

ALABAMA DEPARTMENT OF PUBLIC HEALTH

**BLOODBORNE PATHOGENS
EXPOSURE
PLAN**

INFECTION PREVENTION
BUREAU OF COMMUNICABLE DISEASE
334-206-5932

ADPH-DC-REV. 2-2013

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I. INTRODUCTION

This Bloodborne Pathogens Exposure Control Plan was developed by the ADPH as a means to minimize employee exposure to human blood and other potentially infectious materials. It is designed to comply with the standards enunciated by the United States Department of Labor, Occupational Safety and Health Administration (OSHA) in Part 19101030, Title 29 of the Code of Federal Regulations, "Occupational Exposure to Bloodborne Pathogens".

Each employee, whose work duties involve reasonably anticipated exposure to blood or other potentially infectious materials, must become familiar with, and adhere to, the provisions of the Exposure Control Plan. In order to promote this objective, a copy of the plan shall be readily accessible to all employees. In this facility the plan will be available from:

(name/position)

This plan will be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which would affect occupational exposure. In addition, it will be updated as necessary to reflect new or revised employee positions which have been ascertained to be at potential occupational risk to exposure to bloodborne pathogens.

Within each county health department one or more individuals will have the authority and responsibility for the implementation of this plan.

The person(s) responsible for _____ County is (are):

(name/position)

____/____/____
(Effective date of this Exposure Control Plan)

II. DEFINITIONS

These definitions apply throughout this plan:

"BLOOD" means human blood, human blood components, and products made from human blood.

"BLOODBORNE PATHOGENS" refers to pathogenic 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).

"CLINICAL LABORATORY" means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

"CONTAMINATED" means the presence, or the reasonably anticipated presence, of blood or other potentially infectious materials on an item or surface.

"CONTAMINATED LAUNDRY" means laundry which has been soiled with blood or other potentially infectious materials or which may contain sharps.

"CONTAMINATED SHARPS" means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

"DECONTAMINATE" means 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.

"ENGINEERING CONTROLS" are those controls which isolate or remove the blood borne pathogens hazard from the workplace (sharps disposal containers and self-sheathing needles). Safer medical devices such as sharps with engineered sharps injury protections and needleless systems must be used where feasible.

"EXPOSURE INCIDENT" means 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.

"HBV" means Hepatitis B virus.

"HCV" means Hepatitis C virus

"HIV" means Human Immunodeficiency Virus.

"NEEDLELESS SYSTEMS" means devices which provide an alternative to using needles for various procedures in order to reduce the risk of injury involving contaminated sharps. Examples include:

- IV medication systems which administer medication or fluids through a catheter port using non-needle connections; and
- Jet injection systems which deliver liquid medication beneath the skin or through a muscle.

"OCCUPATIONAL EXPOSURE" means 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 MATERIAL" (OPIM) means:

- the following human body fluids: semen, vaginal secretions, breast milk, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, 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;
- any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- HIV-containing cells or tissue cultures, organ cultures, and HIV, HCV or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV, HCV or HBV.

"PARENTERAL" means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

"PERSONAL PROTECTIVE EQUIPMENT" means 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 are not considered to be personal protective equipment.

"REGULATED WASTE" 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.

"SHARPS WITH ENGINEERED SHARPS INJURY PROTECTIONS" (SESIPS) includes non-needle sharps or needle devices containing built-in safety features that are used for collecting fluids or administering medications or other fluids, or other procedures involving the risk of sharps injury. Examples include: needles that retract into a syringe after use, syringes with a sliding sheath that shields the attached needle after

use, and IV delivery systems that use a catheter port with a needle housed in a protective covering.

"SOURCE INDIVIDUAL" means any person, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients, clients in institutions for the developmentally disabled, trauma victims, clients of drug and alcohol treatment facilities, residents of hospices and nursing homes, human remains, and individuals who donate or sell blood or blood components.

"STANDARD PRECAUTIONS" formerly referred to as Universal Precautions, is an approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

"STERILIZE" means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

"WORK PRACTICE CONTROLS" means controls that reduce the likelihood of employee exposure to blood or other potentially infectious materials by altering the manner in which a task is performed (e.g., use of sharps with engineered sharps injury protection whenever possible).

III. EXPOSURE DETERMINATION

The ADPH has performed an exposure determination concerning which employees may be at risk to incur occupational exposure to blood or other potentially infectious materials. This determination was made without regard to the use of personal protective equipment (e.g. employees are considered to be exposed even if they wear personal protective equipment.) This exposure determination lists all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency.

Within ADPH the following job classifications are in this category:

Physicians	Personal Care Attendants	Dental Assistants
Nurses	Biomedical Engineer Technicians	Dental Hygienists
Nurses Aides	(State Lab)	Disease Intervention Specialists
(home health & clinic)	Laboratory Technicians	HIV Field Staff
Home Care Therapists	Microbiologists	Immunization DIS
Homemakers	Dentists	STD DIS
Home Attendants	Nutritionists	TB DIS
Emergency Preparedness Coordinators		Shelter Teams

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all of the employees in these categories would be

expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these employees to have occupational exposure are listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows:

JOB CLASSIFICATION	TASKS/PROCEDURES
1. Laboratory clerical personnel	In a Laboratory environment: a. Open packages containing specimens b. Handle report forms when entering data
2. Clinical and Home Health Clerical personnel	a. Handle specimens during labeling and packaging process (in some counties)
3. Janitorial/Housekeeping Laborers	a. Clean up spills b. Handle identified medical waste/sharps during disposal process

IV. STANDARD PRECAUTIONS

Standard Precautions will be observed by each employee in order to prevent contact with blood or other potentially infectious materials.

V. 2001 NEEDLESTICK SAFETY AND PREVENTION ACT

This Federal law requires employers to identify and make use of effective and safer medical devices that eliminate or reduce employee exposure to bloodborne pathogens. The Act has the following components which will be adhered to in this facility:

Exposure Control Plan:

The Exposure Control Plan will be annually reviewed and updated to reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens. The review and follow-up will include:

- Taking into account innovations in medical procedure and technological developments that reduce the risk of exposure (e.g., devices designed to reduce needlesticks); and,
- Documenting any consideration and use of appropriate commercially-available and effective safer devices (e.g., describe the devices identified as candidates for use, the method(s) used to evaluate those devices, and justification for the eventual selection).

Devices will be selected based on reasonable judgment considering devices which:

- will not jeopardize patient or employee safety or be medically inadvisable; and

- will make an exposure incident involving a contaminated sharp less likely to occur.

Employee Input:

Input from non-managerial employees, responsible for direct patient care, will be solicited regarding the identification, evaluation, and selection of effective engineering controls, including safer medical devices.

Documentation of employee input, in the Exposure Control Plan, can be met by:

- listing the employees involved and describing the process by which input was requested; or
- presenting other documentation such as copies of documents used to request employee participation or records of responses received from employees.

Recordkeeping:

Employees, who are occupationally exposed to blood or other potentially infectious materials, must document on the incident report:

- the type and brand of device involved in the incident;
- location of the incident; and
- a description of the incident.

A copy of this report must be sent to the ADPH Infection Prevention Officer.

A separate medical file for each employee that is marked “PHI” is to be kept in each county health department and incident reports should be filed here and not in the employee’s personnel file.

VI. ENGINEERING AND WORK PRACTICE CONTROLS

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at the health department facilities. Where occupational exposure remains after institution of these controls, personal protective equipment will also be utilized. These engineering and work practice controls will be examined for effectiveness on a _____ (time interval) basis and maintained or replaced. In this facility ensuring the effectiveness of these controls will be the responsibility of:

(name/position)

At our facility the following engineering controls will be utilized concerning:

A. Sharps Containers

1. Immediately, or as soon as possible after use, contaminated sharps will be placed in appropriate containers until properly processed. These containers are:

- a. puncture resistant
- b. leak proof on the sides and bottom
- c. appropriately labeled with biohazard label or color-coded red
- d. easily accessible to personnel, but out of reach of clients
- e. located as close as possible to area of use
- f. maintained in an upright position
- g. not allowed to overfill

2. In this facility sharps containers are located at the following sites:

3. Contaminated reusable sharps (such as used in dentistry) are not to be stored or processed in a manner that requires employees to reach by hand into the container where the sharps are placed.
4. Contaminated needles and other contaminated sharps are not to be bent, recapped or removed unless no alternative is feasible or such action is required by a specific medical procedure.

Exceptions at this facility are:

None

Other _____

5. Such recapping or needle removal will be accomplished through the use of a mechanical device or a one-handed technique. At this facility this is accomplished by:

None

Other _____

6. Shearing or breaking of contaminated needles is prohibited.
7. In this facility the following person(s) is (are) responsible for the disposal of these containers: _____
(name/position)

The containers will be checked on a _____ (time interval) basis.

B. Handwashing Facilities

1. Handwashing facilities are readily accessible to all employees in every health department. In this facility they are located:

2. When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or body fluids, employees will wash their hands with a non-antimicrobial soap and water or an antimicrobial soap and water.
3. If hands are not visibly soiled, a 60% alcohol based hand rub may be used for routinely decontaminating hands, when access to soap and warm water is not readily available.

Note: See Hand Hygiene

C. Work Area Restrictions

1. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is reasonable likelihood of occupational exposure.
2. Food and drink will not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or other potentially infectious materials, including any clinical specimens, are present.
3. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
4. All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. In this facility the following procedures are used to minimize splashing:
 - a. use of covers on centrifuges.
 - b. _____
 - c. _____
 - d. _____

D. Specimen Handling

1. Specimens of blood or other potentially infectious materials will only be placed in containers which prevent leakage during collection, handling, processing, storage, transport, and shipping.
2. Containers for storage, transport or shipping of specimens of blood or other potentially infectious materials will be:
 - a. appropriately labeled or color-coded and,
 - b. closed prior to being stored, transported, or shipped.
3. Refer to the *ADPH Bureau of Clinical Laboratories Laboratory Reference Manual* for specific procedures regarding specimen collection, handling, labeling, and shipping procedures. This information is also on BCL website at ADPH.org/bcl.

E. Equipment Handling

1. Equipment which may become contaminated with blood or other potentially infectious materials will be examined prior to service or shipping and will be decontaminated as necessary, unless decontamination of such equipment or portions of such equipment is not feasible.
2. An appropriate, readily observable label will be attached to the equipment stating which portions remain contaminated until it has been appropriately cleaned.

F. Cleaning and Disinfection

1. All surfaces exposed to blood or other potentially infectious materials are to be wiped clean and appropriately disinfected immediately following completion of each individual patient's care/use or as soon as feasible after any spill of blood or other potentially infectious materials, as well as at the end of the work shift if the surface may have become contaminated since the last cleaning. In this facility the following protective coverings are used to assist in keeping surfaces free of contamination:
 - a. disposable exam table paper
 - b. _____
 - c. _____
 - d. _____
2. Instrument cleaning is accomplished in an area separate and apart from treatment areas.

G. Sterilization

1. All items to be sterilized are cleaned prior to being placed in sterilizing solution, autoclave, etc.
2. Bioindicators are placed on all items to be sterilized.
3. Sterilizers are monitored on a periodic basis (at least weekly) to insure proper functioning.
4. At this facility

(name/position)

is responsible for any sterilization procedures which may be indicated.

VII. PERSONAL PROTECTIVE EQUIPMENT (PPE)

- A. Examples of appropriate personal protective equipment are such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks, eye protection, mouthpieces, resuscitation bags, pocket masks, and other ventilation devices.
- B. PPE will be provided without cost to employees.
- C. PPE will be chosen based on the anticipated exposure to blood or other potentially infectious materials.
- D. PPE will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.
- E. PPE will be cleaned, laundered, repaired or replaced, and disposed of (if disposable) at no cost to employees.
- F. All garments which are penetrated by blood will be removed immediately or as soon as feasible.
- G. In this facility employees will be expected to remove personal protective equipment prior to leaving the work area and placed in:

- H. Employees will use appropriate personal protective equipment whenever there is a potential for occupational exposure.

1. An employee may temporarily and briefly decline the use of personal protective equipment only under rare and extraordinary circumstances when, in the employee's professional judgment, its use will prevent the delivery of healthcare or public safety services, or will pose an increased hazard to themselves or a co-worker (example: performing emergency CPR).
2. When an employee makes such a judgment, the circumstances will be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future. In this facility

(names/position)

will be responsible for investigation and appropriate follow-up of such occurrences.

I. Gloves

In this facility gloves will be available from (sites of dispersal):

1. Gloves will be worn:
 - a. Whenever it can be reasonably anticipated that employees will have hand contact with blood or other potentially infectious materials, mucous membranes, and non-intact skin.
 - b. When handling or touching contaminated items or surfaces.
 - c. When performing vascular access procedures.
 - d. During the following procedures being performed in this facility:

2. Gloves will be changed between patients.
3. Disposable (single use) gloves will be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
4. Disposable (single use) gloves will not be washed or decontaminated for re-use.
5. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised.

6. Utility gloves must be discarded if cracked, peeling, torn, punctured, or otherwise exhibit signs of deterioration, or when their ability to function as a barrier is compromised.
7. Should an employee be allergic to the glove provided, an alternative protective glove will be provided.

J. Masks, Eye Protection, and Face Shields

Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin length face shields, will be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated. Situations at this facility which would require such protection are as follows:

- K. Emergency ventilation devices will be provided for use in emergency resuscitation.

VIII. HOUSEKEEPING

- A. Worksites will be maintained in a clean and sanitary condition according to a written schedule.
- B. All equipment, environmental and working surfaces will be cleaned and decontaminated after contact with blood or other potentially infectious materials.
- C. Contaminated work surfaces will be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of each work shift if the surface may have become contaminated since the last cleaning.
- D. Work surfaces in patient care areas need not be cleaned after every patient care procedure unless the procedure results in surface contamination.
- E. Reusable sharps (such as used in dentistry) that are contaminated with blood or other potentially infectious materials will not be stored or processed in a manner that requires employees to reach by hand into the container where these items have been placed.
- F. Broken glassware which may be contaminated will not be picked up directly with

the hands. In this facility the following procedures will be used:

- G. Trash containers routinely used for contaminated items will be cleaned and decontaminated on a _____ (time interval) basis by

(name/position)

Between cleanings they may be lined with plastic liners. At the time of emptying, these containers will be inspected and decontaminated with soap and water if visibly contaminated.

IX. REGULATED WASTE DISPOSAL

In order to comply with OSHA regulations, which are more inclusive than the Alabama Department of Environmental Management's (ADEM) regulations, the following categories will be considered regulated waste:

- 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 potential infectious materials and are capable of releasing these materials during handling contaminated sharps; and
- pathological and microbiological waste containing blood or other potentially infectious materials.

A. Regulated Waste Containment

1. Regulated waste will be placed in closable, leakproof, and appropriately labeled or color-coded (RED) containers. In this facility such containers are located in:

(location/site)
(location/site)
(location/site)
(location/site)
(location/site)

2. If outside contamination of a regulated waste container occurs, it will be placed in a second container which is constructed to prevent leakage, appropriately labeled with biohazard label or color-coded (RED), and closed.

3. Disposal of regulated waste will be in accordance with all Federal, State, and Local regulations.

B. Discarding and Containment of Contaminated Sharps

1. Contaminated sharps will be discarded immediately or as soon as feasible in containers that are:
 - a. closable;
 - b. puncture resistant;
 - c. leakproof on the sides and bottom;
 - d. appropriately labeled with biohazard label or color-coded (RED).
2. During use, containers for contaminated sharps will be easily accessible to areas of use, upright, routinely replaced, and not allowed to overfill.
3. When moving containers of contaminated sharps, they will be closed and if leakage is likely, placed in a secondary closable, leakproof, and appropriately labeled container [biohazard label or color-coded (RED)].
4. In this facility sharps containers are located:
_____ (location/site)
_____ (location/site)
_____ (location/site)
_____ (location/site)
_____ (location/site)
5. In this facility _____
(name/position)

is responsible for removing sharps containers when full and appropriately disposing of them. Containers will be checked on a _____ basis (time interval) to ensure timely replacement. (Each facility has an individual Medical Waste Disposal Plan. Refer to this plan for specific information.)

X. CONTAMINATED LAUNDRY

Contaminated laundry will be defined per OSHA as laundry which has been soiled with blood or other potentially infectious materials (semen, vaginal secretions, breast milk, cerebrospinal fluid, synovial fluid, pleural 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) or may contain sharps.

A. Laundry contaminated with blood or other potentially infectious materials:

1. Will be placed in appropriately marked bags at the location where it was used.
2. Will not be sorted or rinsed in the area of use.
3. If wet and presents a reasonable likelihood of soaking through or leaking, will be placed and transported in bags or containers which will prevent soaking through or leaking.
4. Will be transported in appropriately labeled (biohazard label) or color-coded bags (RED) or containers.

B. All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials.

C. Laundry at this facility will be cleaned

___ Onsite

___ Offsite _____ (name of services) (If offsite facility is utilized, laundry containers will be appropriately labeled or color-coded.)

___ Not Applicable – no laundry, disposables only.

XI. HAZARD COMMUNICATION

Specific labeling (with the biohazard symbol or the use of red bags or containers) will be used to warn employees of potential hazards.

A. Biohazard labels:

1. Will contain the word "BIOHAZARD" and the following biohazard symbol:
2. Will have a fluorescent orange or orange-red background with lettering or symbols in a contrasting color.
3. Will either be an integral part of the container or affixed to it in such a fashion as to prevent loss or unintentional removal.



4. Will be affixed to:
 - a. containers of regulated waste;
 - b. refrigerators and freezers containing blood or other potentially infectious materials;
 - c. other containers used to store, transport or ship blood or other potentially infectious materials; and
 - d. all contaminated equipment and should state which portions of the equipment remains contaminated. (Example: a centrifuge in which a glass tube was broken and blood has contaminated the inside of the equipment.)

B. Red bags or red containers may be substituted for labels.

C. All Federal, State, and Local regulations will be observed.

D. Labeling is NOT required for:

- Individual containers of blood or other potentially infectious materials that are placed in secondary labeled containers during storage, transport, shipment or disposal;
- Specimen containers if the facility uses Standard Precautions when handling all specimens; and,
- Laundry bags or containers if the facility uses Standard Precautions for handling all laundry.

E. In this facility biohazard labels are in the following locations:

XII. SPECIAL SITUATIONS

A. Laboratories

1. Standard Precautions will be used with regard to all blood and body fluids.
2. All specimens of blood and body fluids will be placed in a secure, closed, leakproof container. Care will be taken to avoid contamination of the outside of the container or its label.

3. All persons processing specimens of blood or body fluids will wear gloves. Masks or other protective eyewear will be worn if mucous membrane contact may be anticipated. Gloves will be changed and hands washed with soap and water after completion of processing.
4. A biological safety hood will be used for procedures (blending, mixing, etc.) which have a potential for generating droplets.
5. Mouth pipetting is forbidden.
6. Needles, syringes and other sharps will be handled as outlined in Section VI (A), Sharps.
7. Working surfaces will be disinfected using appropriate disinfectants following work completion.
8. Contaminated materials and equipment will be appropriately decontaminated or labeled, and appropriately disposed of.
9. Protective equipment will be removed and hands washed upon completion of laboratory duties

B. Home Health

1. Standard Precautions will be used with regard to all blood and body fluids.
2. Personal protective attire appropriate to the care to be rendered will be provided for the employee to wear during home visits.
3. An approved alcohol-based hand rub will be provided for use in home health environments lacking running water. The employee will then wash his/her hands as soon as proper facilities are available.
4. All specimens of blood and body fluids will be placed in a secure, closed, leakproof container. This container will then be placed in a secondary cardboard container for use during transport and/or mailing.
5. Gloves will be worn during venipuncture and packaging of specimens. Masks and protective eyewear or a full facial shield will be worn if mucous membrane contact may be anticipated.
6. Medical waste generated in the home can be disposed of along with other home-generated waste in appropriate trash disposal bags.

XIII. HEPATITIS B VACCINATION

- A. Hepatitis B vaccine will be made available to all at risk employees identified in the Exposure Determination Section of this manual within 10 days of initial assignment to duties involving occupational exposure unless:
 - 1. The employee previously received the vaccination series;
 - 2. Antibody testing to determine antibody titers (available at the employee's option) reveals immunity or;
 - 3. The vaccination is medically contraindicated.
- B. The vaccine will be offered at a reasonable time and place, at no charge to our employees who have the potential for incurring an occupational exposure.
- C. The vaccine will be administered under the supervision of a physician or other licensed healthcare professional.
- D. The vaccine shall be provided in accordance with current United States Public Health Service (USPHS) recommendations.
- E. Employees who decline receipt of the vaccine will be required to sign a release (ADPH-DIC-1/Rev.2-2004(BS)). A copy of this form should be sent to the ADPH Infection Prevention Officer.
- F. Employees who initially decline the Hepatitis B vaccine may decide at a later date to receive it. Such employees may receive the vaccine at a reasonable time and place at no charge, provided that they are still working at tasks involving occupational exposure.
- G. All necessary hepatitis post-vaccine laboratory tests will be conducted by the ADPH Bureau of Clinical Laboratory, which is an accredited laboratory, at no cost to employees. A copy of the results will be sent to the ADPH Infection Prevention Officer.
- H. Prescreening is not a prerequisite for receipt of the vaccine.

XIV. EXPOSURE INCIDENT EVALUATION PROCEDURES

- A. In the event of direct exposure to, or contact with, blood or other potentially infectious materials:
 - 1. Immediately wash the affected area with soap and water or, in the case of mucous membranes, flush copiously with water or a sterile irrigating solution;
 - 2. Report the incident to your immediate supervisor;

3. Complete appropriate incident forms. This includes the ARIA (Automated Report of Incidents and Accidents), SEICTF form 1 and Report of First Incident and Human Resources form 57.
- B. Whenever an employee experiences an exposure incident, the circumstances surrounding the exposure incident will be evaluated to assess if:
1. Engineering controls were in place at the time of the incident,
 2. Work practice controls were in place at the time of the incident,
 3. Personal protective equipment and clothing was being utilized at the time of the incident,
 4. Policy compliance failure or policy was inadequate.
- C. The goal of the exposure incident evaluation is to identify and correct problems in order to prevent recurrence of similar incidents.

XV. POSTEXPOSURE EVALUATION AND FOLLOW-UP

At this facility, when an employee incurs an exposure, it is to be reported to

(name/position)

- A. If employee requires medical attention, the evaluating physician will have access to the following information:
1. A copy of the applicable OSHA regulations;
 2. A description of the exposed employee's duties as related to occupational exposure;
 3. Route(s) of exposure;
 4. If known, the results of the source individual's blood test(s);
 5. The employee's treatment record including Hepatitis B vaccination status.
- B. The employee will be evaluated and provided medical treatment by one of the State Employees Injury Compensation Trust Fund (SEICTF) assigned physicians. The employee will be informed as to:
1. Recommendations regarding appropriate laboratory baseline testing for HBV, HCV, and HIV and, if indicated, receipt of Hepatitis B vaccine

and/or HIV chemoprophylaxis as indicated;

2. Any medical conditions resulting from the incident which may, in the future, require further evaluation and treatment. Any such findings or diagnoses will remain confidential and will not be placed in the employee's medical record.
- C. Accurate health department medical records will be established and maintained for each employee incurring a documented occupational exposure.
1. These medical records will contain:
 - a. Employee's name and social security number;
 - b. A copy of the employee's Hepatitis B vaccine record;
 - c. Any other medical information provided by the physician following the occupational exposure medical evaluation and treatment.
 2. Employee medical records will be kept confidential. Information contained in employee medical records will not be disclosed to any person without the employee's expressed written consent, except as provided by law.
 3. These employee medical records will be maintained for the duration of employment plus six (6) years after employee's separation from the agency.
 4. In this facility medical records will be maintained by

(name/position)
 5. A copy of this report shall be sent to the ADPH Infection Control Officer.

XVI. INFORMATION AND TRAINING

- A. All employees with potential for occupational exposure will participate in an infection control training program which will be provided:
1. At no cost;
 2. During working hours, and
 3. At the time of initial assignment to tasks involving occupational exposure and annually thereafter.
- B. When tasks or procedures involving occupational exposure are added or modified, additional appropriate training will be offered.

C. Training will include:

1. Access to a copy of the OSHA standards and an explanation of their contents;
2. A general explanation of the epidemiology and symptoms of bloodborne diseases;
3. An explanation of the modes of transmission of bloodborne pathogens;
4. An explanation of the Exposure Control Plan, and access to it;
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood or other potentially infectious materials;
6. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices and personal protective equipment;
7. Information on the types, proper use, removal, location, handling, decontamination and disposal of personal protective equipment;
8. An explanation of the basis for selection of personal protective equipment;
9. Information on the Hepatitis B vaccination;
10. Information on appropriate actions to take in the event of an exposure incident, including:
 - a. What to do;
 - b. Whom to contact;
 - c. Method of reporting the incident; and
 - d. Post exposure evaluations and follow-up.
11. An explanation of proper signs, labels and color-coding;
12. An opportunity for interactive questions and answers with the person conducting the training. The trainer will be knowledgeable in the subject matter.
13. Records of each training session will be kept, including:

- a. Dates of the training sessions;
 - b. The content or a summary of training;
 - c. Names and qualifications of person(s) conducting the training; and,
 - d. Names and job titles of all persons attending training. (Refer to Appendix A, Employee Training Contract, which is to be used for training documentation.)
14. Training records will be maintained for a period of three (3) years from the date of training.
15. Training at this facility will be conducted by: _____.

XVII. RECORDKEEPING

All records required by the OSHA standard will be maintained by

(name/department)

XVIII. EXPOSURE PLAN REVIEW

This Exposure Control Plan will be reviewed annually and whenever necessary to reflect new or modified tasks and procedures which would affect occupational exposure. In addition, it will be updated as necessary to reflect new or revised employee positions with occupational exposure.

Revision Dates	Reason
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APPENDIX A
ALABAMA DEPARTMENT OF PUBLIC HEALTH
EMPLOYEE TRAINING CONTRACT
OSHA BLOODBORNE PATHOGEN STANDARD
INFECTION CONTROL PROGRAM

I, _____ verify that I have received training on the OSHA Bloodborne Pathogen Standard. Training Information was provided on the following:

1. Purpose and requirements of the OSHA Bloodborne Pathogens Standard
2. Epidemiology, symptoms and modes of transmission of HBV and HIV
3. Infection Control
4. Standard Precautions (formerly Universal Precautions)
5. Personal protective equipment
6. Engineering and work practice controls
7. Hepatitis B vaccine
8. Explanation of proper signs, labels, and color-coding

I was provided the opportunity to ask questions.

Employee Name: _____

Job Classification: _____

Employee Signature: _____

Date: _____

Trainer Signature: _____

Social Security Number: _____

Trainer's Job Classification: _____

Trainer's Title: _____

APPENDIX B

Alabama Department of Public Health
Employee Hepatitis B
Vaccine and Serology History and Vaccination Declination Form

Employee has received appropriate vaccination against hepatitis B virus from an employer other than ADPH on the dates below:

Facility administering vaccine _____

Dose 1 _____ Dose 2 _____ Dose 3 _____

Employee Signature _____

Employee was tested for anti-HBs and was found to be immune by an employer other than ADPH:

Facility providing serology _____

Date _____ Lab Result _____

Employee Signature _____

Employee was found to be anti-HBs non-reactive at the facility listed below and will be retested by ADPH

Facility providing serology _____

Date _____ Lab Result _____

Employee Signature _____

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself, however; I decline vaccination at this time. I understand that by declining this vaccine I may continue to be at risk of acquiring hepatitis B. If in the future I continue to have occupational exposure to blood or other potentially infectious materials as an employee of the Alabama Department of Public Health and I want to be vaccinated with hepatitis B vaccine I can receive the vaccination series at no charge to me.

Employee Signature _____ Date _____

Work Base _____

Witness Signature _____ Date _____

**HIPAA COMPLIANT
AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION**

Please complete only the areas marked with an asterisk (*). Do not otherwise alter or amend this form.

NAME: _____ DOB: _____ SSN: _____

DISCLOSE TO: State Employee Injury Compensation Trust Fund (SEICTF), P.O. Box 1390, Montgomery, AL 36102-1390, including its agents and authorized representatives.

PURPOSE(S) OF DISCLOSURE: I am the claimant in an employee injury claim. SEICTF is the organization that is handling this claim. The purpose of the disclosure of these records is to allow SEICTF to evaluate my medical history and my damages and injuries in this case in the complete context of my medical history and to allow them a fair opportunity to use these records to determine any and all benefits for which I may be eligible as a result of this claim.

INFORMATION TO BE DISCLOSED: My intent is for you, the agency/healthcare provider listed below, to provide my complete record for all time periods to the above-named organization. Records to be provided may include but are not limited to: all records related to any worker's compensation claim by me, all payment records, all subrogation documents and letters, all documents, records, statements, first report of injury, physician reports and forms and all investigative notes and documents, all printouts on my health expense and payments and records, any documents showing whether your payments on my behalf completely resolve and/or satisfy the complete debt to a health care provider, all history and physical examinations; all progress note, physicians notes, and nurses notes; all lab reports; all x-ray reports, MRI reports, CT scans, Myelograms, EMG, and all other diagnostic procedure reports; all consultation reports and records; all emergency room records, all discharge reports; all after care plans; and all financial records. I specifically authorize the release of information relating to: all substance abuse records (including alcohol/drug abuse); all mental health, counseling, psychiatric, and psychological records.

RIGHT TO REVOKE: I understand that I may revoke this authorization by sending a signed, written notice to SEICTF and to the entity being authorized to disclose my health information pursuant to this document. However, I also understand that any revocation will be effective only to the extent that action has not already been taken in reliance of this authorization. **Unless specifically revoked in writing, this authorization shall remain in force until the settlement or final disposition of my employee injury claim.**

RECORDS TO BE DISCLOSED: ANY AND ALL RECORDS

I understand that SEICTF will not use these records for any other purposes than the purposes stated above. I understand that protected health information that is disclosed pursuant to this authorization may result in re-disclosure and may no longer be protected by federal law.

A photocopy or exact reproduction of this signed authorization shall have the same force and effect as the original.

* _____
Signature of patient or patient's personal representative

* _____
Date

Relationship to patient, if signed by personal representative

SEICTF USE ONLY

I hereby authorize _____ (name of agency/healthcare provider) to use and/or disclose my records/health information and the claims file notes and documents in accordance with the above information.

**Alabama Department of Public Health
Employee Hepatitis B
Vaccine and Serology History and Vaccination Declination Form**

Employee has received appropriate vaccination against hepatitis B virus from an employer other than ADPH on the dates below:

Facility administering vaccine _____

Dose 1 _____ Dose 2 _____ Dose 3 _____

Employee Signature _____

Employee was tested for anti-HBs and was found to be immune by an employer other than ADPH:

Facility providing serology _____

Date _____ Lab Result _____

Employee Signature _____

Employee was found to be anti-HBs non-reactive at the facility listed below and will be retested by ADPH

Facility providing serology _____

Date _____ Lab Result _____

Employee Signature _____

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself, however; I decline vaccination at this time. I understand that by declining this vaccine I may continue to be at risk of acquiring hepatitis B. If in the future I continue to have occupational exposure to blood or other potentially infectious materials as an employee of the Alabama Department of Public Health and I want to be vaccinated with hepatitis B vaccine I can receive the vaccination series at no charge to me.

Employee Signature _____ Date _____

Work Base _____

Witness Signature _____ Date _____



SUPERVISOR INSTRUCTIONS for Employees exposed to Blood or other potentially Infectious Materials

**State Employee Injury Compensation Trust Fund
SEICTF**



If an employee notifies you that he or she has been exposed to blood, body fluid or other potentially infectious materials, do the following:

1. Verify whether or not the injured employee (IE) has performed recommended first aid for the exposure site:
 - Immediately flood the exposed area with water and clean any wound with soap and water or a skin disinfectant if available.
2. Complete, sign and date the appropriate forms, including the SEICTF Blood/Body Fluid Exposure Report (supervisor completes Part 1 and the employee completes Part 2).
3. Refer the IE to the nearest SEICTF Gatekeeper for medical evaluation of the exposure. If the source is suspected to be high risk for HIV, then send the injured employee to the nearest SEICTF participating hospital emergency department. The IE should show the nurse the Authorization for Initial Treatment (Form 3-A) and tell the nurse that he or she is a State employee. Remind the employee to bring this completed form back to their supervisor.
4. TREATMENT MUST NOT BE DELAYED, however, every effort should be made to call ahead to the designated ED or gatekeeper to let the staff know that the employee is on the way. Telephone numbers for each gatekeeper and forms in the Employee Injury Packet are available on the Risk Management web site at <http://www.riskmgt.alabama.gov>.
5. If initial treatment is received in the ED, the IE must make a follow-up appointment for the next working day with one of SEICTF's network physician gatekeepers. At that time they should schedule their 6 week, 3 month, and 6 month follow-up appointments.
6. If the employee refuses medical treatment, have the employee sign the statement that they are declining treatment on Part B of the Blood/Body Fluid Exposure Report and have the supervisor witness that the employee is refusing treatment.

Revised 10/11



Blood/Body Fluid Report Form

State Employee Injury Compensation Trust Fund/ SEICTF



PART I

1. Employee's Name _____ 2. Agency _____
Last First MI

3. Date of Incident _____ 4. Time of Incident _____ () A.M. () P.M.

5. Employee previously vaccinated against Hepatitis B (HBV): _____ No _____ Yes Date: _____

6. Check the route of exposure:

Needle stick, contaminated Scratch, skin broken Bite, skin broken Blood, on non-intact skin

Needle stick, non-contaminated Scratch, skin not broken Bite, skin not broken Blood, on intact skin

Splashing/spraying of blood or other potentially infectious material**

Other, please describe: _____

7. Source of exposure known: _____ Yes _____ No
Source tested: _____ Yes _____ No _____ Date _____

 Supervisor's Signature _____ Date _____

PART II

Due to contact with blood, body fluid or other potentially infectious material, I understand that I may have been exposed to a bloodborne pathogen. In order to determine if this has happened, it may be necessary to test my blood for HIV (virus which cause AIDS), HBV (virus which causes Hepatitis B) and/or HCV (virus which cause Hepatitis C). I authorize the health care facility performing the testing to release the test results to SEICTF and the follow-up physician.

I understand the results of these tests will be kept confidential and related costs will be paid by SEICTF. I further understand that SEICTF will have no responsibility to provide coverage to any state employee who refuses initial treatment, baseline blood testing, and/or release of test results for HIV, HBV and HCV.

Important: If HIV PEP medications are prescribed, you will be given the first dose in the emergency department and enough medication to last for up to 72 hrs. The network gatekeeper physician, whom you will report to for all follow-up care, will write prescriptions for the rest of the medicines. **It is your responsibility to take the prescriptions to your local pharmacy immediately and to instruct the pharmacy to contact the SEICTF, Pharmacy RN at 800-388-3406 to authorize your prescriptions.**

Sign one of the following:

A.) I understand the above, have been given the opportunity to ask questions and agree to treatment.

Print Employee Name	Employee's Signature	Date
Print Supervisor's Name	Supervisor's Signature	Date

B.) I understand the above, have been given opportunity to ask questions and REFUSE medical treatment, understanding that I am forfeiting my SEICTF benefits for this potential exposure.

Print Employee Name	Employee's Signature	Date
Print Supervisor's Name	Supervisor's Signature	Date

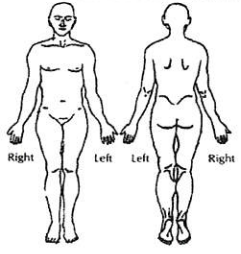


Accident Report Employee's Statement

State Employee Injury Compensation Trust
Fund/SEICTF



This form is to be completed by the employee and submitted to the immediate supervisor on the day the injury occurs. The supervisor should submit the First Report of Injury (SEICTF Form 1) along with this completed form immediately to 334-223-6170 or 888-827-6753.

Date of Injury/Accident		Today's Date	Time of Injury/Accident (circle one) a.m. / p.m.
Employee Name (Last, first, middle initial)		Date of Birth	Social Security Number
Street address		City	State Zip Code
Primary phone number	Email address		
Preferred method of contact by SEICTF: (choose one) <input type="checkbox"/> Email <input type="checkbox"/> US Postal Service Mail Delivery			
Job Title/Classification	Name of Supervisor	Date Supervisor Notified	
 <p>Circle Injured Body Part</p>	Describe the specific activity you were performing at the time the injury/accident occurred including exactly what happened to cause injury/accident.		
	Accident: _____		
	Injuries/Body Part(s): _____		
	Exact location where injury/accident occurred: _____		
Were there any witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, give names, addresses and phone numbers of each:			
<p>_____</p> <p>_____</p>			
Was injury/accident a result of an automobile accident?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, obtain a copy of the police report of accident and submit to supervisor as soon as possible.			
At the time of the injury/accident, were you using any protective equipment (ex. Latex gloves, eye protection)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list equipment used: _____			
Have you previously had pain, treatment, diagnostic testing (x-rays, MRI, etc.) or injury to the same body part(s)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, enter body part affected, date(s) of injuries and name(s) and address(es) of treatment provider(s). _____ _____			
<p>I understand the intentional reporting of false information will disqualify me from receiving further SEICTF benefits and could expose me to penalties or criminal charges. I certify the information is correct to the best of my knowledge.</p> <p>I further understand that non-compliance with SEICTF Rules (i.e. failure to attend medical appointments as scheduled, failure to respond to requests for contact, failure to provide signed medical authorization forms, failure to comply with your physician's medical treatment plan, etc.) will progressively lead to suspension and/or termination, per Administrative Procedures Act 355-8-1.03(e).</p>			
Signature of Employee		Date	
Signature of Supervisor reporting incident	Date	Daytime Phone	