



COMPLIANCE DOCUMENT

EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS

UMDNJ-SOM

Department_____

Division_____

December 2004

adapted from the Employer Guide and Model Exposure Control Plan, Bloodborne Pathogens Standard 29 CFR Part 1910.1030 by the New Jersey Department of Health Public Employees Occupational Safety and Health Program

Environmental and Occupational
Health and Safety
Services (EOHSS)

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<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>

INTRODUCTION

Acquired Immune Deficiency Syndrome (AIDS), hepatitis B, and hepatitis C warrant serious concern for workers occupationally exposed to blood and certain other body fluids. It is estimated that more than 5.6 million workers in health care and public safety occupations nationally could be potentially exposed. In recognition of these potential hazards, the New Jersey Public Employees Occupational Safety and Health Act adopted the Occupational Safety and Health Administration (OSHA) regulation [Bloodborne Pathogens 29 Code of Federal Regulations (CFR) 1910.1030] to protect New Jersey public workers from these health hazards.

The major intent of this regulation is to prevent the transmission of bloodborne diseases within potentially exposed workplace occupations. The standard requires that employers follow universal precautions, which means that all blood or other potentially infectious materials must be treated as being infectious. Each employer must determine the application of universal precautions by performing an employee exposure evaluation.

If employee exposure is recognized, as defined by the standard, the standard mandates a number of requirements. One of the main requirements is the development of an Exposure Control Plan that includes procedures for implementation of control measures to reduce exposures, including commercially available and effective safer medical devices, work practices, personal protective equipment, HBV vaccinations and training. The standard also requires written procedures for housekeeping, medical evaluations, hazard communication, and recordkeeping. A list of definitions for terms used in this Exposure Control Plan is included as Appendix A.

In order to make this plan compliant, **the blanks that appear throughout this document must be filled in with facility/department specific information.** Also, additional supporting documentation will be required for some sections of the plan.

POLICY

In accordance with the UMDNJ Bloodborne Pathogens Policy (Appendix C), The departments of the UMDNJ School of Osteopathic Medicine are committed to providing a safe and healthful work environment for it's entire staff. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with the OSHA Bloodborne Pathogens Standard, Title 29 Code of Federal Regulations 1910.1030.

PROGRAM ADMINISTRATION AND RESPONSIBILITIES

- *The Department Chairperson* for each clinical department in the Faculty Practice Plan is responsible for overseeing the implementation of this ECP. Each clinical department shall maintain and update the written ECP at least annually and whenever necessary to:
 - 1) include new or modified tasks, services, and procedures;
 - 2) reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens, and;
 - 3) include written documentation regarding the annual review and implementation of appropriate commercially available and effective safer medical devices.
- The Department Administrator will be responsible for ensuring that effective disinfectants are available and used.
- The Department of Human Resources, in conjunction with the SOM Department of Family Medicine, will ensure that all new hires who are reasonably anticipated to have occupational exposure to Bloodborne Pathogens receive required medical actions such as hepatitis B titers and/or vaccines within 10-days of starting work unless:
 - The employee has previously received the series and has documentation,
 - Antibody testing reveals that the employee is immune or,
 - Medical reasons prevent the employee from taking the vaccination.
- The immediate Clinical Supervisor will be responsible for ensuring that post-exposure evaluation and follow up is conducted, as per UMDNJ Policy (see Appendix E) through SOM Department of Internal Medicine.
- The Department Administrator will be responsible for ensuring that each employee covered by this Plan is scheduled to attend training upon hire, as required, ensuring that training is appropriately documented, and making the written ECP available to employees and PEOSH representatives.

- The Department Administrator and Clinical Supervisor will ensure that all necessary personal protective equipment (PPE), engineering controls (i.e., sharp containers, safer medical devices, etc.), labels, and red bags as required by the standard, are available. This person will also ensure that adequate supplies (and sizes, where applicable) of this equipment and supplies are available.
- The SOM Department of Internal Medicine will be responsible for providing 24-hour emergency information in the event of blood or body fluid exposures, for UMDNJ Faculty, Housestaff, employees and students located on the Stratford Campus or off-campus Clinics. Arrangements shall be made with associated medical facilities to provide post-exposure prophylaxis, counseling, and any necessary lab testing. The Internal Medicine Section Chief shall provide additional follow-up after the initial emergency treatment, and shall ensure that the employee is provided with the Healthcare Professional's written opinion within 15 days after completion of the evaluation. Appendix G (UMDNJ "Needlestick, Sharp Object Injury and Blood/Other Potentially Infectious Material Exposure Report") shall be completed and forwarded to EOHSS for tracking purposes. The Internal Medicine Department will maintain confidential medical records for each employee for a minimum of 30-years.
- The Department of Environmental and Occupational Health and Safety Services (EOHSS) will:
 - 1) assist SOM Faculty Practice Plan Clinical Departments to annually review and update, as necessary, this Exposure Control Plan.
 - 2) be responsible for conducting both initial and annual bloodborne pathogens training for all employees who have or are reasonably anticipated to have occupational exposure to bloodborne pathogens. EOHSS will maintain training records for a minimum of three years, as well as a database for tracking bloodborne pathogen exposure incidents by receiving Appendix G from the SOM Internal Medicine Section Chief.
- The SOM Faculty Practice Plan Clinical Departments shall use those needle/sharp safety devices which have been reviewed, evaluated and approved by the Kennedy Health Systems Value Analysis Committee. All Faculty Practice Plan Departments are free to choose other devices which may better suit their needs. When other devices are chosen, the department shall review and evaluate those devices following the procedures in Section 3.1.

EMPLOYEE EXPOSURE DETERMINATION

As part of the exposure determination section of the ECP, the following is a list of job classifications/titles or departments in which **all** employees have occupational exposure to bloodborne pathogens or other potentially infectious material: (Additional pages may be attached, if necessary.)

- Phlebotomist
 - Doctor
 - RN/LPN
- UMDNJ- School of Osteopathic Medicine
Bloodborne Pathogens Exposure Control Plan

- Medical Assistant/Technologist
- Outreach/Home Health Aides
- _____

In certain job titles, some employees may perform activities in which there is the potential for exposure to blood or body fluids. Below please list *non-typical* job titles and their respective tasks in which employees may have the potential for exposure to blood or body fluids. For example, a receptionist who may transport lab specimens. Note: there may be some clinical jobs as well as non-clinical jobs in which not all employees have exposure

Job Title	Task
• _____	• _____
• _____	• _____
• _____	• _____
• _____	• _____
• _____	• _____

Examples of tasks in which some personnel may be exposed to blood or body fluids includes:

- drawing blood
- resuscitation
- caring for persons who may bite
- surgical/medical/invasive procedures
- dental procedures
- packaging diagnostic/biological specimens for transport
- clinical laboratory handling and analysis of diagnostic specimens
- cleaning up spills of blood or body fluids
- handling/cleaning equipment contaminated with blood or body fluids
- inserting an IV
- dialysis
- suctioning
- handling of sharps containers and biohazard waste

Part-time, temporary, contract and per diem employees are covered by the regulation. In cases where these employees receive hepatitis B vaccinations, post evaluation and follow-up, and generic training from an outside contractor, **the Department Administrator or designee** will ensure that the outside service complies with the applicable provisions of the regulation.

Note: "Good Samaritan" acts which result in exposure to blood or other potentially infectious materials from assisting a fellow employee (i.e., assisting a co-worker with nosebleed, giving CPR or first aid) are not covered by the Bloodborne Pathogen Standard. However, post-exposure evaluation and follow-up should be provided in such cases.

UMDNJ- School of Osteopathic Medicine
 Bloodborne Pathogens Exposure Control Plan

EXPOSURE CONTROL PLAN

METHODS OF IMPLEMENTATION AND CONTROL

1.0 Universal/Standard Precautions

All facilities and their employees will utilize Universal/Standard Precautions as the cornerstone of their bloodborne pathogens safety program. Universal Precautions is an infection control principle which dictates that all human blood and specified human body fluids be treated as if they were infectious for HIV, HBV and other bloodborne pathogens. As of 1996, the Centers for Disease Control and Prevention (CDC) recommends the use of Standard Precautions, which means that all blood or other potentially infectious materials must be treated as being infectious for HIV, HBV, and HCV and other potential pathogens regardless of patient location, age, diagnosis, quantity of blood or other body fluid or other factors.

2.0 Annual Review of Exposure Control Plan

2.1 SOM Faculty Practice Plan Clinical Departments, in conjunction with the Department of EOHSS, will be responsible for reviewing and updating the ECP annually, or sooner if necessary, to:

- 1) reflect any new or modified tasks, services and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure;
- 2) reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens, and
- 3) document annual review and implementation of appropriate commercially available and effective safe medical devices.

3.0 Engineering Controls

Engineering controls will be used to prevent or minimize exposure to bloodborne pathogens. The term engineering controls includes all control measures that isolate or remove a hazard, encompassing not only sharps with engineered sharps injury protections and needleless systems but also other devices designed to reduce the risk of percutaneous exposure to bloodborne pathogens (e.g., sharps disposal containers). **Where there are commercially available safe medical devices that can be effectively used to eliminate or minimize the risk of exposure to blood and other body fluids, they must be used.**

Following is a partial list of needle/sharp safety devices that have been evaluated and approved for use at UMDNJ-SOM clinical sites*:

UMDNJ- School of Osteopathic Medicine
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- Sims-Portex Needle-Pro™
- Sims-Portex Point-Lok™ (only for use with devices with no commercially available safety features)
- BD Safety Glide™ Tuberculin syringe and Allergy kit
- BD Safety-Lok™ Blood Collection Sets
- BD Safety Butterfly
- New Medical Technology retractable syringes
- Surgilance lancets
- DeRoyal disposable scalpels
- Greiner plastic vacutainer tubes

*The needle/sharp safety devices have been evaluated, trialed and approved by either: Kennedy Health Systems, UMDNJ-SOM Clinical Departments, or UMDNJ-RWJMS University Medical Group.

Other examples of the types of currently available safe medical devices:

1. needles that retract into a syringe or vacuum tube holder
2. sliding needle shields attached to disposable syringes
3. retractable finger/heel-stick lancets
4. needleless connectors for IV delivery systems
5. protected needle IV connectors
6. hinged or sliding shields attached to phlebotomy needles, winged-steel needles, and blood gas needles
7. protective encasements to receive an IV stylet as it is drawn from the catheter
8. self-blunting phlebotomy and winged-steel needles
9. plastic capillary tubes
10. plastic vacutainer tubes

3.1 Evaluation and Selection of Safer Medical Devices – UMDNJ-SOM Safety Needle Plan

UMDNJ-SOM Faculty Practice Plan shall implement the use of needle safety devices that have been evaluated and approved by the Kennedy Health System. All departments are free to choose other devices that may better suit their needs. Needles and needle safety devices will be supplied to the Family Practice Department by the contract laboratory. When a clinical department chooses to use needle safety devices which have not been approved by Kennedy Health System, the UMDNJ-SOM Safety Needle Plan (Appendix K) shall be used to identify, evaluate, select, and implement the safety medical devices.

- List and description of the safety devices identified for review/evaluation and potential use. (See Section 4.0). A form that can be used to document the evaluation of devices being

considered for trial appears as Appendix K, Form A.

- Description of the administrative procedures put in place to evaluate and trial devices and provide for the continual review and evaluation of safety devices as they are newly introduced and become available in the marketplace.
 - The names and/or titles of the individuals responsible for managing the evaluation process.
 - For each device evaluated, documentation of the results of the evaluation. For each device selected, documentation of a summary statement providing details as to why that device was ultimately selected (Appendix K, Form A).
 - Information and documentation regarding the evaluation and selection of new commercially available devices must be reviewed at least annually.
- 3.2 SOM Faculty Practice Plan Clinical Departments, with assistance from EOHSS, responsible for managing the identification and evaluation process for safety devices.
- 3.3 Input from Direct Care Employees (clinical staff who provide hands-on care)

Employee acceptance is critical to the effective use of needle safety devices.

SOM Faculty Practice Plan Clinical Departments will ensure that direct care, non-managerial employees are involved in the identification, evaluation, and selection of safety devices and work practice controls through the following processes:

- Selected staff shall participate in the safety device evaluation.
 - Completion of “Staff Device Evaluation Form” Form B of the UMDNJ-SOM Safety Needle Implementation Plan (Appendix K).
 - Completion of “Device Complaint/Dissatisfaction Log”, Form C of the UMDNJ-SOM Safety Needle Implementation Plan (Appendix K).
- 3.4 Prior to any trial or use of safety devices by employees, the Clinical Supervisor shall ensure that employees have received training in the proper use of the safety device.
- Documentation regarding the specific employees who provided the input will be maintained by SOM Faculty Practice Plan Clinical Departments.

4.0 General Preliminary Evaluation Criteria for Safety Devices

Before subjecting any device to a trial or pilot test, the Clinical Department will evaluate it to determine its compliance with the criteria listed below. Those devices that best meet the criteria shall be given priority for testing.

- The product must be FDA approved and meet all legal requirements.
- The manufacturer must be able to provide adequate product and supply.
- Product representatives should be available to demonstrate devices and instruct users on the proper use of the device. If this is not the case, alternative plans must be

- developed to ensure adequate staff training.
- The device must minimize or eliminate the risk of needlestick or other injury, before, during and after use.
- The safety mechanism must activate easily and require only one hand to operate. (Devices that are passively activated are preferred.)
- Minimal changes in technique and use of product are required:
 - device does not require extensive training to be operated correctly.
 - the safety device does not interfere with the product's intended use.
- The user can easily tell if safety feature is activated/locked.
- The device has a minimal failure rate and consistently functions as intended.
- Patient discomfort is not increased. Specifically:
 - additional punctures are not routinely required
 - the safety feature does not interfere with ability to puncture skin.
- A minimal number of parts/pieces are required to use the system/device.
- The product is available in typical size ranges.
- The device is compatible with other vendor's supplies.

5.0 Inspections to Verify Availability of Safety Devices and Proper Use

Periodic inspections will be conducted to ensure that safety devices are both available and being used appropriately. A form which can be used to document periodic inspections has been included as Appendix K, Form D.

5.1 Documentation of Device Dissatisfaction

Dissatisfaction or problems reported with devices currently in use must be recorded/documented so that corrective action (e.g., replacement of device, FDA reporting, re-education of users) can be implemented. Employees should be informed, as part of their bloodborne pathogens training, that they should report complaints or dissatisfactions with devices already in place as well as "near miss" accidents (i.e., injuries that almost happen) to a specific person or department. Form C ("Needlestick/Device Dissatisfaction/Non-Use Event Log") of Appendix K, must be used to record exposure incidents, reported complaints/dissatisfaction, and instances of non-use.

Complaints regarding safe medical devices already in use in should be reported to the Department Administrator or Clinical Manager, using Appendix K, Forms B and/or C.

6.0 Work Practices

Work practice controls shall be used in SOM Clinical Departments, to minimize or reduce employee exposure to bloodborne pathogens. Work practice controls include, but are not limited to the following:

- Using readily accessible hand washing facilities.
- Washing hands immediately or as soon as feasible after removal of gloves.
- At non-fixed sites (i.e., emergency scenes, mobile blood collection sites) which lack hand washing facilities, providing interim hand washing measures, such as antiseptic towelettes, water-less antiseptic soaps, and paper towels. Employees can later wash their hands with soap and water as soon as feasible.
- Washing body parts as soon as possible after skin contact with blood or other potentially infectious materials occurs.
- Prohibiting the recapping or bending of needles.
- Shearing or breaking contaminated needles is prohibited.
- Labeling (Containers for potentially infectious materials must be labeled with a biohazard sticker.)
- Surface and equipment decontamination.
- Prohibiting eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses in work areas where there is a likelihood of occupational exposure.
- Prohibiting food and drink from being stored in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present.
- Requiring that all procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, splattering, and generation of droplets of these substances.
- Placing specimens of blood or other potentially infectious materials in a container, which prevents leakage during collection, handling, processing, storage, transport or shipping.
- Replacing sharps containers when they are two thirds full.

- Ensure that equipment which may become contaminated with blood or other potentially infectious materials are decontaminated prior to servicing or shipping. Items not completely decontaminated will be labeled per section (g)(1)(i)(H) of the OSHA Bloodborne Pathogen Standard.
- A plumbed, readily accessible, and uncluttered eyewash station must be available. Eyewashes will be tested and initialed periodically by the Department of Physical Plant or their representatives.

7.0 Personal Protective Equipment (PPE)

Personal protective equipment must be used if the potential for occupational exposure remains after engineering and work practice controls have been instituted, or if controls are not feasible. Training sessions will review the use of appropriate personal protective equipment for employees' specific job classifications and tasks/procedures.

PPE items include:

- Gloves
- Gowns
- Laboratory coats
- Face shields
- Masks
- Eye protection (e.g., splash-proof goggles, safety glasses with side shields)
- Resuscitation bags and mouthpieces

Additional training on personal protective equipment will be provided whenever necessary, such as, if a new device is used, if an employee takes a new position, or if new duties are added to their current positions.

Personal protective equipment (PPE) will be kept readily accessible for employee use. Each employee's supervisor is responsible for ensuring that appropriate equipment is issued and that staff is provided training on how and when PPE must be used in conjunction with their duties.

It is imperative that employees wear appropriate protective body coverings when exposure is possible. The type and characteristics of the PPE will depend upon the task and degree of exposure anticipated.

Appropriate personal protective equipment is required for the following tasks: (The specific equipment to be used should be listed after the task. For large clinics,

laboratories, or departments that might perform numerous tasks, a summary of the tasks and required PPE can be used.)

Task	Equipment
- Blood drawing	Gloves, eye protection
- Body fluid aspirations	Gloves, eye protection
- Wound care	Gloves, eye protection
- POCT (list specific tasks)	Gloves, eye/face protection, lab coats
- Procedural punctures and biopsies	Gloves, eye/face protection
- Resuscitation	Protective mouthpiece
- Other:	
- _____	_____
- _____	_____
- _____	_____

Note: First aid responders must have quick access to kits containing impervious gloves, resuscitation bags or mouthpieces, eye protection, aprons, disinfectant towelettes for hand washing, and red bags or biohazard-labeled bags.

7.1 All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment
- Remove protective equipment before leaving the work area and after a garment becomes contaminated
- Place used protective equipment in appropriately designated areas or containers when being stored, washed, decontaminated, or discarded.

Note: Designate areas or containers that are to be used for contaminated PPE and specify their location.

- Wear appropriate gloves when it can be reasonably anticipated that you may have contact with blood or other potentially infectious materials and when handling or touching contaminated items or surfaces. Replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.

- Following any contact of body areas with blood or any other infectious materials, you must wash your hands and any other exposed skin with soap and water as soon as possible. Employees must also flush exposed mucous membranes (eyes, mouth, etc.) with water.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised. The following procedure shall be used for decontamination:

Discard utility gloves when they show signs of cracking, peeling, tearing, puncturing, or deterioration.

- Never wash or decontaminate disposable gloves, either for reuse or before disposal.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or other potentially infectious materials pose a potential hazard to the eye, nose, or mouth.
- If a garment(s) is contaminated by blood or other potentially infectious materials, the garment(s) must be removed immediately or as soon as feasible. If a pullover scrub (as opposed to scrubs with snap closures) becomes minimally contaminated, employees should be trained to remove the pull-over scrub in such a way as to avoid contact with the outer surface; e.g., rolling up the garment as it is pulled toward the head for removal. However, if the amount of blood exposure is such that the blood penetrates the scrub and contaminates the inner surface, not only is it impossible to remove the scrub without exposure to blood, but the penetration itself constitutes exposure. Employees shall be trained to cut such a contaminated scrub to aid removal and prevent exposure to the face.
- PPE will be made available and replaced at no cost to employees.

8.0 Training

All employees who have or are reasonably anticipated to have occupational exposure to bloodborne pathogens will receive training conducted by the Department of EOHSS. The training program will cover, at a minimum, the following elements:

- a. An explanation of the contents of the PEOSH/OSHA Bloodborne Pathogens Standard (see Appendix A) and information on how they can get a copy of the standard;
- b. A general explanation of the epidemiology and symptoms of bloodborne diseases;
- c. An explanation of the modes of disease transmission;
- d. A review of the Exposure Control Plan and the steps that the employee can take to obtain a copy of it;
- e. An explanation of the appropriate methods that can be used to recognize and evaluate tasks and activities with potential exposure;
- f. An explanation of the use and limitations of the different methods of control including, but not limited to, engineering controls, work practices and personal protective equipment;
- g. Health care workers shall receive training in the use of safety devices utilized during the course of their duties. Training shall be provided to the extent necessary to ensure their proper and appropriate use. The employer shall monitor the effectiveness of this training by conducting regular inspections (Appendix K, Form D).
- h. Information on how they can report complaints, dissatisfaction or “near miss” injuries with safety devices utilized during the course of their duties.
- i. Information on the types, proper use, location, removal, handling and disposal of personal protective equipment and the basis for selection of the different types of equipment;
- j. Information on the appropriate actions and procedures to follow if an exposure occurs;
- k. Information on the Hepatitis B vaccine including safety, benefits, efficacy, methods of administration and that the vaccine will be free of charge;
- l. An explanation of the signs and labels required by the standard;
- m. An opportunity for interactive questions and answers; and
- n. Additional training for employees in HIV and HBV research laboratories which is specific to the practices and operations of the laboratory;
- o. hands-on training on the proper use of approved safety needle devices.

8.1 Training for packaging potentially infectious specimens for air or ground shipment:

UMDNJ-SOM employees who package diagnostic and biological specimens for air or ground shipment will receive training in accordance with requirements of the International Air Transport Association (IATA) and the Department of Transportation (DOT). The Department of Environmental and Occupational Health and Safety Services (EOHSS) can be contacted for information regarding these training requirements.

8.2 A record of each employee’s training will be maintained for a minimum of three years.

9.0 Hepatitis B Vaccination

The hepatitis B vaccination series will be made available at no cost within 10 days of initial assignment to employees who have occupational exposure to blood or other potentially infectious materials unless:

- the employee has previously received the series;
- antibody testing reveals that the employee is immune; or
- there are medical reasons which prevent taking the vaccination.

- 9.1 As required by the University Policy on HIV, HBV and HCV (00-01-40-40:00) (see Appendix F), all house staff, faculty and staff who have direct patient contact, (as defined in the University Policy on HIV, HBV and HCV), or who have contact with potentially infectious body fluids or laboratory materials must be immunized against hepatitis B or be able to demonstrate immunity. In accordance with the standard, each school/unit shall be responsible for establishing procedures such that all employees who have occupational exposure can obtain hepatitis B vaccinations at no cost to them. The vaccination shall be made available within 10 working days of assignment to duty, unless immunity has been established or the vaccine is contraindicated for medical reasons.

10.0 Post Exposure Evaluation and Follow-up Procedures for Reporting, Documenting and Evaluating the Exposure

The UMDNJ University Policy, "Chemo-prophylaxis after Potential Occupational/Educational HIV Exposure" (00-01-40-40:10) addresses post exposure evaluation and follow-up procedures. A copy is included in Appendix E.

The UMDNJ Policy "Postexposure Zidovudine Prophylaxis" requires:

"A detailed protocol which shall be strictly adhered to following an exposure shall be developed in writing and disseminated to all appropriate individuals on each campus of the University. The procedures developed to implement this policy shall ensure timely availability of medical attention and counseling, and of zidovudine prophylaxis if requested, 24 hours a day." (See Appendix E).

- 10.1 Should an exposure incident occur, decontamination should be performed, if necessary, at the nearest eyewash, sink, or safety shower. The person who received the exposure should then immediately notify their immediate Clinical Supervisor who will ensure the procedures outlined in section 11.2 are followed.

10.2 The protocol/procedure for reporting, documenting, and evaluating an exposure incident is as follows:

- a. Immediately contact an SOM Internal Medicine physician (timing is critical) by phoning the Department of Internal Medicine at x6-6845 (this is a 24 hour number). If the incident occurs after normal business hours, the Internal Medicine answering service will page the physician on call.
- b. After calling SOM Internal Medicine, contact the appropriate affiliate hospital Infection Control Coordinator, or after hours, contact the nursing supervisor by dialing the hospital operator.
- c. Students from a UMDNJ school other than the School of Osteopathic Medicine should follow procedures developed by their school for post-exposure evaluation.

10.3 Documentation of Bloodborne Pathogens Exposures

Each exposure will be documented as follows:

- a. The Immediate Clinical Supervisor must complete a UMDNJ Incident Form, which must be forwarded to Risk and Claims. Risk and Claims should be notified of the incident by calling (973) 972-6277. If the incident occurs after regular working hours and Risk and Claims is not available, Risk and Claims should be contacted as soon as possible the next business day.
- b. The Supervisor must enter the following information onto the form which appears as Appendix K, Form C of this Plan: 1) the type and brand of device involved in the incident; 2) the department or work area where the exposure incident occurred; and 3) an explanation of how the incident occurred.
- c. The SOM Internal Medicine Section Chief will complete the “Needlestick, Sharps Injury and Blood/OPIM Exposure Form” (Appendix G). This form will be forwarded to the Department of Environmental and Occupational Health and Safety Services (EOHSS) to be used for record keeping and incident follow up through the SOM Faculty Practice Plan Clinical Departments.
- d. The UMDNJ Risk and Claims Department shall be responsible for recording sharps injuries involving contaminated objects on the OSHA 300 Log of Work Related Injuries and Illnesses and the OSHA 301 Injury and Illness Report as required by the OSHA Recordkeeping Standard (29 Code of Federal Regulations (CFR) 1904).

- 10.4 The Clinical Supervisor will review and document the circumstances of the exposure incident on Form C, Appendix K, to determine if procedures, protocols and/or training need to be revised to prevent a reoccurrence of the incident.
- 10.5 The Clinical Supervisor will ensure that the Department of Internal Medicine receives the following information after an exposure incident:
- a description of the employee's job duties relevant to the exposure incident
 - route(s) of exposure
 - circumstances of exposure
 - if possible, results of the source individual's blood test

11. Healthcare Professional's Written Opinion

The Healthcare Professional's Written Opinion shall be provided to the employee within 15 days after the completion of the evaluation by the healthcare professional.

a. Hepatitis B Vaccination

The UMDNJ-SOM Department of Family Practice is responsible for administration of the Hepatitis B Vaccine series including titer testing, to new employees, and for the maintenance of required medical records. For hepatitis B vaccinations, the healthcare professional's written opinion will be limited to whether the employee requires or has received the hepatitis B vaccination.

Employees who refuse the hepatitis B vaccine are required to sign a Declination Form, which is provided and maintained by the Department of Family Practice. Employees who have previously been vaccinated shall provide documentation to the Department of Family Practice, for inclusion in the employee's medical record.

b. Employee Exposure Evaluation

The Internal Medicine Section Chief, Department of Internal Medicine, will ensure that post-exposure evaluation, counseling and medical follow-up are conducted. The healthcare professional's written opinion will be limited to whether or not the employee has been informed of the results of the medical evaluation and any medical conditions that may require further evaluation and treatment.

All other diagnoses must remain confidential and not be included in any subsequent written report to the University.

HOUSEKEEPING

12.0 Housekeeping

The Bloodborne Pathogens Standard requires that employers determine and implement an appropriate written schedule for cleaning and decontamination based upon the location of the facility, type of surface to be cleaned, and task or procedures being performed in the area. In most of the UMDNJ facilities the Physical Plant Department of Environmental Services is responsible for providing housekeeping services (in certain cases it may be an outside vendor). A description of the frequency and type of housekeeping services provided shall be included as part of this Exposure Control Plan.

- 12.1 In conjunction with UMDNJ Environmental Services, the Clinical Supervisor will ensure that cleaning and decontaminating work surfaces is conducted, as necessary.

Note: Include any specific departmental requirements for cleaning or decontamination. Include location of cleanup and decontamination supplies.

- 12.2 The following is a list of items that may be included in written housekeeping procedures.

- Decontaminate work surfaces with an appropriate disinfectant after completion of procedures, immediately when overtly contaminated, after any spill of blood or other potentially infectious materials and at the end of the work shift when surfaces have become contaminated since the last cleaning.
- Remove and replace protective coverings such as plastic wrap and aluminum foil when contaminated.
- Inspect and decontaminate, on a regular basis, reusable receptacles such as bins, pails, and cans that have a likelihood for becoming contaminated. When contamination is visible, clean and decontaminate receptacles immediately, or as soon as feasible.
- Always use mechanical means such as tongs, forceps, or a brush and a dust pan to pick up contaminated broken glassware; never pick up with hands even if gloves are worn.
- Place regulated waste in closable and labeled or color-coded containers. When storing, handling, transporting or shipping, place other regulated waste in containers that are constructed to prevent leakage.

- When discarding contaminated sharps, place them in containers that are closable, puncture-resistant, appropriately labeled or color-coded, and leak-proof on the sides and bottom.
- Ensure that sharps containers are easily accessible to personnel and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found. Sharps containers also must be kept upright throughout use, replaced routinely, closed when moved, and not allowed to overfill.
- Never manually open, empty, or clean reusable contaminated sharps disposal containers.

12.3 Laundry

The Bloodborne Pathogens Standard holds employers responsible for the cost of laundering of any personal protective equipment required to protect employees from bloodborne pathogens. Disposable protective clothing can be used to eliminate or greatly reduce the need for laundering.

The following contaminated articles will be laundered:

Lab coats, scrubs, sheets/pillow cases, patient gowns.

Others: _____

Laundering will be performed by Environmental Services

The following requirements must be met, with respect to contaminated laundry:

- Handle contaminated laundry as little as possible and with a minimum of agitation.
- Use appropriate personal protective equipment when handling contaminated laundry.
- Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transporting.
- Bag contaminated laundry at its location of use.

- Never sort or rinse contaminated laundry in areas of its use.
- Use red laundry bags or those marked with the biohazard symbol unless Universal Precautions are in use at the facility and all employees recognize the bags as contaminated and have been trained in handling the bags.
- All generators of laundry must have determined if the receiving facility uses universal precautions. If Universal Precautions are not used, then clearly mark laundry sent off-site with orange biohazard labels or use red bags. Leak proof bags must be used when necessary to prevent soak-through or leakage.
- When handling and/or sorting contaminated laundry, utility gloves and other appropriate personal protective equipment (i.e., aprons, mask, eye protection) shall be worn.
- Laundries must have sharps containers readily accessible due to the incidence of needles and sharps being unintentionally mixed with laundry.
- Linen soiled with blood or body fluids should be placed and transported in bags that prevent leakage. If hot water is used, linen should be washed with detergent in water at least 140F-160F for 25 minutes. If low-temperature (<140F) laundry cycles are used, chemicals suitable for low-temperature washing at proper use concentration should be used.

LABELING

13.0 Labeling

The standard requires that fluorescent orange or orange-red warning labels be attached to: (1) containers of regulated waste; (2) refrigerators and freezers containing blood and other potentially infectious materials; (3) sharps disposal containers; (4) laundry bags and containers; (5) contaminated equipment for repair (portion contaminated); and (6) other containers used to store, transport, or ship blood or other potentially infectious materials.

These labels are not required when: (1) red bags or red containers are used; (2) containers of blood, blood components, or blood products are labeled as to their contents and have been released for transfusion or other clinical use; (3) individual containers of blood or other potentially infectious materials are placed in a labeled container during storage, transport, shipment or disposal.

The warning label must be fluorescent orange or orange-red, contain the biohazard symbol and the word "BIOHAZARD" (See Appendix I) in a contrasting color, and be attached to each object by string, wire, adhesive, or other method to prevent loss or unintentional removal of the label.

- 13.1 The Clinical Supervisor will ensure warning labels are affixed or red bags are used as required. Employees are to notify their immediate Clinical Supervisor if they discover unlabeled regulated waste containers.

Note: Information regarding the labeling system must be communicated to all employees as part of their training.

RECORDKEEPING

14.0 Recordkeeping

14.1 Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.20 (OSHA Recordkeeping Standard). Employee medical records shall be maintained for at least the duration of employment plus 30 years. Employee medical records shall be provided upon request to the employee or to anyone having written consent of the employee within 15 working days.

The Faculty Practice Plan Clinical Administrator is responsible for maintenance of the required medical records.

- 14.2 In addition to the requirements of 29CFR 1910.20, the medical record will include:

The name and social security number of employee;

A copy of the employee's hepatitis B vaccinations and any medical record relative to the employee's ability to receive vaccination;

A copy of all results of examinations, medical testing, and follow-up procedures as required by the standard;

A copy of all healthcare professional's written opinion(s) as required by the standard

All employee medical records will be kept confidential and will not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by the standard or as may be required by law.

Employee medical records shall be maintained for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.20.

Employee medical record shall be provided upon request of the employee or to anyone having written consent of the employee within 15 working days.

14.3 Training Records

Training records associated with this Exposure Control Plan will be maintained by the Department of EOHSS for a minimum of three (3) years from the date on which the training occurred. Employee training records will be provided upon request to the employee or the employee's authorized representative within 15 working

Records for training on safe medical devices will be maintained by the Faculty Practice Plan Department Administrators.

The training record shall include the:

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

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<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>

Attachments

- Attachment 1: Needle/Sharp Safety Devices Approved
- Attachment 2: Guidelines for the Use of Needle Devices Without Integrated Safety Features

Appendix A				
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Bloodborne pathogens. - 1910.1030

[← Regulations \(Standards - 29 CFR\) - Table of Contents](#)

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- **Part Number:** 1910
 - **Part Title:** Occupational Safety and Health Standards
 - **Subpart:** Z
 - **Subpart Title:** Toxic and Hazardous Substances
 - **Standard Number:** 1910.1030
 - **Title:** Bloodborne pathogens.
-
- **Appendix:** A
-

1910.1030(a)

Scope and Application. This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this section.

1910.1030(b)

Definitions. For purposes of this section, the following shall apply:

Assistant Secretary means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

Blood means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens means 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) 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 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.

Decontamination 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.

Director means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Handwashing Facilities means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

Needleless systems means a device that does not use needles for:

(1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) The administration of medication or fluids; or (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

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 Materials means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other

tissues from experimental animals infected with HIV or HBV.

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

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

Production Facility means a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

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.

Research Laboratory means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Sharps with engineered sharps injury protections means a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual means any individual, 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.

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

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

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-

handed technique).

1910.1030(c)

Exposure Control --

1910.1030(c)(1)

Exposure Control Plan.

1910.1030(c)(1)(i)

Each employer having an employee(s) with occupational exposure as defined by paragraph (b) of this section shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.

1910.1030(c)(1)(ii)

The Exposure Control Plan shall contain at least the following elements:

1910.1030(c)(1)(ii)(A)

The exposure determination required by paragraph (c)(2),

..1910.1030(c)(1)(ii)(B)

1910.1030(c)(1)(ii)(B)

The schedule and method of implementation for paragraphs (d) Methods of Compliance, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard, and

1910.1030(c)(1)(ii)(C)

The procedure for the evaluation of circumstances surrounding exposure incidents as required by paragraph (f)(3)(i) of this standard.

1910.1030(c)(1)(iii)

Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.1020(e).

1910.1030(c)(1)(iv)

The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The

review and update of such plans shall also:

[1910.1030\(c\)\(1\)\(iv\)\(A\)](#)

Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens;
and

[1910.1030\(c\)\(1\)\(iv\)\(B\)](#)

Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

[1910.1030\(c\)\(1\)\(v\)](#)

An employer, who is required to establish an Exposure Control Plan shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan.

1910.1030(c)(1)(vi)

The Exposure Control Plan shall be made available to the Assistant Secretary and the Director upon request for examination and copying.

[1910.1030\(c\)\(2\)](#)

Exposure Determination.

[1910.1030\(c\)\(2\)\(i\)](#)

Each employer who has an employee(s) with occupational exposure as defined by paragraph (b) of this section shall prepare an exposure determination. This exposure determination shall contain the following:

1910.1030(c)(2)(i)(A)

A list of all job classifications in which all employees in those job classifications have occupational exposure;

..1910.1030(c)(2)(i)(B)

1910.1030(c)(2)(i)(B)

A list of job classifications in which some employees have occupational exposure, and

1910.1030(c)(2)(i)(C)

A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of paragraph (c)(2)(i)(B) of this standard.

1910.1030(c)(2)(ii)

This exposure determination shall be made without regard to the use of personal protective equipment.

1910.1030(d)

Methods of Compliance --

1910.1030(d)(1)

General. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

1910.1030(d)(2)

Engineering and Work Practice Controls.

1910.1030(d)(2)(i)

Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

1910.1030(d)(2)(ii)

1910.1030(d)(2)(ii)

Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

1910.1030(d)(2)(iii)

Employers shall provide handwashing facilities which are readily accessible to employees.

1910.1030(d)(2)(iv)

When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

1910.1030(d)(2)(v)

Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

1910.1030(d)(2)(vi)

Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

1910.1030(d)(2)(vii)

Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in paragraphs (d)(2)(vii)(A) and (d)(2)(vii)(B) below. Shearing or breaking of contaminated needles is prohibited.

..1910.1030(d)(2)(vii)(A)

1910.1030(d)(2)(vii)(A)

Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.

1910.1030(d)(2)(vii)(B)

Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

1910.1030(d)(2)(viii)

Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:

1910.1030(d)(2)(viii)(A)

Puncture resistant;

1910.1030(d)(2)(viii)(B)

Labeled or color-coded in accordance with this standard;

1910.1030(d)(2)(viii)(C)

Leakproof on the sides and bottom; and

1910.1030(d)(2)(viii)(D)

In accordance with the requirements set forth in paragraph (d)(4)(ii)(E) for reusable sharps.

1910.1030(d)(2)(ix)

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

1910.1030(d)(2)(x)

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

..1910.1030(d)(2)(xi)

1910.1030(d)(2)(xi)

All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

1910.1030(d)(2)(xii)

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

1910.1030(d)(2)(xiii)

Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

1910.1030(d)(2)(xiii)(A)

The container for storage, transport, or shipping shall be labeled or color-coded according to paragraph (g)(1)(i) and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with paragraph (g)(1)(i) is required when such specimens/containers leave the facility.

1910.1030(d)(2)(xiii)(B)

If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of

this standard.

..1910.1030(d)(2)(xiii)(C)

1910.1030(d)(2)(xiii)(C)

If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

1910.1030(d)(2)(xiv)

Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

1910.1030(d)(2)(xiv)(A)

A readily observable label in accordance with paragraph (g)(1)(i)(H) shall be attached to the equipment stating which portions remain contaminated.

1910.1030(d)(2)(xiv)(B)

The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

1910.1030(d)(3)

Personal Protective Equipment --

1910.1030(d)(3)(i)

Provision. When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, 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.

1910.1030(d)(3)(ii)

Use. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was

the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

1910.1030(d)(3)(iii)

Accessibility. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

1910.1030(d)(3)(iv)

Cleaning, Laundering, and Disposal. The employer shall clean, launder, and dispose of personal protective equipment required by paragraphs (d) and (e) of this standard, at no cost to the employee.

..1910.1030(d)(3)(v)

1910.1030(d)(3)(v)

Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

1910.1030(d)(3)(vi)

If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.

1910.1030(d)(3)(vii)

All personal protective equipment shall be removed prior to leaving the work area.

1910.1030(d)(3)(viii)

When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

1910.1030(d)(3)(ix)

Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures except as specified in paragraph (d)(3)(ix)(D); and when handling or touching contaminated items or surfaces.

UMDNJ-SOM

Form A: Comparison of Commercially Available Devices

Name _____ Title _____ Dept/Division _____

Date _____ Device being Replaced _____

General Criteria for Devices Being Evaluated	Brand/Name	Brand/Name	Brand/Name
Does this device have a passive safety mechanism?			
Can the safety mechanism be activated with one hand ?			
Can the user tell when the safety mechanism has been activated?			
Are minimal changes in technique and use required?			
Is this product dependent upon other products or items? (Identify)			
Is the device compatible with products currently in use?			
Is the product available in typical size ranges?			
Does the manufacturer have adequate product and supply capability?			
Is the device used at affiliated institutions?			
Did the product get a good recommendation from facilities using the device (list institutions)?			

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Form B: Staff Device Evaluation

Date _____ Facility: _____ Department/Division _____

Position _____ Device Being Replaced _____

Number of times used: 0 1-5 6-10 11-25 26-50 More than 50

Circle the best answer.

	Agree					Disagree
1. Hands stay behind needle tip at all times.	1	2	3	4	5	N/A
2. Needle point is held securely after removal.	1	2	3	4	5	N/A
3. Product does not require more time to use.	1	2	3	4	5	N/A
4. I can easily position device over needle.	1	2	3	4	5	N/A
4. Device is easy to handle while wearing gloves.	1	2	3	4	5	N/A
5. The device can be used with one-handed technique.	1	2	3	4	5	N/A
6. Device is compatible with other products.	1	2	3	4	5	N/A
7. Device will work with different sizes/types of Huber	1	2	3	4	5	N/A
8. Safety feature operates reliably.	1	2	3	4	5	N/A
9. Exposed sharp is permanently blunted or covered after	1	2	3	4	5	N/A
10. Device can be disposed of in standard sharps containers.	1	2	3	4	5	N/A

Would you recommend utilizing this device? YES NO

Is there a device you would rather use?

Did you receive instruction from the product representative? YES NO

Comments:

UMDNJ-SOM
Form C: Needlestick/Device Dissatisfaction/Non-Use Event Log

Name _____ Title _____ Dept/Division _____ Date _____

Report Event and Date I- Incident D- Dissatisfaction N - Non-Use	Manufacturer and Name of Safety Device involved	Needlestick: State how the incident occurred. Dissatisfaction: Summarize the problem. Non-use of Safety Device: State why use of the device was not feasible	What corrective action is being taken? (E.g., re-education of user, change of device/work practices)	Date corrective action was taken and outcome
Event- Date-				
Event Date				
Event- Date-				
Event - Date-				
Event- Date-				

Copy this form as needed. Keep completed form with other Safety Needle Device documents.

UMDNJ-SOM

Form E: Documentation of Employee Training for Safety Medical Devices

***Insert Sign-in sheets for device specific trainings**

Appendix L

Summary June 29, 2001 MMWR: “Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV and HIV and Recommendations for Postexposure Prophylaxis” is available online at:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>