



Exposure Control Plan

Bloodborne Pathogens (BBP)

**OSHA 1910.1030
WISCONSIN DEPARTMENT OF SAFETY AND
PROFESSIONAL SERVICES 332.15**

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Preface

This plan contains written procedures intended to comply with Wisconsin Department of Safety and Professional Services (SPS) regulation 332.15 and OSHA regulation 1910.1030 – Bloodborne Pathogens.

Purpose

Menasha Utilities is committed to providing a safe and healthy work environment for employees. The purpose of this Exposure Control Plan is to minimize or eliminate potential employee exposure to bloodborne pathogens. This plan establishes, implements, and maintains effective procedures to safely deal with bloodborne pathogens while performing job duties.

Hereafter, Menasha Utilities will be referred to as MU.

Plan Administration

The Plan Administrator or his/her designee is responsible for the implementation of the Exposure Control Plan, that the plan is available to all employees, personnel with collateral and at risk exposure determination have annual training as required, and that proper engineering controls are maintained. Medical requirements include providing a Hepatitis B vaccination for employees with collateral or at risk exposure determinations, medical attention for any exposures, and incident recordkeeping to meet compliance with regulations. The Plan Administrator and Regional Safety Coordinator will review the plan annually for any job duties or risk exposures change and revise as necessary.

Definitions

AIDS is a chronic, life-threatening condition caused by the human immunodeficiency virus (HIV).

Biohazard Label is a label affixed to containers of regulated waste. The label must be orange-red in color with the biohazard symbol and the word biohazard on the lower part of the label.

Blood is defined as human blood, human blood components, and products made from human blood.

Bloodborne Pathogen (BBP) are pathogenic (disease producing) 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), Hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

Bodily Fluids includes blood, vomit, amniotic fluid, saliva, and any body fluid that is visibly contaminated with blood.

Contaminated is the term used to define the reasonably anticipated presence of Bloodborne Pathogens on an item or surface.

Decontamination is the use of physical or chemical means to remove, inactivate, or destroy bloodborne 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.

Department of Safety and Professional services (SPS) – regulatory authority for municipal employers in the state of Wisconsin.

Engineering Controls are the controls that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Control Plan (ECP) is a written plan to prevent, control, and mitigate potential exposures.

Hand Washing Facilities is a facility that provides an adequate supply of running potable water, soap, single use towels, medicated towelettes, or hot air drying machines.

Hepatitis B Virus (HBV) is a serious liver infection caused by the hepatitis B virus (HBV).

Hepatitis C Virus (HCV) is an infection caused by the hepatitis C virus that attacks the liver and leads to inflammation.

Human Immunodeficiency Virus (HIV) is any of several retroviruses, especially HIV-1, that infect and destroy helper T cells of the immune system causing the marked reduction in their numbers that is diagnostic of AIDS

Medical Professional is a person who is licensed and legally permitted to perform Hepatitis B vaccinations, post exposure evaluations, and follow up care.

Occupational Exposure is an incident where bodily fluids or OPIM make contact with a route of entry to the body. Route of entry may include eye, mouth, other mucus membranes, broken skin, or blood to blood or blood to OPIM contact resulting from an employees' duties.

Other Potentially Infectious Materials (OPIM) is any tissue or organ (other than intact skin) from a human (living or dead).

Pathogen is a bacteria or virus capable of causing infection or disease.

Personal Protective Equipment (PPE) is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (i.e., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard is NOT considered to be personal protective equipment. Personal protective equipment may include, but is not limited to: gloves, gowns, laboratory coats, face shields, masks, eye protection equipment, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices.

Secondary Containment is a container of rigid materials that is coated and leak proof and labeled BIOHAZARD and is used for disposal of red biohazard bags containing hazardous materials.

Universal Precautions is an approach to infection control. According to the concept of universal precautions, all human blood, bodily fluids and OPIM are treated as potentially infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls are controls that reduce the likelihood of exposure by altering the manner in which the task is performed.

Employee Responsibilities

- Be familiar with and follow all safety rules, guidelines, and procedures complying with all applicable state and federal regulations, and adhere to proper engineering controls,
- Use, maintain, inspect, and store appropriate PPE when exposed to bloodborne pathogens,
- Report to a manager any hazards that they observe,
- Request from a manager training or additional training if they do not comprehend the work practices, hazards, or any other related issues to be used during their job duties,
- Gloves must be worn whenever there is the potential for the hands to come in bare-skin contact with blood, bodily fluids, or OPIM,
- Gloves will be replaced as soon as possible when they are visibly soiled, torn, or punctured as they may no longer provide a barrier to contamination,
- Use proper glove removal technique when removing gloves,
- Employees shall wash their hands immediately after removing protective gloves or other PPE following hand contact with blood, bodily fluids or OPIM. If working away from a facility with a water supply, disinfecting towelettes or hand sanitizer should be used and then hands washed with soap and water as soon as possible,
- Masks, eye protection, or face shields shall be worn if there is a potential for splashes, spray, or spatters of blood, bodily fluids or OPIM due to the potential hazard to eyes, nose, or mouth,
- All procedures involving blood, bodily fluids or OPIM will be performed in such a way as to minimize splashing or spraying,
- Resuscitation procedures will be performed with mouthpieces, pocket masks, or other barrier devices,
- Any contaminated clothing, material, or equipment will be bagged into a biohazard bag and then placed into a secondary container at the location where it was soiled. Disposal shall be done while wearing protective gloves and other appropriate PPE to prevent exposure during handling and sorting and then they will be placed into the bag.

Program Administrator Responsibilities

- Ensure that this program is available to all employees for review,
- Comply with all program procedures and regulations and hold employees accountable for safe work practices when exposed to bloodborne pathogens,
- Communication of bloodborne pathogen hazards to employees,
- A written ECP along with procedural training for affected employees and ECP awareness training for non-affected employees,
- Conduct an annual review of the effectiveness of the ECP and revise as needed,
- Provide retention of medical records for the duration of employment plus 30 years,
- Provide and maintain proper engineering, administrative controls and PPE to comply with state and federal regulations,
- Provide all required job and safety training as required by state and federal regulations,
- As a preventive control, the Hepatitis B vaccine series will be provided at no cost to affected employees who may have potential occupational exposure,
- At no cost to employees, appropriate PPE and provisions for proper PPE disposal supplies,
- An appropriate written procedure for cleaning and methods of disinfection,
- All equipment and work surfaces will be cleaned and disinfected immediately after contact with blood, bodily fluids or OPIM. All equipment used for clean-up shall be removed and disposed of according to procedure,
- Appropriate labels showing the universal biohazard symbol will be displayed on biohazard bags and secondary containers,
- Provide clean and sanitary worksites.

Methods of Compliance

Exposure Determination

Employees determined to be potentially exposed or have been exposed to blood, bodily fluids or OPIM are mandated to comply with the ECP procedures and practices. Job positions with potential exposure to blood borne pathogens will be placed into one of these categories:

RISK EXPOSURE - Exposure potential HIGH according to regular/daily job duties involving medical emergency services.

COLLATERAL EXPOSURE - Exposure potential POSSIBLE according to occasional collateral job duties involving the administration of first aid, assisting an injured individual and/or potential contact with human waste/blood.

NO EXPOSURE - Exposure potential is LOW according to job duties and is anticipated to be non-existent.

A Job Occupational Exposure Assessment form is to be completed by the Regional Safety Coordinator to determine employee exposure risk.

Universal Precautions

Universal precautions are methods of exposure control in which blood, bodily fluids and other potentially infectious material (OPIM) are always treated as if they were known to be infected with bloodborne pathogens. The following procedures will be followed to protect employees from exposure:

Engineering Controls

Engineering and work practice controls are used to prevent or minimize exposure to employees (i.e., sharps, disposable containers, or self-sheathing needles that isolate) where occupational exposure remains after implementation of these controls where PPE must also be used.

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or other potentially infectious materials are present.

Personal Protective Equipment (PPE)

PPE shall be provided to employees at no cost to them. All employees shall be trained in the use of proper PPE for the task/procedure to be performed and shall treat all bloodborne pathogens as if infectious.

All employees using PPE shall observe the following precautions:

- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood, bodily fluids and/or OPIM pose a hazard to the eye, nose, or mouth,
- Wear PPE gloves when it can be reasonably anticipated that there may be hand contact with blood, bodily fluids and/or OPIM, or when handling or touching contaminated items or surfaces. Replace gloves if torn, punctured, or contaminated,

- Use proper BBP removal techniques of PPE after it becomes contaminated and before leaving the work area,
- Wash hands immediately or as soon as feasible after removal of gloves or other PPE,
- Used PPE may be disposed of in designated biohazard bags that are labeled as biohazard, with the proper symbol. If not available, contact a manager. Disposable PPE items are a one-time use only and must be disposed of properly,
- Work 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),
- Remove immediately or as soon as feasible any garment contaminated by blood, bodily fluids or OPIM in such a way to avoid contact with the outer surface.

Labels and Signs

Biohazard labels shall be affixed to all containers of regulated waste, refrigerators and any other type of container or equipment used to store, transport, or ship blood, bodily fluids and OPIM. Labels shall be fluorescent orange or orange-red and shall be used in accordance with OSHA/SPS regulations.

Clean-up Procedures

Authorized Clean-Up Personnel

Authorized employees will be trained annually on the hazards of bloodborne pathogens and clean-up procedures. These employees will clean bloodborne pathogen incidents using proper PPE and procedures.

Cleaning

Worksites shall be properly cleaned in the event of a contamination. Equipment, materials, and working surfaces shall be cleaned and decontaminated thoroughly following universal precaution methods.

Authorized employees will decontaminate all work areas with an approved disinfectant solution or a solution of 1:10 bleach to water and decontaminate the area by spraying the area completely and then wiping clean with a paper towel, wiping in an inward motion to avoid further spreading of potential contamination. Cleaning may be done with approved cleaning towelettes if the spill is minor. All cleaning materials shall be disposed of following proper disposal methods, placing debris into a red biohazard bag and then placing the bag into a secondary container.

Self Clean-Up

Employees who are the source of bloodborne pathogens may do a self-clean-up, if able, as there is no risk exposure to their own bodily fluids. Clean up procedures are as follows:

- 1) Cover the spill with the paper towels,
- 2) Pick up solidified matter and place in biohazard bag,
- 3) Do initial wipe up with water soaked paper towels,
- 4) Clean area with towelettes (pre-packaged with disinfectant solution), wiping the soiled area carefully,
- 5) Dry area with paper towels,
- 6) Place all contaminated clean-up materials (wipes, paper toweling etc.) in a red biohazard bag,
- 7) Collect filled biohazard bag, close it, and place it in a specially marked biohazard secondary storage container and advise a manager for proper disposal procedures,
- 8) Advise a manager that the BBP kit needs to be refilled with products.

Hand Sanitation

Hand cleansing facilities for employees will be provided in facilities to sanitize any exposed skin, after PPE is removed. If an incident occurs where no plumbing is available, appropriate antiseptic hand cleaners will be provided. It is recommended that hand-washing with soap and water be done as soon as possible, in addition to antiseptic hand cleaners, as a preventive measure.

Eye Washing

If mucous membrane exposure has occurred, membranes must be flushed immediately (or as soon as possible) with water following contact.

Laundering

Contaminated laundry/clothing that is saturated, dripping or flaking shall be handled as little as possible and PPE gloves must be worn to avoid contamination. Any contaminated clothing shall be removed as soon as feasible, disposed of in a biohazard bag immediately and then placed into a secondary container. Immediately clean the skin using proper procedures. Contaminated items should not be taken home for laundering or be placed in the general garbage. Employees may self-laundry clothing that has been contaminated by their own blood or body fluids.

Employees shall file an incident report listing item(s) that have been contaminated and whether the item(s) have been damaged and need to be replaced.

Garbage Cans

All bins, pails, cans and similar receptacles for reuse which have a reasonable likelihood for becoming contaminated with bloodborne pathogens will be inspected and sanitized immediately or as soon as feasible upon visible contamination.

Puncture-Resistant Container (Sharps Container)

Puncture-resistant containers hold any sharp object that has the potential to expose employee to bloodborne pathogens and shall be sealable, puncture-resistant, and shall be clearly marked.

Broken Glass

Contaminated broken glassware or other sharp objects shall be picked up using mechanical means such as a broom/brush and dust pan.

Vehicles

In the event of blood, bodily fluids and/or other potential infectious material (OPIM) in a MU vehicle, authorized employees will remove all items deemed to have been contaminated and place them in a secondary container to minimize the potential contamination of the driver's compartment. If the driver's compartment becomes contaminated, a designated employee shall clean-up the area using proper cleaning procedures (if the source individual cannot perform self-clean up procedures). All bloodborne pathogen incident contaminations must be documented and reported to immediate manager using the Exposure Incident form.

It is recommended that vehicles driven by employees at risk of exposure be supplied with Bloodborne Pathogen kits (similar to first aid kits) for immediate access to cleaning supplies. It is also recommended that each kit have a Self Clean-Up procedure sheet to ensure proper steps are followed.

Regulated Waste

Regulated waste that *is not* dripping, pourable, and/or flaking and in small quantities on paper towel or other disposable cleaning paper products, shall be placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling and place in the garbage.

Regulated waste that *is* dripping, pourable, and/or flaking shall be placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling and taken to the Fire Department for proper disposal.

Medical Requirements

Hepatitis B vaccinations (HBV) will be available to all employees with potential occupational exposure, incident evaluation, post exposure, and medical follow up for any employee with an occupational exposure incident.

In the event of an occupational exposure, an incident evaluation will be conducted, along with a post exposure and medical follow up report from the health care provider.

Should an employee experience an exposure, notify a manager immediately. Incident reports shall be completed and the employee will be provided medical care in accordance with MU's worker's compensation carrier.

Upon a reported exposure, a medical professional will conduct a confidential medical evaluation and testing immediately.

Post exposure medical evaluation may include;

- Laboratory testing under the supervision of a licensed physician examining the employee's blood samples,
- Documentation of the exposure route and the circumstances of the exposure,
- Permission for the source individual to be tested to determine the presence of HIV and/or HBV infection,
- Test results will be made available to the exposed employee, and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious nature of the source individual,
- Follow up procedures will include antibody or antigen testing, counseling, illness reporting, and safe and effective post exposure treatment to meet standard medical practices.

The Plan Administrator or designee will provide a copy of this ECP to the evaluating physician. In addition, upon request, the employer shall provide a job description of the affected employee's occupational duties as they relate to occupational exposure.

All post-exposure records shall comply with OSHA 1910.1030(f) (5).

Hepatitis B Vaccination

For all employees with a potential occupational exposure, MU shall provide, at no cost to employee, the HBV vaccination series. In addition, affected employees shall receive specific training addressing the safety, benefits, effectiveness, methods of administration, and availability of the Hepatitis B vaccine. Hepatitis B vaccines shall be administered by a qualified medical professional. All affected employees shall complete a *Hepatitis B Vaccination form*.

The vaccinations shall be made available after the employee has received the required training and within 10 working days of initial assignment unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the employee waives vaccination for personal/medical reasons.

If an employee chooses to decline the offered vaccine, they shall be advised of the risks of acquiring Hepatitis B, sign a *Hepatitis B Vaccination Declination Form* and can choose to be vaccinated at a later date.

MU shall decide if arrangements are to be made to offer a titer antigen test, at no cost to the employee, to determine the effectiveness of the Hepatitis B vaccination series.

Medical Records

Medical records are maintained for each employee with an occupational exposure in accordance with OSHA 1910.1030 (h) (1). These records shall be maintained for the **duration of employment plus 30 years**.

An accurate record will be kept for each affected employee regarding their Hepatitis B status.

Records regarding HBV vaccinations or declinations will be maintained in the employee's medical records. The records shall be maintained in a confidential file and remain separate from all other personnel files.

Training and Communication

The Plan Administrator will ensure that all affected employees participate in a training program at the initial assignment where occupational exposure may take place, annually thereafter, or when changes of tasks or procedures affect occupational exposure. New or transferred employees shall also receive required training prior to participating in job tasks with potential exposures to BBP.

The Regional Safety Coordinator is responsible for conducting training and maintaining all training records to meet regulation compliance. Training will be completed through classroom, hands-on, and written testing to demonstrate a basic understanding of all procedures. Training documentation includes the training roster with a summary of the topics covered in the training.

The training plan will contain at least the following for each affected employee:

- 1) The location of a copy of this ECP is available to employees,
- 2) The appropriate methods for recognizing tasks and activities that may involve exposure to blood, bodily fluids or OPIM,
- 3) A general explanation of the exposure control methods, engineering and work controls, and best practice controls of bloodborne diseases,
- 4) An explanation of the basis for PPE selection types and the proper use, location, removal, handling, decontamination, and/or disposal methods,
- 5) An explanation of hazard labels and color coding for contaminated waste materials,
- 6) Information on the Hepatitis B vaccine, including its efficacy, safety, and the benefits of being vaccinated,
- 7) Procedures to follow if an exposure occurs, including; manager reporting methods, medical evaluations, and medical follow up.

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least **(3) three years**.

The training records include:

- The dates of the training sessions; and
- The contents or a summary of the training sessions; and
- The name of the trainer;
- The names, job titles, and signatures of all persons attending the training sessions; and
- The completed tests of all persons attending the training sessions, when applicable.

Exposure Incident Identification/Investigation

An exposure incident is defined as contact with blood, bodily fluids and/or OPIM on an employee's non-intact skin, eye, mouth, other mucous membrane or by piercing the skin or mucous membrane through such events as needle sticks.

Post-exposure Evaluation and Follow-up

Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

- 1) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
- 2) Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;
- 3) The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
- 4) When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
- 5) Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- 6) Collection and testing of blood for HBV and HIV serological status;
- 7) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

8) If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

9) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;

10) Counseling; and

11) Evaluation of reported illnesses.

If an employee experiences an exposure incident, the employer shall comply with OSHA 1910.1030 (f) (4) *Information Provided to the Healthcare Professional*.

All exposure incidents will be reviewed and investigated by the Plan Administrator (or his/her designee) and the Regional Safety Coordinator to determine the root cause. Corrective actions will be developed in an attempt to prevent future incident. All investigation and medical records shall be kept confidential.

Plan Evaluation and Review

The Program Administrator or his/her designee, in conjunction with the Regional Safety Coordinator, shall review the Exposure Control Plan annually to determine its effectiveness and provide input for potential revisions.

HEPATITIS B VACCINE EMPLOYEE RECORD

Employee Name (Please Print): _____

Employee Job Title: _____ Date: ____/____/____

**HEPATITIS B VACCINE
DECLINATION**

I understand that due to my potential occupational exposure to blood or other potentially infectious materials I may be exposed hepatitis B virus (HBV) infection. I have been properly trained to recognize potential risks associated with my job duties and understand that I shall use the appropriate personal protective equipment. Because of my potential exposure risks, I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself.

I understand the risks associated with the hepatitis B virus (HBV) 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 which is a serious disease. If I continue to have occupational exposure to blood or other potentially infectious materials and I want to receive the hepatitis B virus (HBV) vaccination, I understand that I can receive the vaccination series at no charge to myself.

Employee Signature: _____ Date: ____/____/____

EXPOSURE/BBP INCIDENT FORM

In the event of an exposure incident, complete this CONFIDENTIAL form. All of the information provided is intended to assist with emergency care for this event, evaluate the control methods used, and prevent other potential employee exposures.

Employee Name _____ Title _____ Dept _____

Incident Date _____ Time _____

Location of Incident _____

Specific Description of the Incident and Circumstances out of which Exposure Occurred:

Incident:

- Cut
- Exposure
- Body Fluids
- Infectious Material
- Other _____

Injury type:

- Abrasion
- Laceration
- Puncture
- Mucous Membrane
- Other _____

Body Part Injured:

- Finger
- Hand
- Arm
- Eye
- Other _____

PPE/personal protective equipment used:

- Gloves
- Goggles
- Gown
- Face Mask/shield
- Other _____

Identity of Source Individual, If Known: _____

Medical Treatment Facility _____

Corrective Actions to Prevent Reoccurrence?

Employee Signature _____

EMPLOYEE EXPOSURE/BBP MEDICAL REPORT

To be completed by exposed employee prior to a health care evaluation.

INITIAL APPLICABLE SECTIONS:

_____ I believe that I was exposed to blood, bodily fluids and/or OPIM. I wish to request the source individual be tested for the presence of HIV or Hepatitis B.

_____ I understand that the information linking the source individual's identity and blood test results is protected as confidential under state law and that I may not disclose the identity of the source individual to any other person except for the purpose of having this test performed.

_____ I understand that I may have a blood sample taken on myself at this time. The sample can be tested for HIV at this time or it can be held by the lab as determined by a medical professional.

Employee Name (PRINT): _____

Job Title: _____ Department: _____

Date of Incident: _____

Employee Signature: _____ Date: _____

BBP FOLLOW UP PROCEDURE CHECKLIST

PHASE I: EXPOSURE REPORTING

Employee reports exposure incident to their Manager.

- ❑ The employee will be requested to complete the Exposure/BBP Incident Report and the Employee Exposure Medical Report.
- ❑ The employee will be directed to a Health Care Professional, and the following must be provided to the Health Care Professional:
 - Copy of Exposure Control Plan/BBP written program;
 - Copy of the employee's standard job description;
 - Injury/Incident Report;
 - Employee Exposure Medical Follow-up Report;
 - Employee's Hepatitis B vaccination status.

PHASE II: THE HEALTH CARE PROFESSIONAL WILL PERFORM THE FOLLOWING

- ❑ Evaluate exposure incident;
- ❑ Arrange for testing of exposed employee and source (if known and consent obtained) to determine HIV, HCV, and HBV infectivity;
- ❑ Subsequent testing, if needed;
- ❑ Notify exposed employee of testing results. Provide the employee with the source individual's test results, if laws permit;
- ❑ Counseling, if needed;
- ❑ Post-exposure prophylaxis (prevention measure), if medically indicated;
- ❑ Provide (health care professional's) written opinion to the employer including documentation that the exposed employee was informed of evaluation results and either the need or no need for further medical follow-up.

PHASE III: THE PLAN ADMINISTRATOR WILL ENSURE THE FOLLOWING:

- ❑ The Health Care Professional provides written opinion to the exposed employee within 15 days of the completed evaluation. *Refer to OSHA Standard 102.13 (2) (a).*

SELF CLEAN-UP PROCEDURES:

- 1) Cover the spill with the paper towels,
- 2) Pick up solidified matter and place in biohazard bag,
- 3) Do initial wipe up with water-soaked paper towels,
- 4) Clean area with towelettes (pre-packaged with disinfectant solution), wiping the soiled area carefully,
- 5) Dry area with paper towels,
- 6) Place all contaminated clean-up materials (wipes, paper toweling etc.) in a red biohazard bag,
- 7) Collect filled biohazard bag, close it, and place it in a specially marked biohazard secondary storage container and advise a manager for proper disposal procedures,
- 8) Advise a manager that the BBP kit needs to be refilled with products.