the offered Hepatitis B vaccination program initiated for my protection. I understand the program is a series of three (3) inoculations given over a period of six months, and that a fourth inoculation may be necessary to complete my immunization.

\_\_\_\_\_ (**employee signature**)

\_\_\_\_\_ (**witness**) \_\_\_\_\_ (**date**)

**Excused from the Hepatitis B Vaccination Requirement:**

I, \_\_\_\_\_ (**employee**);  
have been excused from the vaccination requirement for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ (**Employee signature**)

\_\_\_\_\_ (**Witness**) \_\_\_\_\_ (**Date**)



**4.6 Hepatitis B Inoculation Records**

**Employee Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Date of Employment:** \_\_\_\_\_

SERIES	INOCULATION DATE	MANUFACTURER	LOT NO.	EXP. DATE
1st				
2nd				
3rd				
4th				

**Hepatitis B Surface Antibody Test Record**

DATE OF TEST	ANTIBODY DETERMINED	NOT DETERMINED

**4.7 Exposure Incident Investigation Form**

**Date:** \_\_\_\_\_

**Time of Incident:** \_\_\_\_\_ AM/PM

**Employee Name:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**PIM(S) Involved:**

**Type:** \_\_\_\_\_

**Source:** \_\_\_\_\_

**Circumstances (work being performed):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cause for Incident (Accident, equipment malfunction, etc.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PPE Being Used:**

\_\_\_\_\_

**Actions Taken:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recommendations for Avoiding Repetition:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4.8 Source Individual Consent Form**

I, \_\_\_\_\_ **(injured name)**, having received aid or assistance for an injury as a result of which

\_\_\_\_\_ **(responder name)** the responder sustained exposure to my blood, blood products or body fluids, hereby agree that a blood sample(s) may be obtained from me for the purposes of testing for bloodborne disease, including the Human Immunodeficiency Virus, the virus of Hepatitis B and the virus of Hepatitis C. It is understood that the information so obtained is confidential, and will be used solely for the purposes of rendering care and treatment to the above referenced person, and will be reviewed with me in a timely fashion by a member of the medical facility.

Exposure is construed to mean the contamination of abraded skin or mucous membranes by the blood, blood products or body fluids of the treated individual. A finger stick, abrasion or a laceration sustained in the process of rendering care that allows the blood, blood products or body fluids of the injured person to enter the body of the responder.

\_\_\_\_\_  
**(INJURED INDIVIDUAL SIGNATURE)**

\_\_\_\_\_  
**(WITNESS SIGNATURE)**

\_\_\_\_\_  
**(DATE)**

**Office Name:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Office Telephone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ x. \_\_\_\_\_



**4.9 Employee Consent Form**

I, \_\_\_\_\_ (**employee name**), having possibly sustained an exposure to a bloodborne pathogen(s) during the act of: (check appropriate box)

\_\_\_ Rendering aid or assistance to \_\_\_\_\_ (**injured's name**) an injured individual or;

\_\_\_ During the cleanup process after an individual has sustained injury

Hereby agree that a blood sample(s) may be obtained from me for the purpose(s) of testing for bloodborne pathogen(s), including the Human Immunodeficiency Virus, the Hepatitis B Virus and the Hepatitis C virus.

It is understood that the information so developed is confidential, will not be divulged to others without my permission, will be kept only in my medical file, and is being sought at this time only for my benefit. It is further understood that the results of this testing will be reviewed with me in a timely fashion by a member of medical facility.

\_\_\_\_\_  
**(EMPLOYEE SIGNATURE)**

\_\_\_\_\_  
**(WITNESS SIGNATURE)**

\_\_\_\_\_  
**(DATE)**

**4.10 Employee Consent Form**

Healthcare Professional:

The employee presenting this form warrants a medical evaluation or consultation because of what may have been a work related exposure to bloodborne pathogens. Details are supplied below, and any additional information may be obtained from:

\_\_\_\_\_ (supervisor name)

**Employee Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

**Department:** \_\_\_\_\_

**Hepatitis B Vaccination:**     \_\_\_ Yes \_\_\_ No

**Exposure:**     **Date**\_\_\_\_\_ **Time**\_: \_AM/PM **Place**\_\_\_\_\_

**Description of event (please include the mode(s) of exposure, body areas or systems involved):**

\_\_\_\_\_  
\_\_\_\_\_  
—

**Employee's description of any presenting signs and symptoms:**

\_\_\_\_\_  
\_\_\_\_\_  
—

\_\_\_\_\_ (Preparer Signature)

\_\_\_\_\_ (date)

**Office Name:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_

**Office Telephone:**     ( ) \_\_\_ - \_\_\_ x. \_\_\_\_\_

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**5.0 IMPLEMENTATION AND DOCUMENTATION**

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**5.1 Medical Surveillance Diagnostic Summary Report**

**Examining Physician**

**Employee**

**(Name)** \_\_\_\_\_

**(Name)** \_\_\_\_\_

**(Tele.)** ( ) \_\_\_-\_\_\_

**(Tele.)** ( ) \_\_\_-\_\_\_

**Medical Examination/Additional Comments:**

---

Recommendation	Yes	No	Comments
<b>Testing:</b>			
HIV			
Hepatitis B			
Hepatitis C			
Blood Cultures			
Other			
<b>Specifics:</b>			
Future Visits			
Future Testing			
Special Intervention			
Surveillance Program			

**Existing Medical conditions pertinent to bloodborne pathogen exposure:**

\_\_\_\_\_

**Medical Conditions may be worsened by appointment:** \_\_\_\_\_yes/no

**Statement of employee:**

This is to certify that I have had the results of this examination explained to me, including such testing as the AIDS test, and I understand what was told to me by the Physician, concerning the results of the evaluations and recommendations.

\_\_\_\_\_ (employee signature)

\_\_\_\_\_ (physician signature)

\_\_\_\_\_ (date)

## 5.2 Post-Exposure Checklist

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

Activity	Completion Date
Employee was furnished with documentation regarding exposure incident.	
Source individuals identified: (name)_____	
Source individual's blood tested and results given to employee. ***	
Exposed employee's blood collected and tested.	
Appointment arranged for employee with Physician: (name)_____	
All documentation has been forwarded to Physician: Bloodborne Pathogen Standard Description of employee's duties Description of exposure incident, including routes of exposure. Results of source individuals blood testing. Employee's medical records.	
*** If consent has not been obtained, check here and explain:	



### 5.3 Sample Letter to Outside Contractor

To whom it may concern:

As required by the OSHA Bloodborne Pathogens Standard (1910.1030), the employer of this establishment has informed all of its employees of the hazards related to blood or other potentially infectious materials that may be found in the workplace. In addition, employees have been offered the Hepatitis B vaccine, proper workplace practices and controls have been instituted, and a written exposure control plan has been created. All of this has been done in order to minimize the chance that an employee will have exposure to blood and other potentially infectious materials during the course of their normal work duties.

Although it is highly unlikely, there is a possibility that one of **your employees** may be exposed to blood or other potentially infectious materials during the course of your work. It is your responsibility as the employer of this employee to inform him/her of the potential exposure to blood or other potentially infectious materials in a school district.

I am requesting that you establish a procedure so that your employee has exposure to blood or other potentially infectious materials; this office is informed of that exposure incident within a twenty-four hour period. This will allow us to document the exposure incident and may also enable us to provide you with specific medical advice and/or treatment for your employee that has been exposed.

Thank you for your attention to this matter. If you have any questions or comments, please do not hesitate to contact me directly.

Sincerely,

## 5.4 Waste and Sharp Disposal Guidelines

The disposal of waste and sharps basically falls under the three categories of Sharps, Red Bag, and Clear Bag. The guidelines for various items are below.

### Sharps Disposal:

Items MUST be discarded in a SHARPS container:

- Needles
- Needles with Syringes
- Syringes Only
- Vacutainer Needles
- Scalpel Blades
- Scissors, disposable
- Razors, disposable
- Trocars
- Vacutainer Blood Specimen Tubes

### Red Bags:

The items below may be infectious and therefore MUST be discarded in Red Bags:

- Any item saturated with blood
- Blood Administration Sets (bags, tubing)
- Discarded specimen of Human Tissue
- Introducers
- Bandages saturated with blood
- Chux saturated with blood
- Gloves and disposable gowns saturated with blood
- I.V. Tubing; all I.V. Bags
- Plastic I.V. cannulas filled with blood

### Clear Bags:

The items below may be disposed of in Clear bags:

- Bandages
- Chux
- Gloves
- Disposable Gowns
- Empty Containers
- Infant Diapers
- Kitchen Waste
- Medication Vials (non-chemotherapy)
- Papers, wrappings, packaging materials

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## 6.0 REFERENCES

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The standard 29 CFR 1910.1030 Bloodborne Pathogens can be viewed here :

[https://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=10051](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051)Adequacy of operational guidelines

1. Adequacy and effectiveness of training and fit-testing
2. Coordination with overall safety and health program
3. The adequacy of program records
4. Program costs
5. Recommendation for program improvements and modification

The results of the program review and evaluation will be made available to employees and presented to executive management personnel.