

SECTION XVII:
BLOODBORNE PATHOGENS EXPOSURE & CONTROL

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BLOODBORNE PATHOGENS EXPOSURE & CONTROL

FEDERAL REGISTER

The OSHA website, <http://www.osha.gov> is the complete resource for OSHA information. The following are abstracts and specific web locations from this OSHA library.

- **Final Rule on Occupational Exposure to Bloodborne Pathogens 56:64004** • Information Date: 12/06/1991 • Federal Register #: 56:64004 • Standard Number: 1910.1030 • Type: Final • Agency: OSHA • Subject: **Final Rule on Occupational Exposure to Bloodborne Pathogens** • **CFR Title: 29** • Abstract: OSHA is promulgating a standard to eliminate or minimize occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens. The standard became effective on 3/6/92. Based on a review of the information in the rulemaking record, OSHA has determined that employees face a significant health risk as the result of occupational exposure to blood and other potentially infectious materials because they may contain bloodborne pathogens, including hepatitis B virus which causes Hepatitis B, and human immunodeficiency virus, which causes Acquired Immunodeficiency Syndrome (AIDS). The Agency further concludes that this exposure can be minimized or eliminated using a combination of engineering and work practice controls, personal protective clothing and equipment, training, medical surveillance, Hepatitis B vaccination, signs and labels, and other provisions.
- **Standard Number: 1910.1030 • Standard Title: Bloodborne pathogens. • SubPart Number: Z • SubPart Title: Toxic and Hazardous Substances [the complete regulation]** maybe downloaded from http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

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NEW MEXICO STATE STANDARDS

- **Approval of New Mexico State Standards 57:47124** • Information Date: 10/14/1992 • Federal Register #: 57:47124 • Standard Number: 1953.4 • Type: Notice • Agency: OSHA • Subject: **Approval of New Mexico State Standards** • CFR Title: 29 • Abstract: The New Mexico State Plan provides for the adoption of State standards which are at least as effective as comparable Federal standards promulgated under Section 6 of the Act. The state submitted state standards identical to the following Federal Standards: 1910.1030, Bloodborne Pathogens; 1910.109, Explosive and Blasting Agents; 1910.119, Process Safety Management of Highly Hazardous Chemicals. These standards became effective August 8, 1992, pursuant to New Mexico State Law. Having reviewed the State submissions in comparison with the Federal standards, it was determined that the State standards are identical to the Federal standards, and are accordingly approved. The decision is effective October 14, 1992.
- **Interpretation • Subject: Most frequently asked questions concerning the bloodborne pathogens standard. • Information Date: 02/01/1993** may be downloaded from <http://www.osha.gov/html/comp-links-faq.html>

Federal Authority extends to all private sector employers with one or more employees, as well as federal civilian employees. In addition, many states administer their own occupational safety and health programs through plans approved under section 18(b) of the OSH Act. These plans must adopt standards and enforce requirements that are at least as effective as federal requirements. Of the current 25 state plan states and territories, 23 cover the private and public (state and local governments) sectors and 2 cover the public sector only.

NEW MEXICO REGULATION ON BLOODBORNE PATHOGENS

Introduction

Occupational Safety and Health Standards (OSHA) Regulation 29 CFR 1910.1030 requires that employers who have employees with potential occupational exposure develop a written Bloodborne Pathogen Exposure Control Plan designed to eliminate or minimize employee exposure. Occupational exposure is defined as “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.” OSHA has determined that employees face a significant health risk as the result of occupational exposure to blood and other potentially infectious materials because they may contain bloodborne pathogens, including hepatitis B virus (HBV) and human immunodeficiency virus. The agency further concludes that this exposure can be minimized or eliminated using a combination of engineering and work practice controls, personal protective clothing and equipment, training, medical surveillance, hepatitis B vaccination, signs and labels and other provisions.

Under New Mexico Law, the state standards for occupational exposure to bloodborne pathogens and enforcement requirements meet federal standards by being at least as effective as federal requirements.

Guidelines

- Each school district must perform an employee exposure determination in order to identify employees who may incur occupational exposure to blood or other potentially infectious materials. This identification must result in a list of job classifications that may be expected to incur such occupational exposure, regardless of frequency.
- As part of Regulation 29 CFR 1910.1030, the employer is required to make available, at no cost to the employee, the hepatitis B series of vaccinations if employee is determined to be at risk for potential exposure. Furthermore, the employer must provide all appropriate personal protective equipment (PPE).
- Suggested PPE in the school setting includes gloves, face shield, apron/gown and goggles. A mouth-to-mouth shield should also be available for use by those staff properly trained and certified in its use, i.e. emergency response/CPR/first aid trained employees.
- School districts should designate administrative staff to investigate claims relating to exposures to blood and other body fluids.

- For all bloodborne pathogen exposure incidents, Form E-1 should be filed with the State Department of Education's Worker's Compensation Claims Adjuster who will determine if the claim is compensable under the Worker's Compensation Law.

OSHA BLOODBORNE PATHOGENS REFERENCE GUIDE
(also in the Resource Section of this manual)

**OSHA BLOODBORNE PATHOGENS
REFERENCE GUIDE**

Department/Location _____

Purpose: To protect persons occupationally exposed to blood or other potentially infectious materials. This Standard identifies how to determine who has occupational exposure and how to reduce workplace exposure to bloodborne pathogens.

Reference: 29 CFR 1910130 (New Standard)

29 CFR 1910.1030 – Bloodborne Pathogens	YES	NO	COMMENTS
(c) Exposure Control			
(c)(1) Has each employer having employee(s) with occupational exposure established a written Exposure Control Plan?			
(c)(1)(ii) Does the Exposure Control Plan contain at least the following elements? *Exposure determination as defined in (c)(2). *Schedule and method of implementation of control plan. * Methods of compliance. * Hepatitis B vaccination and post-exposure evaluation. * Communication of hazards to employees. * Recordkeeping for this standard. * Procedure for evaluation of circumstances.			
(c)(1)(iii). Is a copy of the Exposure Control Plan accessible to employees?			
(c)(1)(iv). Is the Exposure Control Plan reviewed and updated at least annually?			
(d) Methods of Compliance			
(d) (1) Are universal precautions observed?			
(d)(2). Are engineering and work practice controls used to eliminate or minimize employee exposure?			
(d)(2)(i). Is personal protective equipment (PPE) used when the above controls do not control the exposure?			
(d)(2)(iii). Are appropriate hand washing facilities accessible?			
(d)(2)(v) Do employers ensure that employees wash their hands and any other skin immediately after removal of gloves or other PPE?			
(d)(3) Does employer provide and insure appropriate PPE such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protections?			

Note: Appropriate refers to PPE that does not permit blood or other potentially infectious materials to pass through 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.			
(d)(3)(iv) Does employer clean, launder, and dispose of PPE as required?			

29 CFR 1910.1030 – Bloodborne pathogens	YES	NO	COMMENTS
(d)(3)(v) Is PPE repaired or replaced as needed?			
(d)(3)(vi-viii). Are garment(s) penetrated by blood or other infectious materials removed and disposed of properly?			
(d)(4)(ii) Are contaminated work surfaces decontaminated with an appropriate disinfectant after completion of procedures or contact with blood or other potentially infectious materials?			
(d)(4)(iv)A Is contaminated laundry handled as little as possible with a minimum of agitation?			
(d)(4)(iv)(A)(I). Is contaminated laundry bagged or containerized at the location where it was used and not sorted or rinsed in the location of use?			
(d)(4)(iv)(B). Do employees who handle contaminated laundry wear protective gloves and other appropriate PPE?			
(f) Hepatitis B vaccination and post exposure and follow-up			
(f)(1)(i). Is hepatitis B vaccination series made available at no cost to all exposed employees?			
(f)(2)(iv). Does employer obtain signed statement from employees who decline to accept hepatitis B vaccination series?			
(f)(2)(v). Is a routine booster of hepatitis B vaccine made available to employee(s) as recommended by the US Public Health Service?			
(f)(3). Does employer make immediately available confidential medical evaluation and follow-up after report of exposure incident?			
(f)(5). Is a copy of the healthcare professional's written opinion obtained within 15 days of evaluation?			
(f)(6). Are medical records maintained in accordance to (h)(1) -- Recordkeeping?			
(g) Communication of hazards to employees			
(g)(2)(I) Do employers ensure that all employees with occupational exposure participate in a training program?			
(g)(2)(ii). Is training provided at the time of initial assignment to tasks where occupational exposure may take place within 90 days after the effective date of the standard, and at least annually thereafter?			
(h) Recordkeeping			
(h)(1)(i). Does the employer establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.20?			
(h)(1)(ii). Does record contain employee's name, SS#, etc. as indicated in (h)(1)(ii)(A-E)?			
(h)(1)(iii). Does employer ensure confidentiality of records?			
(h)(2)(i). Are training records kept and do they include the information as stated in (h)(2)(A-D) of this section?			

(h)(3)(i). Are medical and training records available to Assistant Secretary and the Director for examination?			
Comments: (Use additional pages if necessary)			
Review Conducted by:			Date:

SAMPLE BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Sample Bloodborne Pathogens Exposure Control Plan

(Also available in the resource section of this manual)

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SAMPLE BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

I. PURPOSE AND POLICY

The purpose of the exposure control plan for this school district is to implement the requirements of the OSHA Standard 29 CFR 1910.1030 Bloodborne Pathogens, and to reduce the risk of employee infection with bloodborne pathogens such as, but not limited to Hepatitis B Virus (HBV) and the Human Immunodeficiency Virus (HIV) which can result in the disease commonly know as AIDS. The OSHA standard may be accessed at <http://www.osha.gov>.

The policy of this school district is that employees shall adhere to Universal Precautions. Universal Precautions is an approach to infection control. According to this concept, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens. The exposure control plan offers guidelines for employees to prevent exposure and for follow-up action should exposure occur.

A copy of this plan shall be maintained in each principal's office and each school health office.

II. DEFINITIONS

Biological Waste - Biological waste consists of blood, excretions, exudations, secretions, suctionings, and disposable medical supplies, which have come in contact with these substances, including but not limited to:

- Medical waste – catheters, bandages, and any disposable items used in the treatment of students or employees.
- Laboratory waste – cultures, specimens, slides, blood and tissue samples.
- Potentially hazardous non-biological waste or trash – includes garbage waste from the preparation, cooking and serving of food in any area where biological waste may contaminate otherwise non-biological garbage or trash. Also included in this category is combustible (e.g., plastic, wood, or paper) and non-combustible (e.g., metal or glass) materials discarded from or in an area contaminated by contact with biological waste.

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

Bloodborne Pathogens – **Pathogenic microorganisms that are present in human blood that can infect and cause disease in persons who are exposed to blood containing these pathogens.**

Contaminated - The presence or reasonably anticipated presence of blood or other potentially infectious material on an item or surface.

Decontamination - 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 of the item is rendered safe for handling, use, or disposal.

Engineering Controls - Controls that isolate, minimize, or remove a workplace hazard.

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

Handwashing Facilities – Access to an adequate supply of running water, soap and single-use towels.

Occupational Exposure - Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's work duties.

Parenteral Exposure - The piercing of the skin barrier, including mucous membranes, by such events as needlesticks, human bites, cuts and abrasions.

Personal Protective Equipment - Specialized clothing or equipment worn by an individual to protect from a hazard. It does not permit blood or other potentially infectious materials to pass through it or reach the employee/s work clothes, street clothes, under garments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time during which the protective equipment will be used.

Regulated Waste - Any one of the following:

- liquid or semi-liquid blood or other potentially infectious materials;
- contaminated items that could 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;
- pathological and microbiological wastes containing blood or other potentially infectious materials.

Universal Precautions - A method of infection control in which all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

Work Practice Controls - Controls that reduce the likelihood of exposure by altering the manner in which a task is performed

For definitions of other terms used in this Bloodborne Pathogens Exposure Control Plan, see 1910.1030(b) Definitions.

III. EXPOSURE DETERMINATION

The first attachment at the end of this plan lists job classifications, in this school district, for which employees have been identified as having occupational exposure risk. Exposure determination for these jobs has been made without regard to the use of personal protective equipment (PPE).

This job classification list was determined according to the potential exposure and subsequent transmission risk of certain bloodborne pathogens that employees might come in contact with in the course of their work. These pathogens, which can transmit certain diseases, may be present in blood and other body fluids such as saliva, semen, and vaginal secretions as well as other secretions.

Bloodborne pathogens can enter and infect the human body through openings in the skin including cuts, nicks, abrasions, dermatitis, or acne. Infection can also result from punctures or cuts caused by sharp contaminated objects such as needles, broken glass, exposed ends of dental wires or any other contaminated object that can puncture or cut skin. Infection can also gain access to the body through mucous membranes of the eyes, nose, and mouth when these areas are touched with contaminated hands or implements. The HBV is particularly dangerous since it can survive on dried surfaces at room temperature for at least one (1) week.

IV. METHODS OF COMPLIANCE

General

- Universal precautions shall be observed to minimize 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.

Engineering and Work Practice Controls

- **Gloves:** Employees should wear protective gloves appropriate for risk status.
- **Handwashing:** Employees should wash hands immediately or as soon as possible after removal of gloves or other PPE and after contact with blood or other potentially infectious materials. If hand washing facilities are not immediately available, employees should use antiseptic hand cleaner or towelettes, and then wash hands with soap and water as soon as feasible.
- **Procedures:** All procedures involving blood or other infectious materials should be performed in such a manner as to minimize splashing, spraying, splattering and generation of droplets.
- **Hazardous Materials:** Any container for storage, transport or shipping of potentially infectious material should be sealed and labeled or color coded.

If outside contamination of the primary container occurs, it should be placed within a second container which prevents leakage during handling/processing, storage, transport or shipping. The second container should be labeled with a biohazard sign. If the specimen could puncture the primary container, it should be placed in a puncture resistant second container meeting the characteristics as just stated.

- **Equipment:** Equipment which may become contaminated with blood or other potentially infectious material should be decontaminated unless decontamination is not feasible.

Contaminated equipment should be enclosed in a red biohazard bag or have attached a biohazard label stating which portions remain contaminated.

It is the responsibility of the school district Safety Officer or his/her designated charge person (whoever handles the contaminated equipment) to notify all employees potentially handling the equipment, the servicing representative and/or manufacturer prior to releasing the contaminated equipment for shipping and/or decontamination.

Personal Protective Equipment (PPE)

- **Gloves:** Gloves should be worn when it can reasonably be anticipated the hands might have contact with blood, mucous membranes, non-intact skin, other potentially infectious materials and when touching or handling contaminated items or surfaces.

Disposable (single use) gloves should be replaced as soon as possible when contaminated, torn, punctured, or when their ability/function as a barrier is compromised. Disposable gloves should not be washed or disinfected for re-use.

Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised; However, they should be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.

Gloves should be worn when performing any vascular access procedures, including heelsticks and fingersticks.

- **Face protection:** Face protection should be worn whenever splashes, spray, spatter, droplets or aerosols of blood or other potentially bloodborne infectious materials may be present and eye, nose or mouth contamination can be anticipated.
- **Protective clothing:** Appropriate protective clothing should be worn in occupational exposure situations. The type and characteristics of the clothing will depend upon the task and degree of exposure anticipated.

Housekeeping

- **Cleaning and Disinfection:** All equipment and environmental working surfaces should be properly cleaned and decontaminated after contact with blood or other potentially infectious materials.
- **Refuse containers:** All bins, cans and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regular basis and cleaned and decontaminated immediately or as soon as possible upon visible contamination.



Regulated Waste

- Regulated waste should be placed in labeled containers which can be sealed and are constructed to hold the contents and prevent leakage of fluids during handling, storage, transport or shipping. If outside contamination of the regulated waste container occurs, it should be placed in a second container meeting the same requirements as the original container.
- Regulated waste should be disposed of in accordance with New Mexico Environmental Department Hazardous Waste.

Needlestick Safety and Prevention Act

- The Centers for Disease Control and Prevention estimate that healthcare workers in the US sustain nearly 600,000 percutaneous injuries annually involving contaminated sharps.
- An estimated 16,000 of these injuries involve sharps contaminated with blood or OPIM (Other Potentially Infectious Material) containing HIV.
- It is thought that use of safer devices could prevent about 80% of these injuries. In response to both the continuous concern over these exposures and the technological developments that may increase employee protection,
- Congress passed the [Needlestick Safety and Prevention Act of 2000](#).

Under this law, employers must:

- Document consideration and use of appropriate, commercially available and effective safer devices.
- Solicit input from non-managerial employees responsible for direct patient care regarding the identification, evaluation and selection of effective engineering controls.
- Document, in the exposure control plan, how this input was received.
- Maintain a detailed sharps injury log.

Employees are expected to:

- Not interfere with the safety features of any device.
- Report all unintentional sticks immediately, even needle sticks with a clean needle.
- Participate in the evaluation of effective engineering controls as these are introduced into their area. Share ideas and opinions concerning safer devices by communicating in writing with the appropriate safety officer, giving specific details of the device and any problems or advantages regarding the use of the device.



Handling Sharps

- **Used needles:** Used needles should not be cut, bent, broken or reinserted into original sheath. They should be discarded intact immediately after use into an OSHA approved sharps disposal container.
- **OSHA approved sharps disposal containers:** OSHA-approved containers for sharps should be easily accessible in areas where employees routinely have the greatest potential exposure for contamination by sharps.

These containers should be sealed and replaced when they are 75% full to decrease exposure by forcing contaminated objects into the container.

V. HEPATITIS B VACCINATION AND POST-EXPOSURE FOLLOW-UP

General Policy

- This employer will make available hepatitis B vaccination free of charge to designated high risk groups following the required training and will be offered post exposure follow-up for all employees with an occupational exposure incident.

All medical evaluations and procedures will be performed under the supervision of a licensed healthcare provider, and all laboratory tests will be conducted by an accredited laboratory.

All evaluations, procedures, vaccinations, and post-exposure management will be provided within a reasonable time and according to standard recommendations for medical care.

HBV Vaccination

- For hepatitis B vaccination and bloodborne pathogen exposure follow-up the school district will follow procedures recommended by the New Mexico Public Schools Insurance Authority.
- Identified high risk employees will be offered the HBV series of vaccinations as a precautionary measure at the expense of the school district.
- The school district coordinator of health or designee will investigate claims relating to bloodborne pathogen exposure and coordinate the follow-up process.

Record Keeping

- The employer shall establish and maintain an accurate record regarding bloodborne pathogen risk potential and actual exposure for each employee that will include a minimum of the following.

Exposure risk classification
Offer of Hepatitis B vaccination as well as acceptance/declination of vaccine
Documentation of bloodborne pathogens exposure training
Follow-up process/procedure for any occupational exposure incidents.

- The employer shall maintain this record for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1030(h).

V.I COMMUNICATION OF HAZARDS TO EMPLOYEES

Labels and Signs

- Warning labels should be affixed to containers of regulated waste containing blood or other potentially infectious material and other containers used to store, transport or ship blood or other potentially infectious materials.
- Labels should include the **BIOHAZARD** symbol and be fluorescent orange or orange red with lettering or symbols in a contrasting color.

Labels should be attached to the biohazard container by string, wire, adhesive or other method to prevent loss or unintentional removal.

Red biohazard bags or containers may be substituted for labels, and they should be stored in a regulated area for pickup and disposal.



Employee Information and Training

- All employees in this school district will participate annually in a bloodborne pathogen exposure training. Additional training may occur when changes such as modification of tasks or procedures may affect an employee's occupational exposure classification.
- Employee Bloodborne Pathogen Exposure Training will include a minimum of the following topics.

Universal Precautions

Location of a copy of OSHA's Bloodborne Pathogen Standard 1910.1030

Explanation of epidemiology, symptoms and transmission modes of bloodborne diseases.

Explanation of this exposure control plan and location where it can be accessed

Methods employees should use to recognize tasks involving potential occupational exposure

Methods of operation that can prevent or reduce occupational exposure

Selection, limitations, location, decontamination and proper disposal of PPE

Hepatitis B Vaccine

Response mechanism/procedures regarding exposure to potentially infectious materials

Post exposure follow-up responsibilities for exposure

Explanation of labels and/or biohazard color-coding system

Opportunity for employee to ask follow-up questions and obtain answers during training

Training records that will be maintained in the employee's personnel file

VII. ATTACHMENTS

Exposure Classifications

Employee Acceptance/Declination of Hepatitis B Vaccination

Training Record

Notice of Accident

Incident Reporting Form

Training Tools

**Training Outline
Power Point Presentation
Information Sheet**

EXPOSURE CLASSIFICATIONS

All school district employees in the following job classifications have been identified as having occupational exposure risk to bloodborne pathogens.

Daily Risk of Exposure

- Nurses/Health Assistants
- Security Officers
- Coaches/Athletic Director
- Special Education Teachers/Assistants
- Physical Education Teachers/Assistants
- Custodians

Occasional Risk of Exposure

- Administrators
- Classroom Teachers
- Secretaries
- Educational Assistants
- Food Service Workers
- Maintenance Workers
- Bus Drivers
- Bus Aides
- Students: who work with children in nursery
 who work as lab assistants
 who work in coop programs

EMPLOYEE ACCEPTANCE/DECLINATION OF HEPATITIS B VACCINATION

Name _____ Job Title _____

SS# _____ School District _____

ACCEPTANCE FOR ADMINISTRATION OF HEPATITIS B VACCINE

Hepatitis B virus typically causes a clinical illness with jaundice; it may also produce a sub-clinical infection. In either case, complications can occur, including persistence of infection, chronic carrier state, cirrhosis and liver cancer.

Hepatitis B virus is transmitted principally through contaminated body fluids (especially blood) skin or mucosa; therefore, likelihood of contracting the disease is greater for individuals (e.g. nurses, athletic trainers) coming in frequent contact with blood or blood products.

I understand that a vaccine for Hepatitis B is available and is being offered by my employer at no charge to me. This vaccine, when administered in three doses over a six-month period has been shown to be highly effective in providing protection against Hepatitis B infection. It has rarely produced serious side effects.

I certify that I am not pregnant, nor am I a mother nursing a child with breast milk and that I have been given information regarding Hepatitis B vaccine and the opportunity to have questions answered.

I agree to release my employer from any liability related to the administration of this vaccine.

Signature Date Witness Date

Dates of Vaccination: _____



HEPATITIS B VACCINE DECLINATION

I have received information from my employer about the Hepatitis B vaccine.

I understand that due to any 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 me. However, I decline Hepatitis B vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature Date Witness Date

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NOTICE OF ACCIDENT OR OCCUPATIONAL DISEASE DISABLEMENT NOTIFICACION DE ACCIDENTE O ENFERMEDAD DE OFICIO

In accordance with New Mexico law, Section 52-1-29 and Section 52-3-19, NMSA 1978
Conforme a la Ley de la Compensación de los Trabajadores, Sección 52-1-29 y Sección 52-3-19, NMSA 1978

I, _____, was involved in an on-the-job accident or was disabled
Yo, (name of employee/nombre del empleado) me lastimé en un accidente en el trabajo o fui incapacitado

by an occupational disease at approximately _____, on _____, 20 _____.
por enfermedad de oficio aproximadamente (time/la(s) hora(s)) el (date/fecha) del 20 _____.

Employee's social security number: _____
Número de seguro social del empleado:

Where did the accident occur? _____
¿Dónde ocurrió el accidente?

What happened? _____
¿Qué ocurrió?

Signed: _____
Firma: (employee/empleado)

Signed/Notice Received: _____
Firma / Notificación recibida:

Date: _____
Fecha:

(employer or representative/empleador o representante)
Date: _____
Fecha:

Form NOA-1 (3/07)

Employer/employee: Each keep one copy.
Empleador/empleado: Retener una copia.

--SEE BACK OF THIS FORM--
--VER AL REVERSO DE ESTA FORMA--

CONFIDENTIAL

Incident Reporting Form

For

Exposure to Blood or Other Potentially Infectious Material

SCHOOL DISTRICT _____

DATE OF INCIDENT _____ LOCATION OF INCIDENT _____

NAME OF PERSON'S INVOLVED _____

SOURCE INDIVIDUAL _____

EMPLOYEE'S WORKSITE _____

DESCRIPTION OF INCIDENT BY INDIVIDUAL/S INVOLVED _____

INVESTIGATIVE DESCRIPTION OF INCIDENT _____

EXPOSURE CONTROL PLAN GUIDELINES FOLLOWED ___ YES ___ NO (If NO, describe.)

DETERMINATION OF EXPOSURE INCIDENT ___ YES ___ NO

EXPOSURE ROUTE _____

REPORT COMPLETED BY _____ DATE _____

BLOODBORNE PATHOGEN EXPOSURE TRAINING TOOLS

Bloodborne Pathogens Exposure Control Training Outline

I. Purpose and Policy

OSHA 1910.1030 Bloodborne Pathogens Standard was created to provide guidelines for employers to reduce significant risk of infection to employees exposed to infected body fluids, tissue or equipment

II. Objectives:

- Minimize exposure to infectious materials
- Effectively treat employees involved in exposure to infectious materials

III. Covered Diseases:

- A. HBV (Hepatitis B Virus) - Inflammation of the liver.
- **Major** infectious bloodborne hazard which can survive on dried surfaces at room temperature for up to 7 days
 - **Symptoms** range from jaundice, fatigue, abdominal pain, loss of appetite to no symptoms at all
 - **Infectious** through contact with infected blood and some body fluids
 - **Rx:** vaccine available to reduce or eliminate **risk** of infection
- B. HCV (Hepatitis C Virus) – virus infecting the liver
- **Most Serious** bloodborne hazard which can survive for long periods of time on inanimate objects
 - **Symptoms** are jaundice, fatigue, dark urine, abdominal pain, loss of appetite, nausea
 - **Infectious** blood to blood contact from an infected person to a non-infected person
 - **Rx: NO Vaccine Available**
- C. HIV (Human Immunodeficiency Virus - Attacks immune system causing AIDS (Acquired Immune Deficiency Syndrome)
- **Low-Risk** bloodborne hazard, very fragile virus, 0.3% of exposure result in infection
 - **Symptoms** are flu-like, fever, night sweats, glandular swelling, muscle or joint pain
 - **Infectious** through contact with blood and some body fluids; not transmitted by touching, feeding, or being in casual contact with AIDS infected person
 - **Rx:** no vaccine to prevent infection
- D. Pathogen Transmission
- Routes of Transmission:

Blood	Peritoneal Fluid	Amniotic Fluid
Vaginal Fluid	Cerebrospinal Fluid	Synovial Fluids
Pleural Fluid	Semen	
Saliva	Instruments	
Needles		
Personal care items, toothbrushes, razors or nail clippers		
 - Entry Points:

Opening in the skin:	Cuts	Nicks
Abrasions	Dermatitis	
Acne	Punctures	

Mucous Membranes:
Mouth

Eyes
Vagina

Nose
Rectum

IV. Definitions

Biological Waste
Bloodborne Pathogens
Contaminated
Decontamination
Engineering Controls
Exposure Incident
Handwashing Facilities
HBV
HCV
HIV
Occupational Exposure
Personal Protective Equipment (PPE)
Regulated Waste
Universal Precautions
Work Practice Controls

V. Exposure Determination Categories

- A. Job categories determined to be at greatest risk of occupational exposure
- Nurses/Health Assistants
 - Security Officers
 - Coaches/Athletic Director
 - Special Education Teachers/Assistants
 - Physical Education Teachers/Assistants
 - Custodians
- B. Hepatitis B Vaccination should be offered to classified employees after they have received the required training and within 10 working days of their initial assignment
- Except:**
- If through antibody testing the employee is found to be immune or vaccination is contraindicated for medical reasons, **or**
 - The employee declines

VI. Post Exposure Plan

- A. Covers all employees exposed in an incident.
B. Includes submission of Notice of Accident (NOA-1)
C. Covers and requires medical follow-up

VII. Methods of Compliance to OSHA Standards

- A. General
- All body fluids are considered potentially infectious materials

B. Engineering & Work Practice Controls

- Handwashing
- Work Practice Controls
 - Proper use, disposal or decontamination of PPE
 - No eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses in contaminated areas
 - No storage of food & drink in potential contaminated area

C. Personal Protective Equipment

- Gloves
 - Single use disposable gloves are replaced when torn, punctured or their ability to function as a barrier is compromised
 - Should not be washed or disinfected for re-use
- Face Protection
 - Face protection should be worn whenever splashes, spray, spatter, droplets or aerosols of potentially infectious materials might be generated **and/or** eye, nose or mouth contamination may be reasonably anticipated
- Appropriate Clothing
 - Type and characteristics will depend upon the task and degree of exposure anticipated

D. Housekeeping

- All working surfaces, including but not limited to changing tables, toilet, dining tables should be decontaminated with an appropriate disinfectant:
 - after completion of procedures;
 - when surfaces are excessively contaminated;
 - as soon as feasible after any spill of potentially infectious materials;
 - at the end of each work shift if contaminated since last cleaning
- Protective coverings for equipment and environmental surfaces should be removed and replaced at end of each work shift or when contaminated with potentially infectious materials
- Receptacles intended for re-use should be cleaned and decontaminated on a regular basis and as soon as possible when visibly contaminated
- Broken glassware potentially infected should be cleaned up using mechanical means, such as brush and dustpan, tongs or forceps

E. Handling Sharps

- Guidelines
 - Do not cut, bend or reinsert used needles into original sheath
 - Discard sharp objects intact, into an OSHA approved sharps disposal container
- Sharps Disposal Containers
 - Containers should be sealed and replaced when 75% full to protect employees from punctures and/or needle-sticks from protruding sharps
 - Filled containers should be placed in a secondary, closable container if leakage is possible. Secondary containers should be labeled or color-coded, and constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping
 - When moving containers from the area of use, containers should be closed

prior to removal and/or replacement and be transported to the holding area identified by the school district for pickup

F. Regulated Waste

- Regulated waste includes liquid or semi-liquid potentially infectious materials; contaminated items that would release potentially infectious materials in a liquid or semi-liquid state if compressed; items caked with dried blood or other potentially infectious materials that are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing potentially infectious materials
- All regulated waste should be placed in containers that can be sealed, labeled with biohazard, color-coded symbol and constructed to contain contents and prevent leakage of fluids during handling, storage, transport or shipping
- If outside contamination of the regulated waste container occurs, it should be placed in a second container with biohazard, color-coded labeling
- All regulated waste should be disposed of through the school district's biohazard disposal plan

VII. Communication of Hazards to Employees

A. Labels and Signs

- Warning labels should be affixed to containers of contaminated sharps and regulated waste and include the following legend:



- Labels should be color-coded with fluorescent orange or orange-red with lettering or symbols in a contrasting color
- Labels should be affixed as close as possible to the container by string, wire, adhesive or other method to prevent loss or unintentional removal
- Red bags or red containers may be substituted for labels

B. Employee Information and Training

- Employees should be trained at time of initial assignment to tasks where occupational exposure might occur
- Annually thereafter
- Additional training may occur when changes, such as modification of tasks or procedures
- When assignment of new tasks or procedures occurs that might affect the employee's occupational exposure risk.
- A record should be kept on the Training Record form and submitted to Risk Management as required by school district policy

C. Hepatitis B Vaccination

- Vaccination for Hepatitis B virus will be offered at no cost to all new employees in positions classified as having infectious diseases exposure risk
- Employees will be required to accept or decline Hepatitis B vaccination to accept employment if hired into a classified position after bloodborne pathogen training occurs and within 10 days of assuming responsibilities of a classified position

RESOURCES

OSHA Federal Register, <http://www.osha.gov>

BLOODBORNE PATHOGENS EXPOSURE & CONTROL (Please see resource section of the School Health Manual)

OSHA Bloodborne Pathogens Reference Guide
(2 Pages)

Sample Bloodborne Pathogens Exposure Control Plan
(12 Pages)

Bloodborne Pathogens Training Tools
Training Outline (5 Pages)
Power Point Presentation (55 Slides)
Information Sheet (3 Pages)