

## **The Commonwealth of Pennsylvania**

### **Guidelines on Bloodborne Pathogens for the Public Sector**

On December 13, 2001, Pennsylvania HB 454 was signed into law as Act 96 with an effective date of 120 days from the signing. According to Act 96, known as the Bloodborne Pathogen Standard Act, the Pennsylvania Department of Health has been charged with adopting, within six months of the effective date, a bloodborne pathogen standard for the public sector. The purpose of the legislation is to provide protection to public employees who may be exposed to bloodborne pathogens, especially sharps injuries, as a result of their job duties. Act 96 requires that the state standard should be at least as stringent as the federal standard of the Occupational Safety and Health Administration (OSHA), which covers private sector and federal workplaces.

Act 96 provides that the Pennsylvania Department of Health may promulgate regulations to implement the state Bloodborne Pathogen Standard. The Department has decided to issue guidelines instead. Generally, guidelines can be implemented faster and modified more easily to reflect medical, scientific and technological advances applicable to bloodborne pathogens and also to comply with changes that may be adopted by OSHA or the Centers for Disease Control and Prevention (CDC).

These guidelines cover the following areas:

- sharps injury logs
- exposure plans
- needleless systems
- engineering controls
- work practices
- universal precautions
- personal protective equipment
- Hepatitis B vaccination
- post-exposure follow-up and counseling
- training and education
- hazard communication
- employee evaluation of engineered sharps injury-prevention devices

Where these guidelines do not address a certain topic, public employers and employees should refer to the OSHA Bloodborne Pathogens Standard, 29 CFR, Part 1910.30, for further guidance.

To assist the public sector, these guidelines contain appendices with model plans for the workplace. The Model Exposure Control Plans are found in Appendices A and B.

The guidelines will take effect on October 13, 2002, and apply to all public employers and public employees.

## **GUIDELINES ON BLOODBORNE PATHOGENS FOR THE PUBLIC SECTOR**

- 1. Scope and Application.** This section applies to all employers and employees in the public sector who are not covered by federal standards of the Occupational Safety and Health Administration (OSHA). It addresses all actual or potential occupational exposures to blood or other infectious materials in a public sector healthcare facility, home healthcare organization or other facility providing health care-related services.
- 2. Definitions.** For purposes of these guidelines, the following shall apply.
  - (a) *Accident and illness prevention program* - Written plans and procedures designed to eliminate, reduce, or control occupational injuries and illnesses at a facility. Sections of the plan may include infection control, fire and emergency response and evacuation, accident investigation, safe housekeeping and laundry procedures, chemical or product storage and use.
  - (b) *Blood* - Human blood, human blood components, and products made from human blood.
  - (c) *Bloodborne pathogen* - A pathogenic microorganism that is 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).
  - (d) *Department* - The Department of Health of the Commonwealth of Pennsylvania.
  - (e) *Employer* - An employer with public employees whose duties could reasonably result in occupational exposure to blood and other material potentially containing a bloodborne pathogen.
  - (f) *Engineered sharps injury protection* - A physical attribute built into a needle device used for withdrawing bodily fluids, accessing a vein or artery or administering medications or other fluids, which effectively reduces the risk of exposure to bodily fluids by a mechanism such as barrier creation, blunting, encapsulation, withdrawal, retraction, destruction or other effective mechanisms; a physical attribute built into any other type of needle device or into a non-needle sharp which effectively reduces the risk of exposure to bodily fluids.
  - (g) *Engineering controls* - Controls or methods (i.e., sharps disposal containers, self-sheathing needles) that isolate or remove a bloodborne pathogen hazard from the workplace.

- (h) *Needleless system* - A device that does not utilize needles for the withdrawal of body fluids after initial venous or arterial access is established and which is used in the administration of medications or fluids including any other procedure involving the potential for exposure to bodily fluids. For example, a needleless system does not use a needle to connect IV medicine to an existing intravenous line.
- (i) *Occupational exposure* - Reasonably anticipated eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood, bodily fluids or other potentially infectious materials that result from the performance of an employee's job duties.
- (j) *Parenteral* - A piercing of mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.
- (k) *Personal protective equipment* - 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 are not considered to be personal protective equipment.
- (l) *Public employee* - An employee of the Commonwealth or a political subdivision employed in a health care facility, home health care organization, or other facility providing healthcare-related services who is engaged in activities that involve contact with a patient, blood or other body fluids from a patient and is responsible for patient care with potential exposure to a sharps injury. This term does not include a licensed individual who provides only intraoral care.
- (m) *Sharp* - An object used or encountered in a health care setting which can reasonably be anticipated to penetrate the skin or any other part of the body and to result in exposure to bodily fluid. The term includes a needle device, scalpel, lancet, broken glass, or a broken capillary tube.
- (n) *Sharps injury* - An injury caused by a sharp and resulting in exposure to bodily fluid. The term includes any cut, abrasion or needlestick.
- (o) *Sharps injury log*. - A written or electronic record of injuries resulting from contact with a sharp.
- (p) *Universal Precautions* - An approach to infection control that treats all human blood, and certain human bodily fluids, as if they are known to be infectious for bloodborne pathogens.
- (q) *Work practice controls* - Controls or methods that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by two-handed method).

- 3. Exposure Control Plan.** Each employer having public employees with occupational exposure as defined in Section 2. shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.

The Exposure Control Plan shall include all of the following:

- (a) a procedure for updating the written exposure control plan when necessary, but at least once a year;
- (b) a procedure to establish implementation of needleless systems and use of sharps with engineered injury protection;
- (c) information about exposure to bodily fluids recorded in the sharps injury log;
- (d) procedures to ensure compliance including universal precautions, engineering controls, and work practice controls;
- (e) a procedure to ensure that the employer's Exposure Control Plan is available to the Department upon request.

- 4. Sharps Injury Log.** As part of the required Exposure Control Plan, employers shall establish a sharps injury log to assist them in monitoring injuries and developing plans to eliminate or reduce injury incidents. At the minimum, the sharps log should include:

- (a) The minimum requirements for the sharps injury log are as follows:
  - (i) date and time of exposure;
  - (ii) type and brand of sharp involved in the exposure;
  - (iii) description of the exposure;
  - (iv) job classification of the exposed employee;
  - (v) department or work area where exposure occurred;
  - (vi) procedure which the exposed employee was performing at the time of the exposure;
  - (vii) how the exposure occurred;
  - (viii) body part involved in the exposure.
- (b) If the sharp had engineered sharps injury-protection, the log should indicate whether the protective mechanism was activated and whether the injury occurred before, during, or after the activation of the protective mechanism.
- (c) If the sharp had no engineered sharps injury-protection, the log should indicate whether and how such a mechanism could have prevented the injury and the basis for that assessment.

(d) The sharps log should include an assessment of whether any other engineering, administrative or work practice could have prevented the injury and the basis for this assessment.

## **5. Methods of Compliance.**

(a) Universal Precautions shall be observed to prevent contact with blood and other potentially infectious materials. All body fluids shall be considered potentially infectious materials.

(b) Work practices shall be used to eliminate or minimize employee exposure. Examples of work practices include, but are not limited to, handwashing, recapping or removing needles with a mechanical device or one-handed technique, methods to minimize splashing or spraying of blood, safe methods to handle broken sharps and spill clean-up.

(c) Engineering controls shall be used to eliminate or minimize employee exposure. Needleless systems and sharps with engineered sharps injury-protection are considered engineering controls. Before an engineering control can be introduced into a clinical setting, each public employee must receive education on its use. Engineering controls under this section shall not be required if none is available in the marketplace.

(d) Sharps containers shall be as close to the work area as possible, positioned at a convenient level for use, and maintained in a safe, secure manner. Containers shall be puncture resistant, labeled or color-coded, and leakproof on sides and bottom.

(e) Personal protective equipment shall be used when occupational exposure remains after using engineering controls and work practices. Employers shall provide equipment at no cost and require employees to use appropriate personal protective equipment. Examples include, but are not limited to, gloves, gowns, masks, mouthpieces and resuscitation bags, eye protection, face shields, pocket masks or other ventilation devices. Hypoallergenic gloves, glove liners, powderless gloves or similar alternatives shall be readily accessible to employees who are allergic to the gloves normally provided.

(f) Written procedures shall be developed for cleaning and decontamination of equipment, work areas, and instruments after spills or contact with blood or other potentially infectious materials. These procedures shall also cover handling of contaminated laundry, handling and disposing of contaminated trash and infectious waste.

(g) Eating, drinking, smoking, applying cosmetics or lip balm, handling contact lenses, or pipetting by mouth are prohibited in work areas where there is a reasonable likelihood of occupational exposure to blood and body fluids.

(h) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinet or countertops or benchtops where blood or other potentially infectious materials are present.

**6. Hepatitis B Vaccination.** Within 10 working days of assignment, the employer shall make the Hepatitis B vaccination series available to all employees who have occupational exposure.

(a) Such vaccinations shall be:

- (i) at no cost to the employee;
- (ii) done at a reasonable time and place during working hours;
- (iii) supervised by a licensed physician/licensed healthcare professional;
- (iv) according to the latest recommendations of the U.S. Public Health Service (USPHS).

(b) Employees who refuse the vaccination must sign a declination form, but can later decide to receive the vaccination under the same conditions listed in sub paragraph (a).

(c) Employees shall be offered booster doses, if these are later recommended by USPHS.

**7. Post-Exposure Evaluation and Follow-up.** Following an exposure incident, the employer shall immediately make available to the employee a confidential medical evaluation, including laboratory tests, and follow-up.

(a) The evaluation and follow-up must include:

- (i) documentation of the routes and circumstances of the exposure;
- (ii) identification of the source individual where feasible;
- (iii) a test of the source individual's blood if consent can be obtained;
- (iv) post-exposure treatment, and;
- (v) counseling and evaluation of the employee's condition or reported illness.

(b) The employer must provide to the healthcare professional making the evaluation a copy of these guidelines, a description of the employee's job duties, the routes and circumstances of the exposure, the results of source individual's tests, if available, and all medical records relevant to the appropriate treatment of the employee, including vaccination status.

(c) Within 15 days of the evaluation, the employer shall obtain a copy of the healthcare professional's written opinion, a copy of which shall also be provided to the employee. The written opinion shall be limited to whether the Hepatitis B vaccination is indicated for the employee and if the employee has received the vaccination. It shall also indicate:

- (i) that the employee has been informed of the evaluation results;
- (ii) that the employee has been informed of any medical conditions that could result from exposure and possibly require further evaluation and treatment; and,
- (iii) that all other findings and diagnoses shall remain confidential and shall not be included in the written report.

**8. Training and Education.** Employers must provide training and education to all employees with occupational exposure. The training must be provided at no cost and during working hours.

(a) Other training specifications include:

- (i) initial training must be given within 90 days from effective date of these guidelines, or with the establishment of a new facility;
- (ii) at the time of initial assignment, at least annually thereafter, or when tasks, conditions, products, or equipment change.

(b) Topics for training and education should include, but are not limited to the following:

- (i) a copy and discussion of these guidelines;
- (ii) the health affects of exposure to bloodborne pathogens;
- (iii) the details of the exposure control plan;
- (iv) exposure prevention methods including engineering controls and safe work practices;
- (v) hands-on training on use of needles and needleless systems;
- (vi) exposure reporting procedures;
- (vii) benefits and availability of Hepatitis B vaccine;
- (viii) post-exposure counseling and evaluation;
- (ix) complaint procedure; and,
- (x) access to records (i.e., personal medical records, sharps injury log records, training records.)

**9. Hazard Communication.** Warning labels, including the orange or orange-red biohazard symbol, shall be affixed to containers of regulated waste, refrigerators, freezers, or other containers used to store or transport blood, or other potentially infectious materials.

(a) Other specifications include the following:

- (i) Red bags or red containers may be substituted for labels.
- (ii) Signs must be posted at the entrance to restricted work areas.

(b) This section is not intended to supplant any provision of the Pennsylvania Right to Know Law.

- 10. Compliance and Complaint Procedures.** Each employer shall develop and implement compliance monitoring procedures and a complaint process. Existing procedures and policies that address compliance monitoring and complaints may be used to meet the requirements of this section.
- 11. Evaluation by Employees.** Each employer shall provide its public employees an opportunity to evaluate engineered sharps injury-prevention devices and needleless systems as part of an accident and illness prevention program.
- 12. Additional Measures.** The Department will consider additional guidelines or other measures as the need arises or as OSHA or the CDC adopt additional standards or recommendations.
- 13. Exemption from Guidelines.** The use of a drug or biologic which is prepackaged with an administration system or used in a pre-filled syringe and is approved for commercial distribution and investigational use by the United States Food and Drug Administration (USFDA) is exempt from these guidelines for a period of three (3) years from the effective date of these guidelines.
- 14. Contractors.** Nothing in these guidelines prohibits an employer from applying the principles of these guidelines to a contractor.
- 15. Severability.** If any part of these guidelines is held to be illegal or void, this shall not have the effect of making all or any other parts of these guidelines illegal or void.
- 16. Effective Date.** These guidelines shall take effect October 13, 2002.



# APPENDIX A.1.

## Model Exposure Control Plan (ECP)

Facility Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Responsible Person/Dept. For ECP \_\_\_\_\_

### 1. The Exposure Control Plan

The ECP has been designed to comply with the Guidelines on Bloodborne Pathogens (BBP's) for the Public Sector. The purpose is to outline policies and procedures to eliminate or minimize employee exposures to BBP's. The ECP is available to all employees and state officials upon request.

The ECP will be updated at least annually or whenever procedures or equipment changes.

### 2. Employee Exposure Determination \*

(a) The following is a list of job classifications in our facility for **all** employees who have any risk of occupational exposure to BBP's:

JOB TITLE	DEPT./LOCATION	TASK/PROCEDURE
Ex. Nurses Aide	Patient Care	Dressing Wound
_____	_____	_____
_____	_____	_____

(List other jobs in this category)

(b) The following is a list of job classifications in our facility for employees who have **some** risk of occupational exposure to BBP's:

JOB TITLE	DEPT./LOCATION	TASK/PROCEDURE
Ex. Custodian	Housekeeping	Handling Trash
_____	_____	_____
_____	_____	_____

(List other jobs in this category)

\*Employees covered by these guidelines include fulltime, part-time, temporary, contract and per diem employees.

### 3. Methods of ECP Implementation and Control

(a) UNIVERSAL PRECAUTIONS shall be used by all employees for all body fluids.

(b) ENGINEERING CONTROLS will be used to prevent or minimize occupational exposure to BBP's. Specific engineering controls are listed below.

<u>Control</u>	<u>Use</u>
Needleless system	All IV's
Sharps containers	Disposal of all sharps after use
(List other controls)	(List instances of use)

(c) WORK PRACTICES will be implemented to prevent and minimize occupational exposure to BBP's. Specific work practices are listed below.

(i) Handwashing is required of all employees. Handwashing facilities are found in the following locations:

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(ii) Broken sharps should be picked up with a brush, dust pan, or tongs and disposed of as contaminated waste.

(iii) Recapping, bending, or breaking of needles is prohibited. If no alternative exists, recap using one-handed method or recapping device.

(iv) All sharps should be disposed of in puncture resistant, leak-proof sharps containers. Containers are available in the following locations:

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(v) (List other work practices for various tasks with potential for exposure.)

(d) PERSONAL PROTECTIVE EQUIPMENT (PPE) is provided to all employees at no cost to prevent direct skin, eye, or mucous membrane contact with blood or body fluids. Employees are required to wear all PPE appropriate to the task and level of potential exposure.

(i) The types of PPE available to employees are as follows:

Gloves(type)	Eye protection	Face shield
Gowns	Resuscitation bags	Mouth piece
Foot covering	Pocket mask	(Other)

(List other PPE Available)

- (ii) PPE is located (specific location)\_\_\_\_\_and may be obtained through (responsible person or dept.\_\_\_\_\_.
- (iii) The procedure for handling used PPE is (Specify location(s) of decontamination stations and how to decontaminate different kinds of PPE.)

(Ex.- Dispose of foot coverings in designated containers. Use Rm 105 to clean face shields with soap and water. Spray with Product X.)

#### 4. Sharps Injury Log

(a) Employers shall establish and maintain a sharps injury log to help monitor injuries and assist in developing plans to eliminate or reduce these injuries, and to help employees evaluate sharps injury prevention devices and needless systems.

(b) Sharps injuries should be reported immediately to:\_\_\_\_(Specify person.)

(c) The following information reported to the person(s) listed above must include:

- (i) Dept./work area of exposure\_\_\_\_\_
- (ii) Date/time of exposure\_\_\_\_\_
- (iii) Job classification of exposed employee\_\_\_\_\_
- (iv) Type/brand of sharp\_\_\_\_\_
- (v) Body part(s) involved \_\_\_\_\_
- (vi) Procedure employee was performing\_\_\_\_\_
- (vii) Description of exposure & how occurred\_\_\_\_\_
- (viii) Did sharp have engineered sharps injury protection?\_\_\_\_\_
- (ix) If yes, did injury occur before, after, or during activation of protective mechanism? \_\_\_\_\_
- (x) If no sharps injury protective mechanism, how could one have prevented injury and basis for statement?\_\_\_\_\_

- (xi) What other methods or equipment might have prevented injury and basis for statement? \_\_\_\_\_

**NOTE:** Employers are required to provide employees with an opportunity to evaluate sharps injury prevention devices and needleless systems. For more information on the evaluation process, contact: \_\_\_\_\_ (Specify person, location, and how to contact.)

## 5. Hepatitis B Vaccination

- (a) In compliance with state guidelines, this facility offers the Hepatitis B vaccine free of charge after training and within 10 days of initial assignment to all employees identified as at risk for occupational exposure to BBP's.
- (b) Vaccination will be provided by \_\_\_\_\_ (List name of healthcare provider.) at the following location and times: \_\_\_\_\_
- (c) Any information about the vaccination and/or other evaluation of an employee will be kept in the employee's individual confidential medical record file.
- (d) An employee who refuses the vaccination must sign a declination form, which will be kept in the employee's individual confidential medical record file. (See Appendix A.2.)
- (e) An employee who declines the vaccination may request and obtain the vaccination at a later date at no cost.

## 6. Post-Exposure Evaluation and Follow-Up

- (a) If an exposure incident occurs, immediately contact: (List person, title, way to contact.) After initial first aid (clean and treat wound, flush eyes or other mucous membranes, etc.) the following activities will be performed:
- (i) Document routes of exposure and how exposure occurred.
  - (ii) Identify source individual, obtain consent for testing, and test source individual for HIV, HBV, and HCV. Disclose to employee's health care provider. (Some state laws may prohibit this.)
  - (iii) Provide exposed employee with counseling and evaluation by a licensed physician or health care professional.
  - (iv) Offer employee testing for HBV, HCV, and HIV and blood collection as soon as possible after incident. If employee does not give consent for HIV serological testing during blood collection, blood must be kept for 90 days. During that time, the employee retains the right to have the testing performed.

- (v) Offer employee appropriate post-exposure prophylaxis as determined by evaluating physician.
- (vi) Provide employee with a copy of the health care professional's written evaluation results within 15 days of the completed evaluation.
- (vii) Provide physician or health care professional with copy of state guidelines, and information about the employee's exposure and vaccination status.

(b) All information on the exposure incident and post-exposure evaluation will be kept in the employee's individual confidential medical record file. These records shall be kept by the facility for a period of at least 30 years after termination of employment. The records are available to the employee or authorized representative, upon written request, as well as to proper state authorities.

(c) The facility's confidential medical records are kept in the following secure location:

\_\_\_\_\_ (Specify location) \_\_\_\_\_.

## 7. Employee Training and Education

(a) All employees who have an occupational exposure to BBP's shall receive training at the time of their initial assignment and at least annually, or when there are equipment, procedure, or task changes. Training will be provided during working hours at not cost.

(b) At the minimum, training and education shall include the following:

- (i) a copy of the state guidelines
- (ii) the health effects of exposure to BBP's
- (iii) details of the Exposure Control Plan
- (iv) exposure prevention methods (i.e., engineering controls and safe work methods)
- (v) hands-on training on use of needles and needleless systems
- (vi) exposure reporting procedures
- (vii) post-exposure counseling and evaluation
- (viii) (benefits and availability of Hepatitis B vaccine
- (ix) complaint procedure
- (x) access to medical and environmental records

(c) Training materials for this facility are available at \_\_\_\_\_ (List location) \_\_\_\_\_.

## 8. Recordkeeping

(a) TRAINING RECORDS



**Appendix A.2.**

**HEPATITIS B VACCINE DECLINATION FORM (MANDATORY)**

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

Signed: (Employee signature)\_\_\_\_\_.

Print Name: \_\_\_\_\_

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

**APPENDIX B.1**

**MODEL EXPOSURE CONTROL PLAN (ECP)**

**Facility Name:** \_\_\_\_\_

**Date of Preparation:** \_\_\_\_\_

In accordance with Pennsylvania state guidelines, an Exposure Control Plan (ECP) has been developed by \_\_\_\_\_ (Facility Name) \_\_\_\_\_. The plan is designed to eliminate or minimize employee exposure to blood and other potentially infectious materials (OPIM). A copy of this plan will be made available to the employees. It will be reviewed, at a minimum, on an annual basis and also as may be needed to include new or modified tasks and procedures which affect occupational exposure and to include new or revised employee positions with occupational exposure.

The following (ECP) has been developed by \_\_\_\_\_ (person) \_\_\_\_\_

**1. Exposure Determination**

(a) Employers are required to perform an exposure determination concerning which employees may incur occupational exposure to blood or OPIMs. The exposure determinations are made without regard to the use of personal protective equipment. Employees are considered to be exposed even if they wear personal protective equipment. This exposure determination is required to list all job classifications in which **all** employees may be expected to incur such occupational exposure, regardless of frequency. At this facility, the following job classifications are in this category:

Job Classifications

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

(b) In addition, if the employer has job classifications in which **some** employees may have occupational exposure, then a listing of those classifications is required. Not all the employees in these categories would be expected to incur exposure to blood or OPIM. Therefore, tasks or procedures that would cause certain employees to have occupational exposure are required to be listed. The job classifications and associated tasks/procedures for these categories are as follows:

Job Classifications

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

Tasks/ Procedures

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



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## 2. Implementation Schedule and Methodology

Employers are required to include a schedule and method of implementation for the various requirements of the ECP. The following complies with this requirement:

Ex: Worker training to be done by RN shift supervisors by 3/2003.

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## 3. Methods of Compliance with ECP

### (a) Universal /Standard Precautions

Universal/Standard precautions will be observed at this facility in order to prevent contact with blood or OPIM. All blood or OPIM will be considered infectious regardless of the perceived status of the source individual.

### (b) Engineering and Work Practice Controls

- (i) Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains, after institution of these controls, personal protective equipment shall also be utilized. At this facility, the following engineering controls and work practices will be utilized:

(List all controls, such as needleless systems, one handed recapping, etc.)

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<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

- (ii) The above listed controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows: **(List schedule such as daily, once/weekly, etc. List who has the responsibility to review the effectiveness of the individual controls, such as the supervisor for each department, etc.)**

Schedule

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Responsible Person

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_____	_____
_____	_____
_____	_____

**4. Handwashing (HW)**

(a) Handwashing will be performed in the following situations: after removal of personal protective equipment, especially glove removal; between patient contact; after using the toilet; and before meals. The employee shall wash their hands and any other skin surface with soap and water. Flush mucous membranes with water immediately or as soon as possible following contact with blood or other OPIM.

(b) Handwashing facilities are readily accessible to employees who incur exposure to blood or OPIM. The following are the locations for handwashing stations.

<u>HW Stations</u>	<u>Location</u>
<u>Ex. – Station A-2</u>	<u>Rm. 301, 3rd Flr.</u>
_____	_____
_____	_____
_____	_____

(List locations such as patient rooms, procedure areas, etc.)

(c) If handwashing facilities are not feasible, we will provide either antiseptic towelettes or an antiseptic cleaner with clean cloths/paper towels. The following are locations for alternatives to handwashing.

<u>HW Alternative Locations</u>	<u>Responsible Person for HW Supplies</u>
_____	_____
_____	_____
_____	_____

Note: If handwashing alternatives are used, the employee must still wash hands with soap and water as soon as feasible.

**5. Contaminated Needles**

(a) Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. The exception to this would be if there was not a feasible alternative and/or if the procedure required that the contaminated needle be recapped or removed. If such action is required, then the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique. At this facility, recapping or removal of the contaminated needle is only permitted for the

following procedures: **(List the procedures. Also list the mechanical device to be used, or alternatively, if one-handed technique will be used)**

_____	_____
_____	_____
_____	_____

(b) Disposable sharps will be disposed of immediately as stated in the ECP under Section 10, Regulated Waste Disposal.

(c) Contaminated sharps that are reusable are to be placed immediately, or as soon as possible after use, into appropriate sharps containers until properly reprocessed. Reusable sharps shall be stored and processed in a way that eliminates the need for the employee to reach into the container where contaminated sharps have been placed.

(d) Containers for reusable sharps only are located \_\_\_\_\_.

## 6. Prohibited Practices in Work Area

(a) In work areas where there is a reasonable likelihood of exposure to blood or OPIM, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or OPIM are present. Mouth pipetting/suctioning of blood or OPIM is prohibited.

(b) All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or OPIM. Methods which will be employed at his facility to accomplish this goal are: **(list methods, such as centrifuge covers, use of dental dams, etc.)**

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

(c) (List other prohibited work practices:)

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

## 7. Contamination of Equipment and Specimens

(a) Contaminated Equipment

Equipment which has become contaminated with blood or OPIM shall be examined prior to servicing or shipping and, if feasible, shall be decontaminated as necessary. A readily observed label in accordance with the ECP shall be attached to the equipment. The label shall state which portions remain contaminated. The employer shall ensure that this

information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate.

(b) Specimens

- (i) Specimens of blood or OPIM designated to leave the facility will be placed in a container or bag which prevents leakage during the collection, handling, processing, storage and transport of the specimen. The container used for this purpose will be labeled or color-coded in accordance with the ECP. If the specimen will remain in the facility, it must also be labeled and stored safely in leak-proof containers.
- (ii) Any specimen which could puncture the primary container or leak while in transport will be placed in a second container or bag. The second container will be labeled or color-coded in accordance with the ECP. A second container or bag will also be used if the primary container becomes contaminated. This will protect other people during handling,

**8. Personal Protective Equipment (PPE)**

(a) The facility requires that employees wear PPE in situations of occupational exposure. All PPE used at this facility will be provided without cost to the employees. PPE will be chosen based on the anticipated exposure to blood or OPIM. The PPE will be considered appropriate only if it does not permit blood or OPIM to penetrate through to the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time for which the protective equipment will be used.

(b) Protective equipment is provided to the employees in the following areas: **(List where the PPE is located. Also list the type of PPE used in a particular task.)**

<b>PPE</b>	<b>Location</b>	<b>Task</b>
Gown		
Lab coat		
Apron		
Gloves (disposable)		
Gloves (utility)		
Mask		
Full face shield		
Other		

(c) All PPE will be cleaned, laundered, and disposed of by the employer at no cost to the employees. All repairs and replacements will be made by the employer at no cost to the employee. All garments which are penetrated by blood or body fluids shall be

removed immediately or as soon as possible. All PPE will be removed prior to leaving the work area.

Place removed PPE in: \_\_\_\_\_

(d) Gown

Gowns, aprons, lab coats, and other protective clothing shall be worn in occupational exposure situations. The type of PPE will depend upon the task and the degree of exposure anticipated. Protective clothing is available from Person and/or Location.

(e) Gloves (disposable and reusable)

- (i) Disposable single use gloves (latex, non-latex or vinyl) shall be worn when it is reasonably anticipated that employees will have hand contact with blood or OPIM.
- (ii) Gloves will be available from Person and/or Location.
- (iii) Disposable gloves used at this facility are not to be washed or decontaminated for reuse.
- (iv) Utility (reusable) gloves may be used in specific situations (i.e. housekeeping) . They are available from Person and/or Location. Utility gloves will be decontaminated after each use with an EPA approved disinfectant and allowed to dry. The reusable gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.

(f) Mask

Masks are required to be worn whenever a splash, spray, splatter or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can reasonably be anticipated. Masks may be worn in combination with eye protection devices such as goggles, glasses with solid side shield, or full length face shields.

**9. Housekeeping**

(a) This facility shall be cleaned and decontaminated according to the following schedule: **(List area and schedule.)**

Area	Schedule (date, time)
_____	_____
_____	_____
_____	_____

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(b) Decontamination will be accomplished by using the following chemicals: **(List an EPA approved disinfectant or a 1:10 bleach solution. Please note that a bleach solution must be made fresh daily.)**

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(c) As soon as feasible, all contaminated work surfaces will be decontaminated after completion of procedures or after a spill of blood or OPIM. At the end of the work shift, all surfaces which may have become contaminated since the last cleaning shall be decontaminated. **(Note here if the facility uses protective coverings such as plastic wrap or aluminum foil which is used to assist in keeping the surface free of contamination.)**

(d) All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regular basis.

(List frequency and by whom.)

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(e) Any broken glass which may be contaminated **will not be** picked up directly with the hands. The following procedure will be used.

(Describe Procedure)

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(f) If reusable equipment is used, these items will be decontaminated after each use. (i.e., dust pan and brush must be decontaminated after it is used to pick up broken glass.).

## 10. Regulated Waste Disposal

(a) Contaminated Sharps

All contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

- (i) Closable;
- (ii) Puncture resistant;
- (iii) Leak proof on sides and bottom;
- (iv) Labeled or color-coded in accordance with this ECP;
- (v) Easily accessible to personnel;
- (vi) Located as close as possible to the immediate area where sharps are used or can reasonably be anticipated to be used;
- (vii) Maintained upright throughout use;
- (viii) Replaced routinely so as not to be overfilled;
- (ix) Closed immediately prior to removal or replacement;
- (x) Placed in a secondary container if leakage is possible.
- (xi) This facility uses the following sharps containers in the listed locations.

Types of sharps containers	Location of Container
_____	_____
_____	_____
_____	_____
_____	_____

(b) Regulated (red bag) Trash

(i) All regulated waste, other than sharps, shall be placed into at least two red plastic bags, and securely closed to prevent spillage. The bag will be labeled or color-coded as stated in Section 16 Hazard Communication. Disposal, storage and transport shall be in accordance with applicable regulations and requirements of the PA Department of Environmental Protection.

(ii) Bags for regulated waste can be found in the following areas:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(c) Laundry

(i) All contaminated laundry shall be handled as little as possible and with a minimum of agitation. Such laundry shall be placed in appropriately marked bags at the location where it was used. It will not be sorted or rinsed in the area of use. The laundry shall be placed and transported in bags or containers which prevent soak through and/or leakage of fluids to the exterior.

(ii) The facility handles contaminated laundry as follows:

Location of laundry bags or containers

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Transport of contaminated laundry within the facility

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Transport of contaminated laundry off-site (if applicable)

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### 11. Hepatitis B Vaccine Series

(a) All employees who have been identified as having exposure to blood or OPIM will be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within 10 working days of their initial work assignment. Exceptions to this would be if the employee has previously received the vaccine series, antibody testing has revealed immunity, or the vaccine is contraindicated for medical reasons.

(b) Employees who decline the Hepatitis B vaccine will sign a waiver which uses the wording from the OSHA standard. (See Appendix B.2.).

(c) Employees who initially decline the vaccine, but who later wish to receive it, may then have the vaccine provided at no cost.

**( Employer should list all employees who have been offered the vaccine, which employees have declined, and who is responsible for the administration of the vaccine.)**

Employees offered vaccine

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Employees who refused vaccine

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Name of person or place where vaccine is administered

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(d) The vaccinations shall be:

- (i) Offered at no cost to the employee;
- (ii) Administered at a reasonable time and place during working hours;



- (iii) Supervised by a licensed physician/licensed healthcare professional;
- (iv) In accordance with the latest recommendations of the U. S. Public Health Services (USPHS);

(e) Employees must be offered booster dose injections of this vaccine consistent with future recommendation of USPHS.

## **12. Post-Exposure Evaluation and Follow-up**

(a) Following an exposure incident, the employer shall immediately make available to the employee a confidential medical evaluation, including laboratory tests, and follow-up. Act 148 of 1990 shall be followed when an occupational exposure has occurred.

(b) The evaluation and follow-up will include:

- (i) Documentation of the routes and circumstances of the exposure;
- (ii) identification, acquisition of consent, and testing of source individual where feasible;
- (iii) Post-exposure treatment;
- (iv) Counseling and evaluation of the employee's condition or reported illness.

(c) The employer must provide a copy of state guidelines, description of the employee's duties, routes and circumstances of the exposure, results of the source individual's tests, if available, all medical records relevant to the appropriate treatment of the employee including vaccination status to the healthcare professional making the evaluation.

(d) Within 15 days of the evaluation, the employer shall obtain and provide to the employee a copy of the healthcare professional's written opinion. The written opinion shall be limited to:

- (i) whether the Hepatitis B vaccination is indicated for the employee and if the employee has received the vaccination;
- (ii) that the employee has been informed of the evaluation results;
- (iii) that the employee has been informed of any medical conditions that could result from exposure and possibly require further evaluation and treatments.

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

## **13. Sharps Injury Log**

(a) As part of the required Exposure Control Plan, employers shall establish a sharps injury log to assist them in monitoring injuries, for developing plans to eliminate or reduce injury incidents, and to help employees evaluate sharps injury prevention devices

and needleless systems. You must provide the following information after a sharps injury:

- (i) date and time of exposure;
- (ii) type and brand of sharp involved in the exposure;
- (iii) description of the exposure;
- (iv) job classification of the exposed employee;
- (v) department or work area where exposure occurred;
- (vi) procedure that the exposed employee was performing at time of exposure;
- (vii) how the exposure occurred;
- (viii) body part involved in the exposure;
- (ix) if the sharp had engineered sharps injury protection;
- (x) if protective mechanism was activated;
- (xi) whether injury occurred before, during, after activation;

(b) The Sharps Injury Log is located at: \_\_\_\_\_.

(c) Employers are required to provide employees with an opportunity to evaluate sharps injury prevention devices and needleless systems. For information on the evaluation process, contact: (specify person, location, and how to contact.)

#### **14. Training and Education**

(a) Employers must provide training and education to all employees with occupational exposure. The training must be provided at no cost and during working hours. Initial training will be given within 90 days from effective date of the Pennsylvania Guidelines on Bloodborne Pathogens for the Public Sector or with establishment of a new facility. Thereafter, training will be given at the time of initial assignment, and at least annually thereafter or when tasks, conditions, products, or equipment change.

(b) Topics for training and education should include, but are not limited to:

- (i) a copy and discussion of these guidelines,
- (ii) the health affects of exposure to blood borne pathogens,
- (iii) the details of the Exposure Control Plan,
- (iv) exposure prevention methods including engineering controls and safe work practices,
- (v) hands-on training of the use of needles and needleless systems,
- (vi) exposure reporting procedures,
- (vii) benefits and availability of Hepatitis B vaccine,
- (viii) post-exposure counseling and evaluation,
- (ix) complaint procedure,
- (x) access to records (i.e., personal medical records, sharps injury log records, training records).

**15. Hazard Communication**

- (a) Warning labels including the orange or orange-red biohazard symbol shall be affixed to containers of regulated waste, refrigerators, freezers, or other containers used to store or transport blood, or other potentially infectious materials.
- (b) Red bags or red containers may be substituted for labels.
- (c) Signs must be posted at the entrance to restricted work areas
- (d) This section is not intended to supplant any provision of the Pennsylvania Right to Know Law.

**16. Compliance and Complaint Procedures**

- (a) Each employer shall develop and implement compliance monitoring procedures for the ECP and a complaint process for all staff. For more information on complaint procedures, contact:  
\_\_\_\_\_.

- (b) Existing procedures and policies that already address compliance monitoring and complaint procedures may be used to meet the requirements of this section.

**17. Recordkeeping**

(a) TRAINING RECORDS

- (i) Training records are maintained for each employee. These documents are kept for at least 3 years at: (List Location).
- (ii) Training records include dates of training, contents of sessions, names and qualifications of instructors, names and job titles of those attending the training sessions.
- (iii) Employee training records are provided, upon request, to the employee or the employee's authorized representative within 15 working days. Training record requests are to be addressed to: (Specify Department or Person and Address).

(b) MEDICAL RECORDS

- (i) Medical records are maintained in a confidential file for each employee with an occupational exposure to BBP's. These records shall be kept for the length of employment plus 30 years thereafter at: (Specific Location).

(ii) Medical records include social security number, Hepatitis B vaccine status, dates of vaccination, consent/refusal form, exposure incident information, post-exposure follow-up information, and all other relevant records.

(iii) Medical records are provided within 15 working days upon request to the employee or to a person having the written consent of the employee. Record requests are to be addressed to: (Specify Department or Person and Address.).

(c) SHARPS INJURY LOG RECORDS

(i) The Sharps Injury Log is maintained for 5 years at the following location:  
\_\_\_\_\_.

(ii) Records on the Sharps Injury Log include the information listed in Section 13.

(iii) Sharps Injury Log records are provided, upon request, to an employee or the employee's authorized representative within 15 working days. Sharps Injury Log records are to be addressed to: (Specify Department or Person and Address.).

**18. Additional Measures**

If Pennsylvania issues additional guidelines, or if OSHA or the CDC adopt additional standards or recommendations, the ECP plan will be altered to include these new measures.

**19. Exemption**

The use of a drug or biological which is prepackaged with an administration system or used in a pre-filled syringe and is approved for commercial distribution and investigational use by the United States Food and Drug administration (FDA) is exempt from the Pennsylvania Bloodborne Pathogen guidelines for a period of three (3) years from the effective date of October 13, 2002.

**20. Contractors**

The ECP requirements will be applied to all contractors or contractor employees at this facility.

## Appendix B.2.

### Hepatitis B Vaccine Declination Form (Mandatory)

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

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

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