Department of Public Safety and Correctional Services

Occupational Exposure to Bloodborne Pathogens Manual

March 2015

.01 Introduction.

A. This manual contains procedures related to Occupational Exposure to Bloodborne Pathogens required under Code Of Maryland Regulations (COMAR) 09.12.31 repealed-see COMAR 9.12.20 repealed- see COMAR 9.12.31 Occupational Safety and Health Administration Regulations (OSHA) Standards – 29 CFR Bloodborne Pathogens – 1910.1030 and Maryland Occupational Safety and Health Division (MOSH) of the Department of Labor, Licensing and Regulation.

B. The procedures and requirements in this Manual apply to the Department of Public Safety and Correctional Services (DPSCS).

C. The Department of Public Safety and Correctional Services is committed to conducting operations in a manner that minimizes health risks to its employees. The Department shall maintain and enforce an Exposure Control Plan for Occupational Exposure to Bloodborne Pathogens in accordance with COMAR 09.12.31 repealed-see COMAR 9.12.20 and the OSHA Standards under 29 CFR Part 1910.1030.

D. The Department recognizes that it is impossible to anticipate and provide for every exposure possibility therefore, this Manual provides guidelines for a sound approach to handling exposure incidents occurring in the workplace.

E. The Manual is a "working" document with a focus on providing an employee a clear understanding of the Department's measures to protect against exposure to bloodborne pathogens.

F. The procedures contained in the manual provide the "tools" necessary for DPSCS compliance with OSHA and MOSH standards. The Manual:

(1) Provides information regarding bloodborne pathogen exposures and the process to reduce the risk of contracting infectious disease.

(2) Introduces the "Bloodborne Pathogen Standard" and compliance requirements.

(3) Provides records maintenance instruction as required by the Standard.

(4) Provides a "template" for the preparation of a "Site Specific Plan" required by the Occupational Exposure to Bloodborne Pathogens Plan.

G. Each agency head shall implement the requirements detailed in the Manual to establish Department compliance with the OSHA and MOSH requirements.

(1) Each agency head shall pay particular attention to requirements of the "Exposure Control Plan" Section.

(2) An agency head shall take the necessary actions to implement an Exposure Control Plan by:

(a) Developing a Bloodborne Pathogens Compliance Program;

(b) Deciding what tools and resources are necessary and how they are to be used;

(c) Assigning Plan responsibilities within the agency; and

(d) Recording required information in a Site Specific Plan Exposure Control Plan.

H. Direction or assistance regarding the Occupational Exposure to Bloodborne Pathogens Program is available through the Department's Employee Health Services Unit.

Chapter 1, Section II – Authority

Date Adopted: January 5, 2009 Revised: March 12, 2015

.01 Authority.

A. Under Correctional Service Article, §2-103, Annotated Code of Maryland, the Secretary of Public Safety and Correctional Services shall develop and adopt policy and procedures for the operation and maintenance of the Department.

B. Department Directive DPSCS.055.008 (formerly Secretary's Department Directive 05-2006) – Exposure Control Plan for Occupational Exposure to Bloodborne Pathogens.

C. Code of Maryland Regulations (COMAR) 09.12.31 repealed-see COMAR 9.12.20.

D. Occupational Safety and Health Administration Regulations (OSHA), (Standards – 29 CFR) Bloodborne Pathogens – 1910.1030.

E. Maryland Occupational Safety and Health Division (MOSH) of the Department of Labor, Licensing and Regulation.

Chapter 1, Section III – Definitions

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.01 Definitions.

A. In this Manual, the following terms have the meanings indicated.

B. Terms Defined.

(1) "Agency head" means the person who is the highest authority in an agency of the Department of Public Safety and Correctional Services.

(2) "Blood" has the meaning stated in the Standard (Chapter 8, §I .01).

(3) Bloodborne Pathogen.

(a) "Bloodborne pathogen" means pathogenic microorganisms that are present in human blood and can cause disease in humans.

(b) "Bloodborne pathogen" includes, but is not limited to:

(i) Hepatitis B virus (HBV); and

(ii) Human immunodeficiency virus (HIV).

(4) "Correctional employee" means an individual employed by a correctional institution or performing duties in a correctional institution.

(5) "Department" means the Department of Public Safety and Correctional Services.

(6) "Department-designated health care facility" means a regional infirmary.

(7) "Department occupational medical services provider" means medical services providers designated in each region.

(8) "Eligible employee" means an incumbent in a job classification or position determined to have occupational exposure.

(9) "Engineering and work practice control" means equipment, protocol or procedure, for example, self-sheathing needles, that isolates, eliminates or reduces the bloodborne pathogen hazard, without active employee involvement.

(10) "Exposure" means:

(a) Percutaneous or mucocutaneous contact with blood, semen, or other potentially infectious materials;

(b) Contact of skin or mucous membrane whose integrity is comprised with blood, semen, or blood contaminated fluids for a prolonged period of time; and

(c) Contact of an extensive area of intact skin with large amounts of blood, semen or blood-contaminated fluids for a prolonged period of time.

(11) "Exposure Control Plan" means the Department's Exposure Control Plan for Occupational Exposure to Bloodborne Pathogens.

(12) "Facility" means an institution, building, office or other physical structure operated to conduct the business of the Department that houses an eligible employee.

(13) "Licensed health care professional" means an individual properly certified to independently perform the activities related to Hepatitis B vaccination and post-exposure evaluation and follow-up activities as described in this manual.

(14) "Manual" means the Department's Occupational Exposure to Bloodborne Pathogens Manual.

(15) "MOSH" means the Maryland Occupational Safety and Health Division of the Department of Labor, Licensing and Regulation.

(16) "Occupational exposure" means reasonably anticipated skin, eye, mucous membrane, or parenteral (piercing of the skin or mucous membrane) contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

(17) "Occupational exposure incident" means an occurrence involving specific skin, eye, mucous membrane, or parenteral (piercing of the skin or mucous membrane) contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

(18) "OSHA" means the Occupational Safety and Health Administration of the United States Department of Labor.

(19) "Personal protective equipment" has the meaning stated in the Standard (Chapter 8, §I .01)

(20) "Post-exposure prophylaxis" (PEP) means medications that can reduce the possibility of transmission of HIV infection following an occupational exposure incident involving potentially infectious materials.

(21) "Potentially infectious materials" has the meaning stated in the Standard for "Other potentially infectious materials" (Chapter 8, §I .01).

(22) "Sharps" means any instrument capable of inflicting a percutaneous puncture wound or laceration.

(23) "Site Specific Plan" means a Bloodborne Pathogens Exposure Control Plan that documents compliance with OSHA Standards for each facility.

(24) "Regulated waste" has the meaning stated in the Standard "Special Medical Waste" (Chapter 8, §I .01).

(25) "Sanitary sewer" means either a liquid waste piping network leading to a sewage treatment facility approved under the Environmental Article, Title 9, Annotated Code of Maryland; or an on-site sewage disposal system approved under the Environmental Article, Title 9, Annotated Code of Maryland.

(26) "Standard" means the OSHA Standards as codified in Federal Regulations (29 CFR Part 1910.1030).

(27) "Universal precaution" has the meaning stated in the Standard (Chapter 8, §I .01).

(28) "Work practice control" has the meaning stated in the Standard (Chapter 8, §I .01).

Chapter 2, Section I – Employees at Risk of Occupational Exposure

Date Adopted: January 5, 2009 Revised: March 12, 2015

.01 Occupational Exposure Risk.

A. An employee in any position within a job classification listed in Chapter 8, §II.01 of this manual is considered at risk of occupational exposure, regardless of the use of personal protective equipment.

B. Some employees in positions within the job classification listed in Chapter 8, §II.02 of this manual are considered at risk of occupational exposure, regardless of the use of personal protective equipment.

C. An agency head, or a designee, with a job classification at a facility corresponding with any listed under §.01A of this section shall record that job classification in Part A1 of the respective facility's Site Specific Plan.

D. An agency head, or a designee, with a job classification at a facility corresponding with any listed under §.01B of this section, shall, in Part A2 of the respective facility's Site Specific Plan, record:

(1) That job classification; and

(2) The specific job duty or procedure within that classification placing an employee at risk of occupational exposure.

E. Annually, Employee Health Services shall review and update the lists identified under §§.01A and B of this chapter and distribute the new lists to the respective agency heads for placement in each facility's copy of the Manual and updating of the facility's Site Specific Plan.

.02 Plan Coverage.

A. All aspects of the Plan apply to an employee in a position within a classification identified under §.01A or B of this section, regardless of personal involvement in an occupational exposure incident.

B. The post exposure services and provisions of the Plan apply to an employee in a position within a job classification not identified under §.01A or B of this section, if the employee is involved in an occupational exposure incident.

Chapter 3, Section I – Compliance Standards - General

Date Adopted: January 5, 2009 Revised: March 12, 2015

.01 Universal Precautions.

A. All employees shall apply preventive measures known as Universal Precautions (Chapter 8, Section III.01) to reduce the risk of or prevent occupational exposure.

.02 Engineering and Work Practice Controls.

A. General.

(1) When practical, the Department shall use engineering and work practice controls to eliminate or minimize the potential for employee involvement in an occupational exposure incident.

(2) As part of the annual review of the Plan, responsible individuals shall, within budget limitations, consider acquiring new technology, equipment and tools for use in the Plan that reduce the potential for an employee becoming involved in an occupational exposure incident.

(3) The individuals responsible for Plan maintenance and review shall seek information at all levels concerning methods to reduce the potential for occupational exposure incidents.

B. An employee:

(1) Shall wash hands according to the Department's Hand-Washing Protocol (Chapter 8, §III.02);

(2) Shall apply the Department's Handling and Disposal of "Sharps" Protocol (Chapter 8, §III.03) when using needles and other reusable or disposable sharp instruments;

(3) Is prohibited from eating, storing food items, smoking, applying cosmetics or medications, handling contact lenses, or other personal activities that could transmit infectious material:

(a) In a work or storage area where there are potentially infectious materials; or

(b) Where there is a reasonable expectation of occupational exposure;

(4) Working with a potentially infectious material shall perform the techniques to minimize splashing, spraying, spattering, spilling or any other action that causes the release of the infectious material into the environment;

(5) Is prohibited from mouth pipetting or suctioning potentially infectious materials;

(6) Working with, storing or packaging a potentially infectious material shall use a container or multiple containers that:

(a) Prevents release into the environment; and

(b) Are properly labeled and color-coded;

(7) Shall properly de-contaminate equipment used in connection with or contaminated by a potentially infectious material immediately after use or contamination; and

(8) Unable to de-contaminate an item of equipment, shall properly package and label the item to prevent an occupational exposure incident.

.03 Personal Protective Equipment.

A. Where the potential for occupational exposure persists after the proper application of appropriate universal precautions, engineering and work practice controls, an employee shall use personal protective equipment to further prevent occupational exposure.

B. The following items when properly used are examples of personal protective equipment:

(1) Gloves;

(2) Gowns;

(3) Laboratory coats;

(4) Face shields;

(5) Face masks, full or partial;

(6) Eye protection;

(7) Mouth pieces;

(8) Resuscitation bags;

(9) Pocket masks; and

(10) Other garments or filtering devises that inhibit or prevent occupational exposure.

C. An employee must always use personal protective equipment when there is potential for occupational exposure, with no exceptions.

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D. If an employee does not use required personal protective equipment under §.03C of this section, the employee's supervisor shall:

(1) Investigate the circumstances;

(2) Document the investigation; and

(3) Consult with the appropriate Employee Health Services Unit representative to determine if change is necessary to prevent a repeat occurrence.

E. An agency head, or a designee, shall have personal protective equipment applicable to the work site:

(1) Available in the appropriate sizes at no cost to the employee;

(2) Readily accessible at the worksite or issued to the employee;

(3) Listed in the facility's Site Specific Plan (Part 3); and

(4) Available in alternative form to reasonably accommodate an employee's allergic condition for example, allergies to latex or the powder used in gloves.

F. An agency head, or a designee, shall:

(1) Provide, at no cost to the employee, the following services related to personal protective equipment:

(a) Cleaning;

(b) Laundering;

(c) Disposal; or

(d) Replacement; and

(2) Include procedures for the requirements under §.03F of this section in the facility's Site Specific Plan (Part B3).

G. Personal Protective Equipment Use Guidelines - General.

(1) An employee wearing a garment that is penetrated by a potentially infectious material shall immediately:

(a) Remove the garment; and

(b) Properly store the garment for laundering or disposal according to the procedures in the facility's Site Specific Plan (Part B3).

© Perform hand hygiene

(2) Before leaving the work site, an employee using personal protective equipment shall:

(a) Remove any garment being worn and dispose of the garment according to the facility's Site Specific Plan (Part B4 b or c); and

(b) Remove equipment being worn, properly disinfect and store the equipment according to the facility's Site Specific Plan (Part B4a).

© Perform hand hygiene

.04 Housekeeping.

A. Work Site and Equipment.

(1) An agency head or a designee shall require that each facility where there is the potential for occupational exposure:

(a) Has, and complies with, written procedures and a schedule for cleaning and decontamination of the work site and equipment at the work site; and

(b) Any time the work site or equipment at the work site is exposed to an infectious material that the work site or equipment, or both, is cleaned and decontaminated immediately according to procedures required under §.04A(1)(a) of this section, regardless of the schedule required under §.04A(1)(a) of this section. The Department's housekeeping protocol is in Chapter 8, §III.06.

(2) The agency head, or a designee, shall include the requirements under §.04A(1)(a) of this section in the facility's Site Specific Plan (Part B4a).

B. Regulated Waste.

(1) An agency head, or a designee, shall require that an employee disposing of regulated waste, including a contaminated "sharp":

(a) Handles the regulated waste according to the Department's Regulated Waste Protocol, Chapter 8, §III.04; and

(b) Disposes of regulated waste in a container that:

(i) Can be closed preventing the release of potentially infectious material;

(ii) Is puncture resistant based on the type of material stored;

(iii) Is leak-proof;

(iv) Is labeled or color-coded according to procedures under Chapter 3, Section III of this manual;

(v) Is properly closed or sealed to prevent release or protrusion of the contents before removed from the work site; and

(vi) If the outside of the container is exposed to a potentially infectious material, places the exposed container in a second container that conforms to the requirements under §§.04B. (1)(b)(i) – (v) of this section.

(2) The agency head, or a designee, shall:

(a) Provide containers, described under §.04B(1)(b) of this section:

(i) Appropriate to work site requirements;

(ii) At no cost to the employee; and

(iii) In sufficient quantity to be readily accessible in the work site;

(b) Require that the containers are replaced regularly to deter overfilling;

(c) Require that regulated waste is disposed of according to applicable federal, state and local government requirements; and

(b) Include the requirements under §.04B(1) of this section in the facility's Site Specific Plan (Part B4b); and

© Is not accessible to unauthorized personnel.

C. Laundry.

(1) An agency head, or a designee shall require that an employee working with laundry exposed to a potentially infectious material handles the laundry according to the Department's Laundry Infection Control Protocol in Chapter 8, §III.05.

(2) An agency head or a designee shall include procedures for laundry infection control in the facility's Site Specific Plan (Part B4c).

Chapter 3, Section II – Compliance Standards – Hepatitis B

Date Adopted: January 5, 2009 Revised: March 12, 2015

.01 Hepatitis B.

A. General.

(1) The Department shall make Hepatitis B vaccinations available to an employee who has the potential for occupational exposure that is:

(a) At no cost to the employee;

(b) At a reasonable time and location;

(c) Administered by, or under the supervision of, a qualified, licensed health care professional; and

(d) Provided according to current recommendations of the U. S. Public Health Service, Center for Disease Control.

(2) The Department shall make the Hepatitis B vaccination available to an employee:

(a) Who has received training according to Chapter 8, Section I; and

(b) Within ten working days, starting in a job classification determined to have potential for occupational exposure; unless the employee:

(i) Has documentation supporting that the employee has received the vaccination within required time frames;

(ii) Has received antibody testing support that the employee is immune to Hepatitis B; or

(iii) A medical reason exists supporting the vaccination is contraindicated.

B. Consenting/Declining Hepatitis B Vaccination.

(1) An employee accepting/declining to accept the Hepatitis B vaccination shall be required to complete and sign a Department Hepatitis B Vaccine Consent/Declination Record Form.

(2) The Department shall provide the Hepatitis B vaccine at no cost to an employee initially declining the Hepatitis B vaccine who, at a later time while still covered by the Plan, decides to accept the vaccine.

C. The Infection Control Unit of the Department's Employee Health Services Unit is responsible for the Hepatitis B vaccination program.

.01 Potentially Infectious Material Warning Label.

A. An agency head, or a designee, shall require that any container used in connection with a potentially infectious material is properly labeled to prevent an occupational exposure incident either at the facility or while the container is being transported.

B. Except as provided under §.01C of this section, the responsible individual shall affix a warning label to:

(1) A container used for regulated waste;

(2) A refrigerator or freezer containing blood or other potentially infectious material;

(3) A laundry container used for laundry exposed to a potentially infectious material;

(4) Equipment exposed to a potentially infectious material;

(5) A "sharps" container containing instruments exposed to a potentially infectious material; and

(6) Other containers used to store, transport or ship blood or other potentially infectious material.

C. The following items do not require a label described in §.02 of this section:

(1) Red bags or containers designed for use with a potentially infectious material;

(2) Equipment or instruments that have been completely decontaminated;

(3) Regulated waste that has been decontaminated;

(4) Laundry that has been decontaminated;

(5) Blood, blood components or similar blood products with packaging labels identifying the contents; or

(6) Other containers or packaging used in connection with a potentially infectious material that is identified so as to warn a reasonable person that potentially infectious material is in the container or package.

.02 Labels.

A. A label required under §.01 of this section:

(1) Displays an "X" that fills most of the surface area of the label;

(2) Is predominantly fluorescent orange or orange-red in color; and

(3) Has lettering or symbols printed in a contrasting color to that required under §.02A(2) of this section.

B. The individual labeling a container under §.01 of this section shall:

(1) Attach the warning label so that it is readily identifiable;

(2) Attach the warning label in a manner that prevents loss or unintentional removal; and

(3) If labeling an item of equipment that has been partially decontaminated, identify the part or parts of the equipment still contaminated.

.01 Site Specific Plan Bloodborne Pathogens Occupational Exposure Control Plan.

A. An agency head, or a designee, shall require that a written Site Specific Plan is prepared for each facility where there are job classifications determined to have the potential for occupational exposure.

B. An agency head, or a designee, shall ensure the written Site Specific Plan:

(1) Is made available to all employees in positions determined to have the potential for occupational exposure;

(2) Identifies the:

(a) Facility the Site Specific Plan relates to;

(b) Date prepared; and

(c) Individual preparing the Site Specific Plan;

(3) Includes a list of the job classifications:

(a) In which all employees have the potential for occupational exposure; and

(b) That has employees with duties having the potential for occupational exposure;

(4) Provides an implementation schedule and procedures for:

(a) Universal precautions;

(b) Identifying locating, inspecting and maintaining engineering controls such as:

(i) "Sharps" containers;

(ii) Eye wash stations;

(iii) Containers for infectious materials; and

(iv) Containers for soiled laundry;

(c) Work practice controls including:

(i) Hand-washing;

(ii) Handling potentially infectious material; and

(iii) Decontamination.

(d) Personal protective equipment and the following in connection with that equipment:

(i) Availability;

(ii) Accessibility;

(iii) Maintenance, repair or replacement;

(iv) Cleaning;

(v) Inspection; and

(vi) Storage.

(e) Housekeeping procedures and cleaning schedules for:

(i) Surfaces and equipment;

(ii) Refuse and regulated waste; and

(iii) Laundry.

(f) Hepatitis B vaccinations.

(g) Training and Education for:

(i) Service providers; and

(ii) Employees, initial and annual.

(h) Evaluation of occupational exposure incidents that includes;

(i) Reporting;

(ii) Post-exposure medical follow-up; and

(iii) Post-exposure education follow-up.

.01 Medical Evaluation.

A. An employee involved in an occupational exposure incident where a regional infirmary is not available shall immediately report to the closest:

(1) Department occupational medical services provider for post-exposure evaluation; or

(2) Hospital emergency room for post-exposure evaluation.

B. If neither A(1) or A(2) is available, an employee involved in an occupational exposure incident at a correctional institution shall immediately report to the closest regional infirmary for post-exposure evaluation by the Department's designated healthcare professional.

C. A Department designated healthcare professional or designated occupational medical services provider evaluating an employee involved in an occupational exposure incident shall interview the employee to determine if an occupational exposure to HIV has occurred according to:

(1) Department Occupational Exposure, HIV – Post-Exposure Prophylaxis (Chapter 8, §III); and

(2) Public Health Service Guidelines for the Management of Healthcare Worker Exposures to HIV and Recommendations for Post-Exposure Prophylaxis (Chapter 8, § III.

D. A Department designated healthcare professional conducting an in interview under §.01C of this section determining that an occupational exposure to HIV has occurred, shall:

(1) Provide any emergency medical services required;

(2) Obtain a completed Exposure Incident Report; (Chapter 8, §IV-6)

(3) Complete and have the employee sign the Department HIV Post-Exposure Prophylaxis Consent/Declination Form (Chapter 8, §IV-3);

(4) Immediately provide rapid post-exposure prophylaxis according to requirements of §§.01C(1) and (2) of this section;

(5) Refer, within 24 hours of the occupational exposure incident, the employee to a Department designated occupational medical services provider for on going post-exposure medical management;

(6) Provide the Department designated occupational medical services provider with:

(a) Portions of the employee's medical documents including:

(i) Medical treatment provided the employee;

(ii) Information concerning Hepatitis B vaccination status; and

(iii) Titer test results; if available;

(b) A copy of the Bloodborne Pathogens Standard (29 CFR Part 1910.1030) (Chapter 8, §I); and

(c) A confidential copy of the Exposure Incident Report Form (Chapter 8, §IV-6).

E. A Department designated occupational medical services provider shall:

(1) Offer to test the employee for HBV and HIV serological status;

(2) Provide counseling and evaluation of reported illnesses relating to the occupational exposure incident;

(3) Provide the employee the results of the evaluation and medical follow-up; and

(4) Use the Department's Post-Exposure Evaluation – Occupational Medical Services Provider's Written Opinion Form (Chapter 8, §IV-4, -5) to provide the Department Employee Infection Control Unit a written report of the medical evaluation and follow-up limited to:

(a) The employee's Hepatitis B vaccination status; and

(b) Notice that the employee was informed as required under §.01E(3) of this section.

.02 Blood Tests of the Individual Who is the Source of the Potentially Infectious Material.

A. The Department may test the blood of an individual who is the source of the potentially infectious material involved in the exposure incident for Hepatitis B and HIV:

(1) Voluntarily, if the individual provides informed consent; or

(2) Involuntarily, but only if the individual is found guilty of violation of institutional regulations as outlined in the Health-General Article Section 18-338, Annotated Code of Maryland and DPSCS Protocol on Involuntary Testing for HIV Infection (Chapter 8, §III.08).

B. The Department representative in receipt of results of the testing under §.02A of this section, shall:

(1) Inform the employee involved in the occupational exposure incident of:

(a) The test results; and

(b) Applicable laws and regulations regarding disclosure of the identity and infectious status of the individual tested under §.02A of this section; and

(2) Record the results in the Exposure Incident Report.

.03 Exposure Incident Report.

A. An employee involved in, witnessing or with knowledge of an occupational exposure incident shall report the incident to the individual's immediate supervisor or other designated management official:

(1) Verbally, immediately following the incident or first knowledge of the incident; and

(2) In writing, before the end of the individual's work shift using the Department Work-Related Injury Claim Management Employee Statement of Injury Claim Form (Chapter 8, §IV-7).

B. A supervisor or management official receiving a report of an occupational exposure incident shall:

(1) Immediately consider the report and arrange for necessary medical services;

(2) Notify the agency head or a designee responsible for the facility of the report and where the occupational exposure incident occurred;

(3) Initiate an investigation of the incident;

(4) Except when necessary treatment would be compromised, immediately document findings using the:

(a) Department Work Related Injury – Claim Management Supervisor Investigation Report (Chapter 8, §IV); and

(b) Exposure Incident Report (Chapter 8, §IV);

(5) If feasible, accompany the employee to the Department designated healthcare professional or designated occupational medical services provider as provided under §.01 of this section;

(6) Require a witness to the occupational exposure incident to complete a Work-Related Claim Management Witness Statement (Chapter 8, §IV).

C. The agency head, or a designee, receiving notification of an occupational exposure incident shall:

(1) Notify the Department Employee Infection Control Unit of the incident within 48 hours of an occupational exposure incident;

(2) Within five days of the occupational exposure incident, the designated staff person within the institution shall send a copy of the Exposure Incident Report to the Employee Infection Control Unit and Director of Risk Management; and ;

(3) Immediately after the incident of the occupational exposure incident, send a copy of the completed forms to Employee Infection Control and Director of Risk management:

(a) Work-Related Injury-Claim Management Employee Statement of Injury Claim Form (Chapter 8, §IV-7);

(b) Work-Related Injury Claim Management Supervisor Investigation Report (Chapter 8, §IV-8);

(c) Sharps Injury Log(Chapter 8, §IV-9).

Chapter 5, Section I – Education and Training

Date Adopted: January 5, 2009 Revised: March 12, 2015

.01 Bloodborne Pathogens Occupational Exposure Training Requirement.

A. An eligible employee shall receive training concerning the Department's Plan.

B. The Department shall provide a training program:

(1) At no cost to the employee; and

(2) Conducted during the employee's work hours.

C. The Department shall provide training:

(1) When an employee is initially assigned to a duty where occupational exposure may take place;

(2) Annually, following initial training for as long as the employee performs a duty with potential for occupational exposure; and

(3) When changes occur that affect the employee's risk of occupational exposure.

.02 Training Program Responsibilities

A. The Employee Infection Control Unit is responsible for developing bloodborne pathogens training programs that comport with the Standard.

B. The Employee Infection Control Unit is responsible for coordinating Plan training requirements with an agency head, or a designee.

Chapter 6, Section I – Records

Date Adopted: January 5, 2009 Revised: March 12, 2015

.01 Medical Records

A. The Employee Infection Control Unit shall establish and maintain an accurate record for each employee determined at risk of occupational exposure according to the Standard.

B. The Employee Infection Control Unit record for an employee at risk of occupational exposure shall include:

(1) The employee's:

(a) Name;

(b) Social security number;

(c) Hepatitis B vaccination status including dates of all vaccinations;

(d) Titer test results, if any); and

(e) The employee's ability to be vaccinated for Hepatitis B;

(2) Reports of the results of examinations, medical evaluations and follow-up procedures;

(3) The designated healthcare professional's or designated occupational medical services provider's written opinion under Chapter 4, §I.01E(4) of this manual; and

(4) Other information related to the employee's occupational exposure.

C. The Employee Infection Control Unit records:

(1) Are confidential medical records;

(2) Except as required by the Plan or permitted by law, may not be disclosed to any person within or outside the Department without the concerned employee's express written consent;

(3) Are maintained for the duration of an employee's employment with the Department, plus 30 years;

(4) Upon the employee's termination of employment with the Department, are maintained in the Department Personnel Office for five years and an additional 25 years at the State Archives.

.02 Training Records

A. The Department's Professional Development and Training Division shall establish and maintain accurate training records according to the Standard.

B. The Department shall include the following information in an employee's training record:

(1) The dates the employee attended training;

(2) Training program lesson Plans or summaries;

(3) The name and qualifications of the instructor conducting the training; and

(4) The names and job titles of all individuals attending a specific training program.

C. The Department shall:

(1) Retain an employee's Bloodborne Pathogens Standard - Training Certification Record at the Training Unit for three years from the date the training was given; and

(2) Maintain a copy of an employee's bloodborne pathogens training record in the employee's medical file for 30 years

(3) After 30 years, the record is destroyed.

.03 Sharps Injury Log

A. The agency head, or a designee, shall require the use of a Department Sharps Injury Log (Chapter 8, §IV) at each facility with an employee at risk of occupational exposure.

B. The agency head, or a designee, shall require that the following information is appropriately recorded in the log:

(1) All "sharps-related" occupational exposure incidents listed according to date of occurrence;

(2) The facility or worksite within a facility where the "sharps-related" occupational exposure incident occurred;

(3) The type and brand of device involved in the "sharps-related" occupational exposure incident; and

(4) An explanation of how the "sharps-related" occupational exposure incident occurred.

.04 Records Maintenance

A. The Department shall maintain Plan records required by the Standard.

B. The Department may permit review and copying of employee training and medical records when requested by officials identified in the Standard.

C. The Department may permit review and copying of employee training records requested by an employee or the employee's representative as provided in the Standard.

D. The Department may permit review and copying of employee medical records requested by the employee to which the records apply or an individual with written consent from the employee to which the records apply as provided in the Standard.

.05 Transfer

The Department shall comply with Standard requirements for transfer of records.

Chapter 7, Section I – Site Specific Plan Template

Date Adopted: January 5, 2009 Revised: March 12, 2015

SITE SPECIFIC BLOODBORNE PATHOGENS OCCUPATIONAL EXPOSURE PLAN

Facility Name:

Date Prepared or Revised:

Prepared By:

A. Exposure Determination – Standard 29 CFR 1910.1030(c)(1)(ii)(A)

1. List facility's job classifications with all employees at risk of occupational exposure (Chapter 8, §II.01):

2. List facility's job classifications with some employees at risk of occupational exposure (Chapter 8, §II.02) and the specific duty that places the employee at risk of occupational exposure:

Job Classification	Task/Procedure

B. Procedures and Implementation Schedule – Standard 29 CFR 1910.1030(c)(1)(ii)(B)

1. Universal Precautions – 1910.1030 (d)(1)

2.a. Engineering Controls – Standard 29 CFR 1910.1030(d)(2)

Control	Schedule

2.b. Work Practice Controls – Standard 29 CFR 1910.1030(d)(2)

(i) General Procedures and Requirements

(ii) Handwashing Procedures – Standard 29 CFR 1910.1030(d)(2)(iii)-(iv)

(iii) Disposable & Reusable Sharps Procedures - Standard 29 CFR 1910.1030(d)(2)(vii) – (viii) &(d)(4)(ii)(D) and (E)

(iv) Specimen Handling Procedures – Standard 29 CFR 1910.1030(d)(2)(xiii)(A) – (C)

(v) Equipment Decontamination Procedures – Standard 29 CFR 1910.1030(d)(2)(xiv)(A) and (B)

3. Personal Protective Equipment Procedures – Standard 29 CFR 1910.1030(d)(3)

Personal protective equipment is provided at no cost to an employee and used according to the following procedures: (Optional form below may be used.)

Personal Protective Equipment Form
(Sample)

Work Unit/Division: _____

(If equipment is issued to a specific employee, a separate form should be used identifying the employee and the equipment issued to that employee only.)

Date of Review/Inspection:_____

Task	Gloves	Gown/Apron	Mask	Eye Protection	Cap/ hood	Utility Gloves	Mechanical Devices

4. Housekeeping – Standard 29 CFR 1910.1030(d)(4)

a. Surfaces and Equipment Procedures - Standard 29 CFR 1910.1030(d)(4)(ii)

b. Refuse and Regulated Waste Procedures – Standard 29 CFR 1910.1030(d)(4)(iii)

c. Laundry Procedures - Standard 29 CFR 1910.1030(d)(4)(iv)

5. Hepatitis B Vaccination Procedures – Standard 29 CFR 1910.1030(f)(1) and (2)

6. Information and Training Procedures – Standard 29 CFR 1910.1030(g)(2)
(Include training organization, initial and annual training dates, training program outline or summary and attendance sign in sheets.)

C. Post Occupational Exposure Incident Procedures - Standard 29 CFR 1910.1030(f)(1)

1. Reporting

2. Medical Evaluation and Follow-up Procedure

D. Record Keeping Procedures – Standard 29 CFR 1910.1030(h)

Chapter 8, Section I – Occupational Safety and Health Administration (OSHA) Regulations Bloodborne Pathogens (Standards 29 CFR 1910.1030).

Date Adopted: January 5, 2009 Revised: March 12, 2015

.01 Occupational Safety and Health Administration (OSHA) Regulations (Standard 29 Bloodborne Pathogens 1910.1030)

Standard Number: 1910.1030
Standard Title: Bloodborne Pathogens
SubPart Number: Z
SubPart Title: Toxic and Hazardous Substances

(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.

(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 on items.

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) 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 result 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 means 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 is an abbreviation for Hepatitis B virus.

HIV is an abbreviation for Human Immunodeficiency Virus.

Occupation 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 needle sticks, 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 is 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.

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).

(c) **Exposure Control Plan**

(c)(1) Exposure Control Plan

(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.

(c)(1)(ii) The Exposure Control Plan shall contain at least the following elements:

(c)(1)(ii)(A) The exposure determination required by paragraph (c)(2),

(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 Employee, and (h) Recordkeeping, pf this standard, and

(c)(1)(ii)(C) The procedure for the evaluation of circumstances surrounding exposure incidents as required by paragraph (f)(3)(i) of this standard.

(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).

(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.

(c)(1)(v) The Exposure Control Plan shall be made available to the Assistant Secretary and the Director upon request for examination and copying.

(c)(2) Exposure Determination

(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:

(c)(2)(i)(A) A list of all job classifications in which all employees in those job classifications have occupational exposure;

(c)(2)(i)(B) A list of job classifications in which some employees have occupational exposure, and

(c)(2)(i)(C) A list of all tasks and procedures or groups of closely related tasks 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.

(c)(2)(ii) This exposure determination shall be made without regard to the use of personal protective equipment.

(d) **Methods of Compliance**

(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.

(d)(2) Engineering and Work Practice Controls

(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.

(d)(2)(ii) Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

(d)(2)(iii) Employers shall provide handwashing facilities which are readily accessible to employees.

(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.

(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.

(d)(2)(vi) Employers shall ensure that employees wash their 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.

(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.

(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.

(d)(2)(vii)(B) Such bending, recapping or needle removal must be accomplished through the use of a mechanical devise or a one-handed technique.

(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:

(d)(2)(viii)(A) Puncture resistant;

(d)(2)(viii)(B) Labeled or color-coded in accordance with this standard;

(d)(2)(viii)(C) Leak-proof on the sides and bottom; and

(d)(2)(viii)(D) In accordance with the requirements set forth in paragraph (d)(4)(ii)(E) for reusable sharps.

(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.

(d)(2)(x) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.

(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.

(d)(2)(xii) Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

(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.

(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.

(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.

(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.

(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.

(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.

(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, and prior to handling, servicing, or shipping so that appropriate precautions will be taken.

(d)(3) Personal Protective Equipment

(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 shield 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.

(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 judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

(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, powder free gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

(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.

(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.

(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.

(d)(3)(vii) All personal protective equipment shall be removed prior to leaving the work area.

(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.

(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.

(d)(3)(ix)(A) Disposable (single use) gloves such as surgical or examination gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

(d)(3)(ix)(B) Disposable (single use) gloves shall not be washed or decontaminated for re-use.

(d)(3)(ix)(C) Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must 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.

(d)(3)(ix)(D) If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:

(d)(3)(ix)(D)(1) Periodically reevaluate this policy;

(d)(3)(ix)(D)(2) Make gloves available to all employees who wish to use them for phlebotomy;

(d)(3)(ix)(D)(3) Not discourage the use of gloves for phlebotomy; and

(d)(3)(ix)(D)(4) Require that gloves be used for phlebotomy in the following circumstances:

[i] When the employee has cuts, scratches, or other breaks in his or her skin;

[ii] When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and

[iii] When the employee is receiving training in phlebotomy.

(d)(3)(x) Masks, Eye Protection, and Face Shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

(d)(3)(xi) Gowns, Aprons, and Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

(d)(3)(xii) Surgical caps or hoods, and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopedic surgery).

(d)(4) Housekeeping

(d)(4)(i) General. Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

(d)(4)(ii) All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

(d)(4)(ii)(A) Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

(d)(4)(ii)(B) Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

(d)(4)(ii)(C) All bins, pails, 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 regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

(d)(4)(ii)(D) Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

(d)(4)(ii)(E) Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

(d)(4)(iii) Regulated Waste

(d)(4)(iii)(A) Contaminated Sharps Discarding and Containment.

(d)(4)(iii)(A)(1) Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

[a] Closable;

[b] Puncture resistant;

[c] Leak-proof on sides and bottom; and

[d] Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard.

(d)(4)(iii)(A)(2) During use, containers for contaminated sharps shall be:

[a] Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);

[b] Maintained upright throughout use; and

[c] Replaced routinely and not be allowed to overfill.

(d)(4)(iii)(A)(3) When moving containers of contaminated sharps from the area of use, the containers shall be:

[a] Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;

[b] Placed in a secondary container if leakage is possible. The second container shall be:

[i] Closable;

[ii] Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and

[iii] Labeled or color-coded according to paragraph (g)(1)(i) of this standard.

(d)(4)(iii)(A)(4) Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

(d)(4)(iii)(B) Other Regulated Waste Containment.

(d)(4)(iii)(B)(1) Regulated waste shall be placed in containers which are:

[a] Closable;

[b] Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

[c] Labeled or color-coded in accordance with paragraph (g)(1)(i) this standard; and

[d] Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(d)(4)(iii)(B)(2) If outside contamination of the regulated waste container concurs, it shall be placed in a second container. The second container shall be:

[a] Closable;

[b] Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

[c] Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and

[d] Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(d)(4)(iii)(C) Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

(d)(4)(iv) Laundry

(d)(4)(iv)(A) Contaminated laundry shall be handled as little as possible with a minimum of agitation.

(d)(4)(iv)(A)(1) Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

(d)(4)(iv)(A)(2) Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.

(d)(4)(iv)(A)(3) Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

(d)(4)(iv)(B) The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

(d)(4)(iv)(C) When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with paragraph (g)(1)(i).

(e) HIV and HBV Research Laboratories and Production Facilities

(e)(1) This paragraph applies to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV. It does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs. These requirements apply in addition to the other requirements of the standard.

(e)(2) Research laboratories and production facilities shall meet the following criteria:

(e)(2)(i) Standard Microbiological Practices. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(e)(2)(ii) Special Practices

(e)(2)(ii)(A) Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.

(e)(2)(ii)(B) Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leak-proof, labeled or color-coded container that is closed before being removed from the work area.

(e)(2)(ii)(C) Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the

potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.

(e)(2)(ii)(D) When other potentially infectious materials or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign shall comply with paragraph (g)(1)(ii) of this standard.

(e)(2)(ii)(E) All activities involving other potentially infectious materials shall be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with these other potentially infectious materials shall be conducted on the open bench.

(e)(2)(ii)(F) Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.

(e)(2)(ii)(G) Special care shall be taken to avoid skin contact with other potentially infectious materials. Gloves shall be worn when handling infected animals and when making hand contact with other potentially infectious materials is unavoidable.

(e)(2)(ii)(H) Before disposal all waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(e)(2)(ii)(I) Vacuum lines shall be protected with liquid disinfectant traps and high-efficiency particulate air (HEPA) filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.

(e)(2)(ii)(J) Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of other potentially infectious materials. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.

(e)(2)(ii)(K) All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.

(e)(2)(ii)(L) A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.

(e)(2)(ii)(M) A biosafety manual shall be prepared or adopted and periodically reviewed and updated at least annually or more often if necessary. Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.

(e)(2)(iii) Containment Equipment

(e)(2)(iii)(A) Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with other potentially infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols.

(e)(2)(iii)(B) Biological safety cabinets shall be certified when installed, whenever they are moved and at least annually.

(e)(3) HIV and HBV research laboratories shall meet the following criteria:

(e)(3)(i) Each laboratory shall contain a facility for hand washing and an eye wash facility which is readily available within the work area.

(e)(3)(ii) An autoclave for decontamination of regulated waste shall be available.

(e)(4) HIV and HBV production facilities shall meet the following criteria:

(e)(4)(i) The work areas shall be separated from areas that are open to unrestricted traffic flow within the building. Passage through two sets of doors shall be the basic requirement for entry into the work area from access corridors or other contiguous areas. Physical separation of the high-containment work area from access corridors or other areas or activities may also be provided by a double-doored clothes-change room (showers may be included), airlock, or other access facility that requires passing through two sets of doors before entering the work area.

(e)(4)(ii) The surfaces of doors, walls, floors and ceilings in the work area shall be water resistant so that they can be easily cleaned. Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate decontamination.

(e)(4)(iii) Each work area shall contain a sink for washing hands and a readily available eye wash facility. The sink shall be foot, elbow, or automatically operated and shall be located near the exit door of the work area.

(e)(4)(iv) Access doors to the work area or containment module shall be self-closing.

(e)(4)(v) An autoclave for decontamination of regulated waste shall be available within or as near as possible to the work area.

(e)(4)(vi) A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be re-circulated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area).

(e)(5) Training Requirements. Additional training requirements for employees in HIV and HBV research laboratories and HIV and HBV production facilities are specified in paragraph (g)(2)(ix).

(f) **Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up**

(f)(1) General

(f)(1)(i) The employer shall make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

(f)(1)(ii) The employer shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

(f)(1)(ii)(A) Made available at no cost to the employee;

(f)(1)(ii)(B) Made available to the employee at a reasonable time and place;

(f)(1)(ii)(C) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

(f)(1)(ii)(D) Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this paragraph (f).

(f)(1)(iii) The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

(f)(2) Hepatitis B Vaccination

(f)(2)(i) Hepatitis B vaccination shall be made available after the employee has received the training required in paragraph (g)(2)(vii)(1) and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

(f)(2)(ii) The employer shall not make participation in a prescreening program a prerequisite for receiving Hepatitis B vaccination.

(f)(2)(iii) If the employee initially declines Hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available Hepatitis B vaccination at that time.

(f)(2)(iv) The employer shall assure that employees who decline to accept Hepatitis B vaccination offered by the employer sign the statement labeled DPSCS Occupational Exposure Form, Hepatitis B Vaccine Consent/Declination Record in Appendix A.

(f)(2)(v) If a routine booster dose(s) of Hepatitis B vaccine is recommended by the U.S. Pubic Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f) (1) (ii).

(f)(3) Post-exposure Evaluation and Follow-up. Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements.

(f)(3)(i) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;

(f)(3)(ii) Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law.

(f)(3)(ii)(A) The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

(f)(3)(ii)(B) When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

(f)(3)(ii)(C) Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

(f)(3)(iii) Collection and testing of blood for HBV and HIV serological status;

(f)(3)(iii)(A) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

(f)(3)(iii)(B) If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

(f)(3)(iv) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;

(f)(3)(v) Counseling; and

(f)(3)(vi) Evaluation of reported illnesses.

(f)(4) Information Provided to the Healthcare Professional

(f)(4)(i) The employer shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation.

(f)(4)(ii) The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

(f)(4)(ii)(A) A copy of this regulation;

(f)(4)(ii)(B) A description of the exposed employee's duties as they relate to the exposure incident;

(f)(4)(ii)(C) Documentation of the route(s) of exposure and circumstances under which exposure occurred;

(f)(4)(ii)(D) Results of the source individual's blood testing, if available; and

(f)(4)(ii)(E) All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

(f)(5) Healthcare Professional's Written Opinion. The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

(f)(5)(i) The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

(f)(5)(ii) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

(f)(5)(ii)(A) That the employee has been informed of the results of the evaluation; and

(f)(5)(ii)(B) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

(f)(5)(iii) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

(f)(6) Medical Record Keeping. Medical records required by this standard shall be maintained in accordance with paragraph (h)(1) of this section.

(g) **Communication of Hazards to Employees**

(g)(1) Labels and Signs

(g)(1)(i) Labels

(g)(1)(i)(A) Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials, except as provided in paragraph(g)(1)(i)(E),(F) and (G).

(g)(1)(i)(B) Labels required by this section shall include the following legend:

(g)(1)(i)(C) These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

(g)(1)(i)(D) Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

(g)(1)(i)(E) Red bags or red containers may be substituted for labels.

(g)(1)(i)(F) Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of paragraph (g).

(g)(1)(i)(G) Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

(g)(1)(i)(H) Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.

(g)(1)(i)(I) Regulated waste that has been decontaminated need not be labeled or color-coded.

(g)(1)(ii) Signs

(g)(1)(ii)(A) The employer shall post signs at the entrance to work areas specified in paragraph (e), HIV and HBV Research Laboratory and Production Facilities, which shall bear the following legend:

BIOHAZARD

- Name of the infectious agent
- Special requirements for entering the area
- Name, telephone number of the laboratory director or other responsible person

(g)(1)(ii)(B) These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color.

(g)(2) Information and Training.

(g)(2)(i) Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

(g)(2)(ii) Training shall be provided as follows:

(g)(2)(ii)(A) At the time of initial assignment to tasks where occupational exposure may take place;

(g)(2)(ii)(B) Within 90 days after the effective date of the standard; and

(g)(2)(ii)(C) At least annually thereafter.

(g)(2)(iii) For employees who have received training on bloodborne pathogens in the year proceeding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.

(g)(2)(iv) Annual training for all employees shall be provided within one year of their previous training.

(g)(2)(v) Employers shall provide additional training when changes such as modification of task or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

(g)(2)(vi) Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

(g)(2)(vii) The training program shall contain at a minimum the following elements:

(g)(2)(vii)(A) An accessible copy of the regulatory text of this standard and an explanation of its contents;

(g)(2)(vii)(B) A general explanation of the epidemiology and symptoms of bloodborne diseases;

(g)(2)(vii)(C) An explanation of the modes of transmission of bloodborne pathogens;

(g)(2)(vii)(D) An explanation of the employer's Exposure Control Plan and the means by which the employee can obtain a coy of the written ;

(g)(2)(vii)(E) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

(g)(2)(vii)(F) An explanation of the use and limitations of methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

(g)(2)(vii)(G) Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

(g)(2)(vii)(H) An explanation of the basis for selection of personal protective equipment;

(g)(2)(vii)(I) Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

(g)(2)(vii)(J) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

(g)(2)(vii)(K) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and medical follow-up that will be made available;

(g)(2)(vii)(L) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

(g)(2)(vii)(M) An explanation of the signs and labels and/or color coding required by paragraph (g)(1); and

(g)(2)(vii)(N) An opportunity for interactive questions and answers with the person conducting the training session.

(g)(2)(viii) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training programs as it relates to the work place that the training will address.

(g)(2)(ix) Additional Initial Training for Employees in HIV and HBV Laboratories and Production Facilities. Employees in HIV or HBV research laboratories and HIV or HBV production facilities shall receive the following initial training in addition to the above training requirements.

(g)(2)(ix)(A) The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.

(g)(2)(ix)(B) The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.

(g)(2)(ix)(C) The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

(h) **Record Keeping**

(h)(1) Medical Records

(h)(1)(i) The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020.

(h)(1)(ii) This record shall include:

(h)(1)(ii)(A) The name and social security number of the employee;

(h)(1)(ii)(B) A copy of the employee's Hepatitis B vaccination status including the dates of all the Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by paragraph (f)(2);

(h)(1)(ii)(C) A copy of all results of examinations, medical testing, and follow-up procedures as required by paragraph (f)(3);

(h)(1)(ii)(D) The employer's copy of the healthcare professional's written opinion as required by paragraph (f)(5); and

(h)(1)(ii)(E) A copy of the information provided to the healthcare professional as required by paragraphs (f)(4)(ii)(B)(C) and (D).

(h)(1)(iii) Confidentiality. The employer shall ensure that employee medical records required by paragraph (h)(1) are:

(h)(1)(iii)(A) Kept confidential; and

(h)(1)(iii)(B) Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

(h)(1)(iv) The employer shall maintain the records required by paragraph (h) for at least the duration of employment plus 30 years in accordance with 29 CFR 1920.1020.

(h)(2) Training Records

(h)(2)(i) Training records shall include the following information:

(h)(2)(i)(A) The dates of the training sessions;

(h)(2)(i)(B) The contents or a summary of the training sessions;

(h)(2)(i)(C) The names and qualifications of persons conducting the training; and

(h)(2)(i)(D) The names and job titles of all persons attending the training sessions.

(h)(2)(ii) Training records shall be maintained for 3 years from the date on which the training occurred.

(h)(3) Availability

(h)(3)(i) The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Assistant Secretary and the Director for examination and copying.

(h)(3)(ii) Employee training records required by this paragraph shall be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary.

(h)(3)(iii) Employee medical records required by this paragraph shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1920.1020.

(h)(4) Transfer of Records

(h)(4)(i) The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020(h).

(h)(4)(ii) If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least three months prior

to their disposal and transmit them to the Director, if required by the Director to do so, within that three month period.

(i) **Dates**

(i)(1) Effective Date. The standard shall become effective on March 6, 1992.

(i)(2) The Exposure Control Plan required by paragraph (c) of this section shall be completed on or before May 5, 1992.

(i)(3) Paragraph (g)(2) Information and Training and (h) Record Keeping shall take effect on or before June 4, 1992.

(i)(4) Paragraphs(d)(2) Engineering and Work Practice Controls, (d)(3) Personal Protective Equipment, (d)(4) Housekeeping, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, and (g)(1) Labels and Signs, shall take effect July 6, 1992.

[56 FR 64004, Dec. 06, 1991, as amended at 57 FR 12717, April 13, 1992; 57 FR 29206, July 1, 1992; 61 FR 5507, Feb. 13, 1996]

.02 Mandatory Hepatitis B Vaccine Declination (Standards 29 CFR 1910.1030 Appendix A)

Standard Number: 1910.1030 App A
Standard Title: Hepatitis B Vaccine Declination (Mandatory)
SubPart Number: Z
SubPart Title: Toxic and Hazardous Substances

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, 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.

[56 FR 64004, Dec. 06, 1991, as amended at 57 FR 12717, April 13, 1992; 57 FR 29206, July 1, 1992; 61 FR 5507, Feb. 13, 1996]

Chapter 8, Section II – At Risk Job Classifications

Date Adopted: January 5, 2009 Revised: March 12, 2015

.01 Job Classifications – With ALL Positions at Risk of Occupational Exposure.

Code	Classification Title
4030	CDO I – BAKING
4031	CDO I – COOKING
4032	CDO I – MEATCUTTING
4033	CDO II – BAKING
4034	CDO II – COOKING
4035	CDO II - MEAT CUTTING
4048	CMO I – AUTOMOTIVE SERVICES
4049	CMO I – CARPENTRY
4050	CMO I - ELECTRICAL
4051	CMO I – GROUNDS SUPERVISOR
4052	CMO I – MAINTENANCE MECHANIC
4053	CMO I – MASONRY - PLASTERING
4054	CMO I – METAL MAINTENANCE
4055	CMO I – PAINTING
4056	CMO I - PLUMBING
4057	CMO I – REFRIGERATION MECHANIC
4058	CMO I – SHEET METAL
4059	CMO I – STATIONARY ENGINEERING
4060	CMO I – STEAM FITTING
4061	CMO II – AUTOMOTIVE SERVICES
4062	CMO II – CARPENTRY
4063	CMO II – ELECTRICAL
4064	CMO II – GROUNDS SUPERVISOR
4065	CMO II – MAINTENANCE MECHANIC
4066	CMO II – MASONRY – PLASTERING
4067	CMO II – METAL MAINTENANCE
4068	CMO II - PAINTING
4069	CMO II – PLUMBING
4070	CMO II – REFRIGERATION MECHANIC
4071	CMO II – SHEET METAL
4072	CMO II – STATIONARY ENGINEERING
4073	CMO II – STEAM FITTING
4078	CMO SUPERVISOR
4084	CO CAPTAIN
4080	CO I
4081	CO II
4083	CO LIEUTENANT
4085	CO MAJOR
4082	CO SERGEANT
4044	COR. LAUNDRY OFFICER I
4045	COR. LAUNDRY OFFICER II
4074	COR. MAINT. SERVICE OFFICER
4087	COR. RECREATION OFFICER I
4088	COR. RECREATION OFFICER II
4089	COR. RECREATION OFFICER III
4090	COR. RECREATION SUPERVISOR
4091	COR. SUPPLY OFFICER I
4092	COR. SUPPLY OFFICER II
4093	COR. SUPPLY OFFICER III
4094	COR. SUPPLY OFFICER SUPVR.
4326	DENTIST
1136	DDMP MONITOR I
1137	DDMP MONITOR II
1138	DDMP SUPERVISOR
0674	DPP AGENT I, II, AND SR.
CON	DPP CHEMIST
1188	DPP FIELD SUPERVISOR I
CON	DPP LAB. ASSISTANT
0877	INSITUTIONAL PAROLE ASSOC. I
0878	INSITUTIONAL PAROLE ASSOC II
0879	INSTITUTIONAL PAROLE ASSOC SUPR
3383	HEARING OFFICER I – PAROLE COMM
0112	HEARING OFFICER II –PAROLE COMM
1021	LAB. ASST. II
1930	LAB. TECH. I
0552	LAB. TECH. II
4247	LPN
1325	NURSE III, INST. MED.
1690	NURSE IV, INST. MED.
1700	NURSE DIV. CHIEF
2571	NURSING DIV. CHIEF
4123	PAROLE WARRANT OFFICER
4278	PHYSICIAN ASSISTANT I
4279	PHYSICIAN ASSISTANT II
6124	PHYSICIAN D
5180	PHYSICIAN E
3299	PRETRIAL RELEASE INVEST. I
3300	PRETRIAL RELEASE INVEST. II
0088	PRETRIAL RELEASE INVEST. SUPERVISOR
0090	PRETRIAL RELEASE INVEST. TRAINEE
0832	STEAMFITTER

.02 Job Classifications – With SOME Positions at Risk of Occupational Exposure.

Code	Classification Title
5278	ASSISTANT WARDEN
4029	CORRECTIONAL CASE MGMT. MGR.
4026	CORRECTIONAL CASE MGMT. SPEC. I
4027	CORRECTIONAL CASE MGMT. SPEC.II
4025	CORRECTIONAL CASE MGMT. TRAINEE
4028	CORRECTIONAL CASE MGMT SUPERVISOR
4040	CORRECTIONAL DIET. MAN. - DIETETIC
4039	CORRECTIONAL DIET. MAN. – GENERAL
4042	CORRECTIONAL DIET. REG.MAN.- DIETETIC
4041	CORRECTIONAL DIET. REG.MAN.- GENERAL
4038	CORRECTIONAL DIET. SER.SUP. - DIETETIC
4037	CORRECTIONAL DIET. SER.SUP. – GENERAL
4036	CORRECTIONAL DIET SUPERVISOR
4086	SECURITY CHIEF
5280	PRE-RELEASE FACILITY ADMINISTRATOR
0472	HEARING OFFICER I, I.A.T.
0474	HEARING OFFICER II, I.A.T.
0478	HEARING OFFICER, SUPERVISOR I.A.T.
1259	OPERATOR, TRACTOR TRAILER, SUI
0974	VOLUNTEER ACT. COORDINATOR I
2262	VOLUNTEER ACT. COORD. II
3370	VOLUNTEER ACT. COORD. III
4330	VOLUNTEER ACT. COORD. SUPERVISOR
5144	WARDEN
2247	ADM. OFFICER
3340	SR. AGT. HOME DETENTION PROG.ASSIGNMENTS
5316	OFFFICER – AUTO SERVICES
5312	OFFICER – FOOD PROCESSING
5314	OFFICER – GRAPHICS
5315	OFFICER – MAINTENANCE & CONSTRUCTION
5313	OFFICER – MIXING AND BLENDING
5308	OFFICER – PRODUCTION
5309	OFFICER – SERVICES
5305	OFFICER – SOFT GOODS
5341	SUPERVISOR – FOOD PROCESSING
5344	SUPERVISOR – GRAPHICS
5345	SUPERVISOR – MAINTENANCE & CONSTRUCTION
5343	SUPERVISOR-MIXING AND BLENDING
5338	SUPERVISOR-PRODUCTION
5340	SUPERVISOR-SERVICES
5337	SUPERVISOR-SOFT GOODS
5324	SUPERVISOR I -AUTO SERVICE
5320	SUPERVISOR I – FOOD SERVICES
5322	SUPERVISOR I – GRAPHICS
5321	SUPERVISOR I – MIXING & BLENDING
5318	SUPERVISOR I – PRODUCTION
5319	SUPERVISOR I – SERVICES
5336	SUPERVISOR II – AUTO SERVICE
5330	SUPERVISOR II – FOOD PROCESSING
5334	SUPERVISOR II – GRAPHICS
5335	SUPERVISOR II – MAINTENANCE & CONST.
5333	SUPERVISOR II-MIXING & BLENDING
5327	SUPERVISOR II – PRODUCTION
5328	SUPERVISOR II – SERVICES
5325	SUPERVISOR II – SOFT GOODS
5291	TRAINEE – AUTO SERVICES
5284	TRAINEE-FOOD SERVICES
5288	TRAINEE-GRAPHICS
5289	TRAINEE- MAINTENANCE & CONSTRUCTION
5287	TRAINEE-MIXING & BLENDING
5282	TRAINEE-PRODUCTION
5283	TRAINEE-SERVICES
5281	TRAINEE-SOFT GOODS

Chapter 8, Section III – DPSCS Occupational Exposure Protocols

Date Adopted: January 5, 2009 Revised: March 12, 2015

.01 Universal Precautions Protocol

A. Policy

A Department employee shall use universal body substance precautions to reduce or prevent the opportunity for occupational exposure to potentially infectious materials.

B. References

(1) Recommendations for Prevention of HIV Transmission in Health Care Settings, MMWR, Vol. 361/No. 20S, August 21, 1987, U.S. Public Health Service, Centers for Disease Control.

(2) Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Other Bloodborne Pathogens, in Health- Care Settings, MMWR, Vol. 361/No. 24, June 24, 1991, U.S. Public Health Service, Centers for Disease Control.

(3) Joint Advisory Notice: Protection Against Occupational Exposure to Hepatitis B Virus (HVB) and Human Immunodeficiency Virus (HIV), Federal Register, October 18, 1987, Department of Labor/Department of Health and Human Services.

(4) Guidelines for Control of Human Immunodeficiency Virus Infection, Governor's Advisory Council on AIDS, May 1989.

(5) HIV Disease, Infection Control and Regulatory Compliance, A Resource Manual for Dental Professionals, Edited by Michael A. Ward, D.D.S., M.P.H. and published by the Mid-Atlantic AIDS Regional Education and Training Center in collaboration with the AIDS Administration and the Baltimore College of Dental Surgery, Dental School, University of Maryland at Baltimore, 1991.

C. Procedure

(1) A medical employee shall use appropriate precautions to prevent percutaneous, mucous membrane, and skin exposure to a potentially infectious material when providing medical care.

(2) A non-medical employee shall use appropriate precautions whenever exposure to a potentially infectious material is evident or can be anticipated.

(3) When the situation permits, an employee shall wash hands according to established procedures before and after direct client contact.

(4) When possible, an employee shall wear the appropriate gown, apron or other protective clothing or equipment, determined by the duty being performed, in an occupational exposure situation.

D. An agency head or a designee shall require that the following items and equipment are maintained in adequate supply in all medical units and other locations in a facility, determined by the duties performed by the employee, and used as described.

(1) Gloves

(a) An employee shall wear gloves (latex or vinyl) when:

(i) There is contact, or the potential for contact, with blood or potentially infectious materials;

(ii) Performing an invasive procedure;

(iii) Performing a venipuncture;

(iv) Placing or removing intravenous catheters;

(v) Performing finger-sticks;

(vi) Handling laboratory specimens;

(vii) Performing cardio-pulmonary resuscitation; or

(viii) A medical employee has cuts, abrasions or dermatitis, during patient contact regardless of the potential for exposure to blood or a potentially infectious material.

(b) An employee shall change gloves:

(i) After treating an individual and before treating any subsequent individuals; or

(ii) When the gloves are contaminated with blood or a potentially infectious material.

(c) An employee may not disinfect or wash disposable gloves for reuse.

(d) An employee shall replace disposable gloves, such as surgical or examination gloves, when the gloves are no longer an effective barrier to blood or a potentially infectious material.

(e) An employee handling soiled laundry shall wear utility gloves and wash hands when gloves are removed.

(2) Gowns or Aprons

An employee shall wear a gown or apron when:

(a) There is potential for the employee's clothing to be soiled with blood or a potentially infectious a material; or

(b) Caring for an individual having the ability to infect the employee through the transfer of blood or a potentially infectious material.

(3) Masks, Goggles or Face Shields

An employee shall wear the appropriate industry acceptable mask, goggles or face shield when performing routine or specialized procedures that could involve splashing of blood or a potentially infectious material, for example dental procedures or wound irrigations.

(4) Sharps and Disposal Containers

(a) An employee may not bend or break by hand, recap or remove a needle or other "sharp" from a disposable syringe.

(b) An employee shall dispose of needles and other sharps in an appropriately labeled puncture-resistant, leak-proof container that is readily accessible in all areas where needles and other sharps are used.

(c) The designated employee shall seal and properly dispose of a sharps container when it is three quarters full.

(d) If an employee is using a sharp instrument designed for re-use, the individual shall place the instrument in a puncture-resistant container with an industry accepted disinfectant.

E. Cardio-Pulmonary Resuscitation (CPR)

(1) An employee shall apply universal precautions when performing (CPR).

(2) An employee performing CPR shall use a disposable one-way valve mask.

(3) The agency head or a designee shall require that CPR one-way valve masks are:

(a) Included in each "crash cart";

(b) Included in all emergency first aid kits; and

(c) Available at each nursing station.

(4) An agency head, or a designee, shall require that replacement ventilation bags, valves and other parts for the one-way valve mask are readily available and disinfected according to the manufacturer's instructions.

F. An employee shall place any items soiled with a potentially infectious material, such as soiled dressings, bed pads, or sanitary napkins, in a biohazard container, properly seal the container to prevent occupational exposure and discard the container according to procedures for regulated waste.

G. Training

(1) An agency head, or a designee, shall require that medical and designated employees attend annual in-service training on universal potentially infectious material precautions.

(2) An agency head, or a designee, shall require that the training under §G(1) of this protocol includes:

(a) An overview of HIV and Hepatitis B infection;

(b) Definition of blood and potentially infectious materials and communicability factors;

(c) A detailed explanation of universal potentially infectious material precautions;

(d) A review of the importance of hand washing as a component of universal precautions;

(e) A demonstration of the acceptable technique for applying and removing gloves;

(f) Instruction on the use of protective equipment and orientation to the location of the equipment in the facility;

(g) A demonstration of handling, disposal, and counting of sharps;

(h) Training on the use of universal precautions during CPR;

(i) Orientation to the policy and procedures for managing health care worker exposures to blood or a potentially infectious material through needle stick injuries or other exposures;

(j) Explanation of the risk of exposure to HIV and Hepatitis B as related to occupational position and the indications for Hepatitis B vaccine; and

(k) Documentation of annual training in the employee's file.

.02 Handwashing Protocol

A. Policy

Department employees shall be aware of and practice established handwashing procedures.

B. References.

(1) Garner, J.S. and Favero, M.S., Guidelines for Handwashing and Hospital Environmental Control, M.S. 1985, Supersedes Guidelines for Hospital Environmental Control Published in 1981, Hospital Infectious Program, Centers for Disease Control, Public Health Service, U.S. Department of Health and Human Services, Atlanta, GA.

(2) Guidelines for Control of Human Immunodeficiency Virus Infection, Governor's Advisory Council on AIDS, May, 1989.

(3) HIV Disease, Infection Control and Regulatory Compliance, A Resource Manual for Dental Professionals, Edited by Michael A. Ward, D.D.S., M.P.H. and published by the Mid-Atlantic AIDS Regional Education and Training Center in collaboration with the AIDS Administration and the Baltimore College of Dental Surgery, Dental School, University of Maryland at Baltimore, 1991.

C. Procedures

(1) An employee shall wash hands under the following conditions:

(a) Before coming on duty and leaving the facility;

(b) Before and after eating;

(c) After using the restroom;

(d) After blowing the nose, sneezing, or coughing;

(e) Before and after providing nursing or medical care to any patient;

(f) Before and after performing an invasive procedure;

(g) Before and after touching wounds and any invasive instruments or equipment; or

(h) Immediately after soiling hands or gloves with a potentially infectious material.

(2) An employee washing hands under conditions of this protocol shall:

(a) Use an approved liquid soap when preparing for routine nursing and medical tasks; or

(b) Use an approved anti-microbial soap before performing a surgical or dental procedure.

(c) Perform handwashing by:

(i) Completely lathering the surface of the hands;

(ii) Vigorously rubbing the surface of lathered hands for at least 10 seconds;

(iii) Thoroughly rinsing the lathered hands under a stream of water;

(iv) Thoroughly drying the hands with a clean paper towel; and

(v) Turning the water off using a clean paper towel to prevent hand contamination; and

(d) If a sink is not available for handwashing under §.01C(2)(c) of this section, use an approved waterless handwashing product.

(3) An agency head, or a designee, shall require that:

(a) All soaps used in performing requirements of this protocol are approved by the Environmental Safety Compliance Officer for use.

(b) Empty liquid soap dispensers are not topped off, but instead, cleaned and filled with fresh product or replaced;

(c) Approved soaps are available and accessible; and

(d) All medical personnel receive annual in-service training on the hand washing requirements including:

(i) The reasons for handwashing;

(ii) A demonstration of the proper handwashing technique; and

(iii) A review of local handwashing requirements for a facility and the locations of handwashing facilities.

.03 Handling and Disposal of Sharps Protocol

A. Policy

An employee shall use, handle and dispose of sharps according to procedures established to protect the individual, other employees and others who may have direct or indirect contact with the sharp object.

B. References

(1) Enforcement Procedures for Occupational Exposure to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV), (OSHA Instruction CPL 2-2.44 B, Office of Health Compliance Assistance), February 27, 2990.

(2) Guidelines for Control of Human Immunodeficiency Virus Infection, Governor's Advisory Council on AIDS, May, 1989.

C. Procedures

(1) An employee shall handle sharps carefully to prevent an occupational exposure incident.

(2) When performing an invasive procedure using sharps on an uncooperative individual, an employee shall have appropriate support staff to reduce the risk of an occupational exposure incident.

(3) An employee using a needle may not:

(a) Bend or break the needle by hand;

(b) Except under the provisions of §.01C(4) of this section, recap a needle; or

(c) Remove the needle from a disposable syringe.

(4) If recapping a needle is necessary, the employee shall use:

(a) A needle sheath holder; or

(b) The "scoop" technique.

(5) If it is necessary to retrieve a soiled sharp, an employee shall use another instrument, such as a clamp or forceps.

(6) An employee shall dispose of sharps in an appropriately labeled, puncture resistant and leak-proof container.

(7) If reuse of sharps is appropriate, an employee shall place the instrument in an appropriately labeled, puncture resistant and leak-proof container with the appropriate disinfectant solution.

(8) An employee disposing of sharps shall record the disposal on the Sharps Log.

(9) The agency head, or a designee, shall make arrangements to handle and dispose of a sharps container according to federal, State and local requirements for regulated waste.

(10) The agency head, or a designee, shall require that medical personnel receive annual in-service training on the handling and disposal of sharps including:

(a) Defining and recognizing sharps;

(b) An explanation and demonstration of the proper technique for the disposal of sharps;

(c) A review of the exceptions for recapping needles and training on recapping techniques;

(d) Orientation on proper procedures for the use of a Sharps Log; and

(e) The proper procedures documentation the counting and reconciliation of sharp instruments.

.04 Regulated Waste Protocol

A. Policy

An employee shall handle and dispose of regulated waste according to procedures compatible with federal, State and local requirements protecting the employee, other employees and others who may handle or otherwise have contact with the regulated waste.

B. References

(1) CDC Recommendations for Prevention of HIV Transmission in Health Care Setting. MMWR, Vol. 36(S), August 21, 1987, Public Health Service, Centers for Disease Control, Public Health Service, U.S. Department of Health and Human Services, Atlanta, GA.

(2) COMAR: 10.06.06. DHMH Communicable Disease Prevention Handling, Treatment and Disposal of Special Medical Waste

(3) COMAR: 26.13.12-13. Department of the Environment Disposal of Controlled Hazardous Substances, Standards Applicable to Generators of Special Medical Waste

(4) State of Maryland Communicable Diseases Bulletin, Implementing Special Medical Waste Disposal Regulations, October, 1990

(5) Garner, J.S. and Favero, M.S., Guidelines for Hand washing and Hospital Environmental Control, 1985, Supersedes Guidelines for Hospital Environmental Control Published in 1981, Hospital Infections Programs, Centers for Disease Control, Public Health Service, U.S. Department of Health and Human Services, Atlanta, GA.

C. Procedure

(1) An employee disposing of blood, suctioned fluids, excretions, and secretions shall use universal precautions and may pour these substances into a drain connected to a sanitary sewer.

(2) An employee disposing of urine and feces shall use universal precautions and may deposit these substances directly into a sanitary sewer.

(3) An employee disposing of substances identified under §§.04C(1) and (2) of this section who does not use a sanitary sewer shall dispose of these substances in an appropriately labeled, puncture resistant and leak-proof container.

(4) An employee shall dispose of anatomical materials and microbiological waste in a leak-proof bag or bags with a combined thickness of at least 3 millimeters that shall be placed in a properly labeled, puncture resistant and leak-proof rigid container.

(5) An employee shall discard sharp instruments according to the "Sharps" Protocol.

(6) An employee disposing of untreated regulated waste:

(a) Shall weigh and label the container as "Regulated Waste";

(b) If the facility generates over 50 pounds of regulated waste each month; shall:

(i) Obtain a Maryland Regulated Waste Generator Identification Number (COMAR 26.13.12); and

(ii) Label the container in §.04C(6)(a) of this protocol with that number and

(c) Have the container of regulated waste removed by a transporter certified by the Maryland Department of the Environment as required under COMAR 26.13.13.

(7) An agency head, or a designee, shall require that an individual handling or disposing of regulated waste receives annual in-service training that includes:

(a) A demonstration of the proper handling and packaging of regulated waste; and

(b) A review of federal, State and local requirements for a facility related to handling and disposal of regulated waste.

.05 Laundry Infection Control Protocol

A. Policy

An employee handling soiled laundry items shall comply with procedures intended to protect the employee, other employees or others from potential for an occupational exposure incident.

B. References

Garner J.S. and Favero M.S. Guidelines for Handwashing and Hospital Environmental Control, 1985, (Section 6) Supersedes Guideline for Hospital Environmental Control Published in 1981, Centers for Disease Control, Public Health Service, U.S. Department of Health and Human Services, Atlanta, Georgia.

C. Procedure

(1) An employee handling soiled laundry shall wear utility gloves and wash hands after removing the utility gloves.

(2) An employee shall minimize movement and handling of soiled laundry to prevent microbial contamination of the facility environment.

(3) An employee shall not sort soiled laundry in patient-care areas.

(4) An agency head, or a designee, shall require that soiled laundry is washed by one of two methods:

(a) Hot water washing for 25 minutes:

(i) With the water temperature at 71°C (160°F) or higher; and

(ii) Using commercial detergents; or

(b) Low-temperature washing for 25 minutes.

(i) With the water temperature at less than 71°C (160°F); and

(ii) Using the established concentration of chemicals, such as bleach.

(5) A designated individual shall maintain a daily log of water temperatures and chemicals used to decontaminate soiled laundry.

(6) An employee shall wash hands before removing clean laundry from a washing machine or a dryer.

(7) The agency head, or a designee, shall require that decontaminated laundry is properly folded, transported and stored to prevent new contamination from potentially infectious materials according to established procedures.

.06 Housekeeping Infection Control Protocol

A. Policy

An employee shall clean and maintain the facility environment according to procedures established to prevent transmitting blood or potentially infectious materials.

B. References

(1) Garner J.S. and Favero M.S., Guidelines for Hand Washing and Hospital Environmental Control, 1985 (Section 5), Supersedes Guidelines for Hospital Environmental Control Published in 1981, Centers for Disease Control, Public Health Service, U.S. Department of Health and Human Services, Atlanta, Georgia.

C. Procedure

(1) Medical Unit or Rooms. An agency head or a designee shall require that:

(a) A medical unit is clean and free of soiled items and debris;

(b) A germicidal cleaning agent is used to clean all environmental surfaces;

(c) The cleaning agents used in §.06C(1)(b) or this protocol are approved by the regional infection control committee;

(d) Cleaning agents are used and stored according to the manufacture's instructions;

(e) An employee using cleaning agents wears and properly washes and dries the utility gloves when cleaning is completed;

(f) During cleaning operations, cleaning solutions are reconstituted after cleaning 5 or 6 rooms, or sooner, depending on the extent of potentially infectious conditions;

(g) A room, bed and other equipment is properly cleaned after an individual leaves and before a new individual occupies the room;

(h) An employee cleaning an isolation room:

(i) Wears a mask or gown that comports with the specific precautions associated with the type of isolation the area was used for; and

(ii) Disinfects reusable cleaning equipment before it is used in another room and;

(iii) An employee properly packages cleaning cloths or mop heads soiled with a potentially infectious material according to procedures for disposal of regulated waste or laundering of materials contaminated with a potentially infectious material;

(2) Equipment. The agency head, or a designee, shall require that:

(a) Work surfaces are properly decontaminated with an approved disinfectant after completion of procedures or; immediately, when the surface is overly contaminated by a spill of a potentially infectious material;

(b) Protective coverings, such as plastic wrap, aluminum foil or imperviously-backed absorbent paper are used to cover decontaminated equipment and environmental surfaces and, if subsequently soiled, removed and replaced;

(c) All bins, pails, cans, and similar receptacles intended for reuse that have a reasonable likelihood for becoming contaminated with a potentially infectious material are inspected and, if appropriate, decontaminated on a scheduled basis or, immediately decontaminated at any time the item is soiled;

(d) An employee does not directly pick up any broken glass with the hands;

(e) Sharp instruments are handled and when necessary cleaned according to the Department's "Sharps" Protocol; and

(f) An inmate assigned to a medical unit is trained to perform housekeeping duties according to established procedures.

.07 Occupational Exposures, HIV – Post-Exposure Prophylaxis (PEP) Protocol

A. Policy

The Department shall make available to all employees involved in an occupational exposure incident appropriate medical treatment and follow-up care that includes medications.

B. References

(1) Public Health Services Guidelines for the Management of Healthcare Worker Exposures to HIV and Recommendations for Post-exposure Prophylaxis, MMWR, May 15, 2998/Vol. 47 No. RR-7.

(2) DPSCSD 130-200, Involuntary Testing for HIV Infection.

(3) DCD130-200, Section: Custody, Protocol (IXA) Correctional Employee Exposure to Blood/Body Fluid.

C. Procedure

(1) Medical Management. The Department shall provide an employee involved in an occupational exposure incident with HIV infected materials emergent counseling and medical treatment by a qualified health care professional that includes the following:

(a) Immediate treatment by:

(i) Cleansing injured skin with soap and running water, at a temperature that is comfortable for the individual (warm-hot) only, for two minutes;

(ii) If mild bleeding is involved, permitting the bleeding to continue for a short period of time (i.e. one-two minutes);

(iii) Not aspirating, forcing bleeding or lancing the wound; or

(iv) If a mucous membrane is the site of the transfer, rinsing with water or a solution specially prepared for the site of the transfer for two minutes.

(b) Evaluation by a health care professional to determine, according to CDC guidelines, if an occupational exposure to HIV occurred.

(i) For an HIV occupational exposure incident to have occurred, the individual has to have been exposed to a potentially infectious material that is, or has a

high risk for being HIV infected, such as blood, semen, vaginal secretions, cerebrospinal fluid, pleural fluid, synovial fluid, un-fixed tissue, certain lab specimens, or any substance visibly contaminated, or known to be contaminated by blood.

(ii) Exposure to urine, feces and saliva that is not contaminated with blood does not require HIV post-exposure prophylaxis.

(c) If the health care professional determines, or reasonably suspects, that an HIV occupational exposure incident occurred, the evaluating health care professional shall:

(i) Immediately after the HIV occupational exposure incident, review the available information related to the incident with the clinical director, or a designated physician, or the regional infection control coordinator; and

(ii) Determine, according to CDC guidelines, if HIV post-exposure prophylaxis is medically recommended or can be reasonably offered.

(d) After completing any required emergency treatment and if a determination is made that an HIV occupational exposure incident occurred, the health care professional shall refer the employee to a community medical provider for follow-up medical treatment and monitoring.

(e) The health care professional making the referral shall provide the employee with the Post Exposure Evaluation Check List (Chapter 8, § IV-2) describing the type of occupational exposure and any treatment provided.

(f) If a determination is made that an HIV occupational exposure incident occurred where PEP is initiated and the incident involved an inmate with an unknown HIV status, the healthcare professional shall:

(i) Initiate the appropriate regimen according to the CDC guidelines; and

(ii) Immediately notify the agency head or designee who shall require that the inmate be tested, according to the Department's Involuntary Testing for HIV infection protocol, in order to determine the inmate's HIV status.

(g) PEP emergency medical care that may include:

(i) If reasonable access (three days) to a community medical provider is available, the Department Medical Director may authorize a three day supply of prescription HIV anti-retroviral medications maintained at each regional infirmary as part of the PEP Starter Kit.

(ii) An exposed employee may receive the additional 27 day supply of anti-retroviral treatment from the occupational medical provider providing follow-up treatment to the employee.

(h) The Department Medical Director under §.07C(1)(g) of this section shall:

(i) Authorize anti-retroviral medications according to CDC guidelines.

(ii) Authorize anti-retroviral medication only after discussion of the risks and benefits of the prophylaxis with the employee and, if possible the employee's medical doctor, to determine the presence of any current condition that the employee may have that could result in an adverse reaction or complication when taking HIV anti-retroviral medications.

(iii) Require that the receiving employee be informed of CDC recommendations concerning, at a minimum, risk, prevention, and drug treatment information related to the use of the anti-retroviral medication provided (HIV Post-Exposure Prophylaxis Fact Sheet).

(iv) Require follow-up monitoring of the employee involved in an HIV occupational exposure incident to determine HIV antibody levels at 3 and 6 months after the HIV occupational exposure incident.

(v) Require that HIV antibody testing is conducted by community health care provider according to the Bloodborne Pathogen Control Plan.

(2) Documentation and Training.

(a) If PEP is provided to an employee, the Department Medical Director shall require the following information be included in the employee's health record:

(i) The date and time of the HIV occupational exposure incident;

(ii) Detailed information about where and how the incident occurred;

(iii) If the exposure involved a "sharp", detailed information about the "sharp" including the type of device, how it was used and when in the course of handling the device the exposure occurred;

(iv) Information about the type and amount of potentially infectious material involved;

(v) A description of the severity of the exposure, for example, the depth of the injury, whether fluid was injected, the estimated volume of potentially infectious material, the duration of contact, and the condition of the skin (cuts, abrasions, sores or intact);

(vi) Details concerning the source of the potentially infectious material for example, the status of HIV or other bloodborne pathogen, or if the source is an HIV infected person, the stage of the disease, history of anti-retroviral therapy and viral load, if known; and

(vii) Information about counseling, post-exposure management and follow-up.

HIV Post-Exposure Prophylaxis Fact Sheet

Question #1 – What is my risk of acquiring HIV infection following an exposure?

Answer: The risk of acquiring HIV infection is related to the type and severity of exposure to potentially infectious material that includes: semen, cerebrospinal fluid, pleural fluid, peritoneal fluid, vaginal secretions, pericardial fluid and amniotic fluid.

The average risk of acquiring HIV infection following an exposure from a puncture or cut in the skin is 0.3% (3 chances out of 1,000). The risk increases with the depth of an injury where the device causing the injury was previously in a patient's vein or artery, or if the source of the exposure was a person with AIDS.

The risk of acquiring HIV infection after exposure to mucous membranes of the eyes, nose, or mouth to HIV-infected potentially infectious material is 0.1% (1 chance out of a 1,000).

The risk of acquiring HIV infection after the exposure of intact skin to HIV- infected potentially infectious material is less than 0.1%. That figure may increase if the skin is not intact or if there is prolonged exposure to a large amount of potentially infectious material.

An employee should discuss every potential occupational exposure with a physician so that the specific risks of the particular exposure can be reviewed and assessed.

Question #2 – Can I be cured if I acquire HIV infection?

Answer: Presently there is no known cure for HIV infection. Nearly all persons infected with HIV develop the acquired immunodeficiency syndrome (AIDS). Current treatments for the HIV infected individual prolong life and delay the progression of the infection, but have not been proven to eradicate HIV. Prevention of HIV infection is critical.

Question #3 – If I have been exposed to HIV, what can I do to prevent infection?

Answer: Studies of health care workers exposed to HIV indicate that medication can reduce the transmission of HIV infection following an occupational exposure by nearly 80%. The Centers for Disease Control (CDC) currently recommends that persons at risk for acquiring HIV infection through occupational exposure to blood or other potentially infectious fluids be recommended or offered 2 or 3 drugs effective against HIV for a one month. The medications should be initiated within 48 hours of the exposure, preferably within 2 hours. The determination to recommend, offer, or not offer prophylactic treatment should be based on the

type of exposure, the presence of HIV and the condition of the individual who is the source of the exposure.

Question #4 – If I have been exposed to urine, feces, or saliva from a person with HIV infection or AIDS should I receive prophylactic treatment?

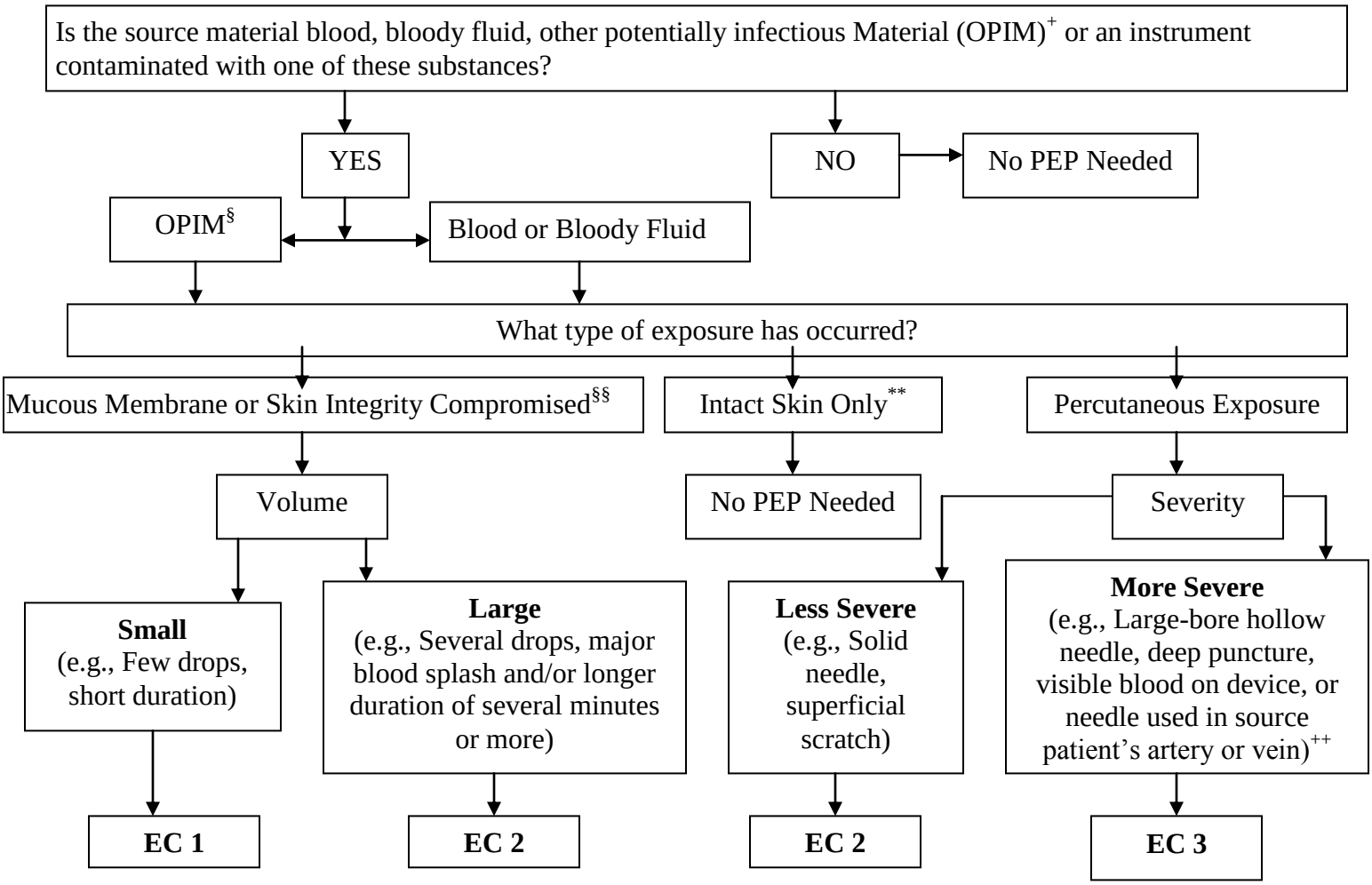
Answer: The CDC does not recommend prophylactic treatment for HIV infection following occupational exposure to urine, feces or saliva unless these substances are visibly contaminated with blood.

Question #5 – Do the preventive medications have harmful side effects?

Answer: The toxicities of the drugs used to prevent HIV infection are largely unknown in persons without HIV infection. The drugs do have significant side effects that have been documented primarily in persons with HIV infection (see below). Drug toxicities can be significantly exacerbated due to drug interactions. If you are currently taking prescribed medications for other health reasons, you should review potential drug interactions and toxicities with your physician before taking preventive anti-viral medications for HIV.

Pregnant or potentially pregnant employees experiencing an occupational exposure to HIV infection should emergently contact an obstetrician or other personal physician before initiating treatment with anti-retroviral medications.

MMWR Flow Chart
Determine the Exposure Code (EC)*



* This algorithm is intended to guide initial decisions about PEP and should be used in conjunction with other guidance provided in this manual.

+ Semen or vaginal secretions; cerebrospinal, synovial, pleural, peritoneal, pericardial, or amniotic fluids or tissue.

§ Exposure to OPIM must be evaluated on a case-by-case basis. In general, these body substances are considered a low risk transmission in heath-care settings. Any unprotected contact to concentrated HIV in a research laboratory or production facility is considered an occupational exposure that requires clinical evaluation to determine the need for PEP.

§§ Skin integrity is considered compromised if there is evidence of chapped skin, dermatitis, abrasion, or open wounds.

** Contact with intact skin is not normally considered a risk for HIV transmission. However, if the exposure was to blood, and the circumstances suggests a higher volume exposure (e.g., an extensive area of skin was exposed or there was prolonged contact with blood), the risk for HIV transmission should be considered.

++ The combination of these severity factors (e.g., large-bore hollow needle and deep puncture) contribute to an elevated risk for transmission if the source person is HIV-positive.

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Basic and Expanded Post-Exposure Prophylaxis Regimens

Regimen Category	Application	Drug regimen
Basic	Occupational HIV exposures for which there is a recognized transmission risk	4 weeks (28 days) of both Zidovudine 600 mg every day in divided doses (i.e., 300 mg twice a day, 200 mg three times a day, or 100 mg every 4 hours) **and** Lamivudine 150 mg twice a day.
Expanded	Occupational HIV exposures that pose an increased risk for transmission (e.g., larger volume of blood and/or higher virus titer in blood .	Basic regimen plus either Indinavir 800 mg every 8 hours or Nelfinavir 750 mg three times a day.*

* Indinavir should be taken on an empty stomach (i.e., without food or with a light meal) and with increased fluid consumption (i.e., drinking six 8 oz. glasses of water throughout the day); Nelfinavir should be taken with meals.

Situations That Require Special Consideration

Resistance of the Source Virus to Antiretroviral Drugs

It is unknown whether drug resistance influences transmission risk; however, transmission of drug-resistant HIV has been reported (81, 82) and is therefore a theoretical concern when choosing PEP regimens. If the source-person's virus is known or suspected to be resistant to one or more of the drugs included in the PEP regimen, the selection of drugs to which the source person's virus is unlikely to be resistant is recommended (69). If the resistance is to one class of anti-retroviral drugs, the addition to the basic PEP regimen of a drug from another class might be considered (e.g., addition of a PI when a source patient has not been treated with a PI but has virus resistant to one or more (NRTIs). It is strongly recommended that PEP be started regardless of the resistance status in the source virus; if resistance is known or suspected, a third or fourth drug may be added to the regimen until consultation with a clinical expert in the treatment of HIV infection or disease can be obtained.

Known or Suspected Pregnancy in the HCW

Pregnancy should not preclude the use of optimal PEP regimens, and PEP should not be denied to an HCW solely on the basis of pregnancy. However, as discussed previously, an occupationally exposed pregnant HCW must be provided with full information about what is known and not know regarding the potential benefits and risks associated with use of the anti-retroviral drugs to her and her fetus for her to make an informed decision regarding the use of PEP. The choice of anti-retroviral drugs to use for PEP in pregnant HCW is complicated by the potential need to alter dosing because of physiologic changes associated with pregnancy and the potential for short-or long-term effects on the fetus and newborn. Thus, considerations that should be discussed with a pregnant HCW include the potential risk for HIV transmission based on the type of exposure; the stage of pregnancy (the first trimester being the period of maximal organ genesis and risk for teratogenesis); and what is known about the pharmacokinetics, safety, and tolerability of the drug or combination of drugs in pregnancy.

.08 Protocols for Involuntary HIV Testing HIV Infection

A. Policy

The Department shall conduct involuntary testing of inmates for HIV infection according to applicable law and regulation, court order or when an employee and an inmate are involved in an occupational exposure incident.

B. References:

(1) COMAR 10.52.10.

(2) Health – General Article 18-338, Annotated Code of Maryland.

(3) Article 27, Section 765 Annotated Code of Maryland.

(4) DCD 113, PID 110-113, PID 110-42, PDSD 110-4 Restraint Devices.

(5) DCD 110-23, PID 110-4, PDSD 110-23 Use of Force.

(6) DPSCS 130-200, Infection Control Manual.

(7) DCD 126-200, PDSD 126-30 Informed Consent.

C. Procedure

(1) The Department may consider an inmate for involuntary testing for HIV infection under the following conditions:

(a) When an employee and an inmate are involved in an occupational exposure incident and:

(i) The occupational exposure incident has occurred in connection with the inmate violating institutional requirements;

(ii) The inmate has been found guilty of the violation;

(iii) The warden has received written notification of the occupational exposure incident; and

(iv) The occupational exposure incident has been confirmed by a health care provider consistent with procedures for managing employee on-the-job injuries; or

(b) Court-ordered testing according to law and regulations;

(2) The Department representative responsible for overseeing involuntary testing of an inmate for HIV infection shall require that testing is conducted according to the following procedures:

(a) The warden, or a designee, shall notify:

(i) The Secretary of the Department of Public Safety and Correctional Services or a designee for the Patuxent Institution;

(ii) Inmate Health Services;

(iii) The Department's Medical Director; and

(iv) The Department's Director of Social Work and Addictions Services.

(b) The warden or a designee shall complete and forward a request for pre-test counseling to the Regional Supervisor of Social Services who shall assign a social worker to interview the inmate to be tested.

(c) The social worker shall meet with the inmate within three working days of being assigned to the inmate's case:

(i) To provide education;

(ii) To request the inmate's voluntary submission to HIV infection testing;

(iii) To obtain the inmate's signature on the form indicating receipt of pre-test counseling; and

(iv) On the date the form is signed, forward, the form to the warden, or a designee, and the Regional Infection Control Coordinator.

(d) If the inmate agreed to HIV testing, the Regional Infection Control Coordinator shall:

(i) Arrange for the blood sample to be collected and tested;

(ii) Track the sampling and sample testing so the result is obtained as quickly as possible; and

(iii) Within three days of receipt of the retro virology report, forward a copy to the Regional Supervisor of Social Services.

(e) The social worker assigned to the inmate's case shall:

(i) Meet with the inmate to conduct post-test counseling and education within three (3) working days of receipt of the test results;

(ii) If appropriate, refer the inmate for medical evaluation;

(iii) Forward notice of the test results to the warden, or a designee immediately upon completion of post-test counseling and education; and

(iv) Forward notice of the test results and a copy of the actual test results to the Director of Social Work and Addiction Services immediately upon completion of post-test counseling.

(f) If the inmate does not volunteer to provide the blood sample, the social worker shall, immediately upon completing pre-test education and counseling:

(i) Notify in writing, the warden, or a designee, of the inmate's refusal;

(ii) Explain to the inmate, that both use of force and restraint devices may be used to secure a sample of blood according to established procedures for venipuncture; and

(iii) Record, in writing, the details of the explanation under §.08C(2)(f) of this section.

(g) The warden, or a designee, receiving notification of an inmate refusing to voluntarily submit to HIV infection testing shall, immediately:

(i) Verbally notify the Secretary of the Department of Public Safety and Correctional Services or a designee; and

(ii) Confirm the refusal in writing.

(h) The Secretary of the Department of Public Safety and Correctional Services or a designee, shall:

(i) Review the case;

(ii) Ensure compliance with Health General Article 18-338, Annotated Code of Maryland;

(iii) Decide to approve or disapprove the involuntary testing; and

(iv) If the decision is to approve testing, provide a written response to the warden, or a designee, with instructions

(i) Once the Secretary of the Department of Public Safety and Correctional Services or a designee, has authorized involuntary testing for HIV infection, the warden, or designee, shall notify the shift commander, or a designee, to use reasonable means, including the use of force or restraints, or both, to provide a safe environment for the medical professional to collect the blood sample for HIV infection testing.

(j) A Regional Infection Control Coordinator receiving HIV infection test results shall forward the test results to the warden or a designee.

(k) Within 48 hours of notification of the inmate's HIV infection test results, the warden, or a designee, shall:

(i) Verbally notify the employee concerned; and

(ii) Follow the verbal notification with written notification.

(l) The warden, or a designee, shall:

(i) Ensure the confidentiality of the inmate's HIV test results; and

(ii) Maintain the results in the inmate's medical record.

(m) The Department shall refer the employee for medical care to the employee's personal physician.

(n) The Director of Social Work and Addiction Services shall maintain a log of all involuntary HIV infection testing cases.

(3) Court-Order Testing. The Department representative responsible for oversight of court-ordered testing of an inmate for HIV infection shall comply with requirements under §.08C(2) of this section in addition to the following requirements:

(a) If the inmate refuses to voluntarily submit to HIV infection testing to comply with the court order, in addition to the notifications under §.08C(2)(f) of this section, the Director of Social Work and Addition Services shall notify the court initiating the court order, in writing, requesting additional direction.

(b) The Secretary of the Department of Public Safety and Correctional Services or a designee for the Patuxent Institution, or a designee, in addition to the requirements of §.08C(2)(h) of this section, shall consider any direction received from the court concerning the court-ordered HIV infection testing.

(c) In addition to the notifications under section .08C(2)(e)(iv) of this section, the social worker shall also notify the Department Medical Director.

(d) The Director of Social Work and Addiction Services receiving notification under §.08C(2)(e)(iv) of this section shall:

(i) Immediately prepare a written communication to the local health department responsible for initiating the court order for HIV infection testing indicating test results and any other information relative to the inmate's HIV status; and

(ii) Include a copy of the communication in the inmate's medical file.

STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
SUITE 309, 6776 REISTERSTOWN ROAD
BALTIMORE, MARYLAND 21215-2341

HEPATITIS B VACCINE CONSENT/DECLINATION RECORD

Employee:_____SS#:_____

Job Title:_____Agency/Institution:_____

CONSENT

I have been advised that I work in a job function determined to be at a potential risk for Hepatitis B exposure. I have received training regarding the Hepatitis B vaccination and I freely choose to receive the vaccine. I understand that the shots will be given initially, one month later and again in six months. I further realize that should I terminate employment with this agency, the series of shots will be stopped and I will be provided documentation of shots received should I request.

_____ _____
Employee Signature – (Consent) Date

DECLINE

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, 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.

_____ _____
Employee Signature – (Decline) Date

_____ _____
Signature/Title of Authorized Employer Representative Date

Original: Employee Medical File
Copy: Employee Personnel File

Department of Public Safety and Correctional Services
Post-Exposure Evaluation Check List

Employee Name: _____ Regional Infirmary: _____
SS#:_____

Designated Health Care Professional ENSURES COMPLETION OF THE FOLLOWING:
(Please check when completed)

____1. Employee evaluated for Potential Exposure/Risk

____2. Determined the need for, or lack of, PEP

____3. Employee given a copy of the PEP information fact sheet

____4. Risks of PEP information reviewed with employee.

____5. Employee signed Consent/Declination Post Exposure Form

____6. Employee provided medication: YES_____ NO_____
If YES: Time: ____:____A.M., P.M. (Circle one)

____7. Dispensed initial 3-day supply of anti-retroviral medication

____8. Employee referred to appropriate Departmental Occupational Medical Services Provider: _____ (Concentra Medical Center, Peninsula Occupational Health Center, Western Maryland Health Systems (Memorial Hospital), Antietam Occupational Medicine Center)

_____9. Copy of this checklist and the Exposure Incident Report provide to the employee

____10. Copy of this checklist, Exposure Incident Report, and the Consent/Declination Form for HIV Instruct the employee to contact their personnel office for a referral to the appropriate medical services provider.

_____11. PEP faxed within 48 hours to the employee's personnel office.

EXAMINING PHYSICIAN: _____ Date: _____
(Signature)

EXAMINING PHYSICIAN: _____
(Please Print)

STAFF SIGNATURE: _____ DATE_____

FAX COPIES
The Department of Public Safety and Correctional Services, Employee Infection Control Unit (EICU)
Attention: Employee Infection Control Administrator (FAX Number 410-764-4348) Original – employee

Department of Public Safety and Correctional Services
Consent/Declination Form for HIV Post-Exposure Prophylaxis

I_____have been counseled on the risks of transmission of HIV infection following an exposure incident. I have also been educated on the benefits and the potential side effects and drug toxicities related to post-exposure prophylaxis and anti-retroviral medications. I understand that post exposure prophylaxis and anti-retroviral medications are not a guarantee against HIV infection, but have been reported by the Centers for Disease Control to be effective in reducing HIV transmission following certain exposures.

CONSENT

I have chosen to take an emergency dose(s) of anti-retroviral prophylactic medication.

_____ _____
Employee/Inmate Signature Date

_____ _____
Witness (Counseling Health Care Provider) Date

DECLINATION

I have chosen not to take an emergency dose(s) of anti-retroviral prophylactic medication.

_____ _____
Employee/Inmate Signature Date

_____ _____
Witness (Counseling Health Care Provider) Date

Note: Based on limited data, Zidovudine use in the second and third trimester of pregnancy and early infancy has not been associated with serious adverse effects for the mother or her infant. The safety of Zidovudine during the first trimester or other anti-retroviral medications during any state of pregnancy is unknown. Pregnant or potentially pregnant employees experiencing an exposure to HIV infections should contact their obstetrician or other personal physician prior to initiating treatment with anti-retroviral medication.

Department of Public Safety and Correctional Services
Office of Health Care Services

Employee/Inmate Blood/Body Fluid Contact Report

Employee Name: _____

Dtae: _____

Employee Classification: _____

Job Location (Institution):_____

Location of Contact (cell, tier, etc.):_____

Date of Contact: _____

Type of Contact (blood, semen, feces, etc.):_____

Area of Contact (eyes, hands, etc.):_____

Description of incident prior to contact: _____

_____

_____

_____

Actions of Medical Provider (treatment, education, etc.)_____

_____

_____

_____

Signature of Provider:_____

Title/Discipline:_____

Department of Public Safety and Correctional Services

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CONFIDENTIAL

BLOODBORNE PATHOGENS STANDARD: POST-EXPOSURE EVALUATION

Occupational Medical Service Provider's Written Opinion

TO: _____
Personnel Officer

_____
Agency/Institution

FROM: Medical Director/Examining Physician

_____

Employee: _____ SS#:_____

Job Title: _____

Date of Incident: _____

1. Hepatitis B Vaccination:
   (a)_____Indicated Date Administered_____
   (b)_____Not Indicated.
   (c)_____Employee declined vaccination series. Declination Form Attached.

2. Evaluation:
   The employee has been informed of the results of this evaluation and told about any medical conditions resulting from exposure to blood or other potentially infectious material and the need if indicated, for any further evaluation or treatment.

_____ _____
Signature of Examining Physician Date

Revised 3/2001 ORIGINAL – Employee's Confidential Medical File
COPY – Employee (within 15 days of evaluation)
COPY – Employee Infection Control Unit

STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

6776 REISTERTOWN ROAD –SUTIE 309
BALTIMORE, MARYLAND 21215-2342
C O N F I D E N T I A L

BLOODBORNE PATHOGENS STANDARD: EXPOSURE INCIDENT REPORT

TO:

FROM:

1. A potential exposure to bloodborne pathogens incident occurred on (Date) _____.
Employee Exposed: _____
SS#_____ Job Title: _____

2. Description of exposed employee's duties at time of incident: _____
_____

3. Describe how the incident occurred including route(s) of exposure and relevant circumstances under which exposure occurred:
   a. Location of contact (cell, tier, outdoors, etc.)_____
_____
   b. Type of contact (blood, semen, feces, etc.):_____
_____
   c. Area of contact (eyes, face, hands, etc.): _____

4. Source Individual: _____
   _____Not known
   _____Did not consent to testing
   _____Tested involuntarily
   _____Tested voluntarily:
      Test Results: _____
      Lab: _____
   _____Source known to be infected with: _____
   _____Copy of employee's relevant medical records including vaccination status attached.
   _____The employee has been informed that the costs for medical evaluation, follow-up, including prophylaxis are the responsibility of the employer. Any laboratory testing shall be conducted by an accredited laboratory at the employer's expense.
   _____Copy of OSHA Standard 29 CFR part 1930 is attached.

_____Date_____
Signature of Authorized Employer Representative

_____Date_____
Signature of Employee

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
RISK MANAGEMENT ADMINISTRATION

WORK-RELATED INJURY - CLAIM MANAGEMENT FORMS

Employees, supervisors, and all witnesses to a bloodborne pathogens exposure shall complete the following injury claim forms**:**

Employee's First Report of Injury or Illness (IR1 2013)

- Completed, signed and dated by the injured employee(s);
- This report is included on the institution's OSHA 300 Log and assigned a log number;
- This form is submitted to the DPSCS/Human Resources Services Division (HRSD).

Authorization for Release of Medical Information (IR1a)

- Completed, signed and dated by the employee or authorized representative;
- This form is forwarded to the DPSCS/HRSD.

Employee's Acceptance or Waiver of Medical Evaluation (IR3 2013)

- Completed, signed and dated by the employee;
- This form is forwarded to the DPSCS/HRSD.

Incident Investigation Report (IR4 2013)

- Supervisors are required to immediately undertake an investigation into any accident that is required to be reported under Section 172 of the Worker's Compensation Act, or
- Resulted in death, or
- Resulted in injury requiring medical treatment, or
- Did not involve injury to a worker or involve a minor injury that did not require medical treatment, but had the potential for causing serious injury, or
- An accident required by regulation to be investigated.

Supplemental Witness Statement Work Related Injury (IR4a 2013)

- Completed by an employee who personally witnessed a work-related injury;
- Submit to the investigating supervisor upon completion.

Link to Risk Management Administrative Forms on SafetyNet

STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
Suite 310 - 6776 REISTERTOWN ROAD
BALTIMORE, MARYLAND 21215-2342
410-585-3300

BLOODBORNE PATHOGENS STANDARD:

Training Certification Record

Name: _____ SS #: _____

Title: _____ Agency/Institution: _____

Date of Training: _____

Director: _____ _____
(Qualifications on file at PCTC) Initials

Purpose: _____Initial Assignment _____Annual

Additional: _____

Summary of Training (Included but not limited to):

1. OSHA Standard 29 CFR Part 1910.1030.
2. Epidemiology and symptoms of bloodborne diseases.
3. Modes of transmission of bloodborne pathogens.
4. Review of employer's Exposure Control Plan.
5. Methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
6. Use and limitations of methods that will prevent or reduce exposure.
7. Types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
8. Selection of personal protective equipment.
9. Benefits of being vaccinated for Hepatitis B and that the vaccine will be offered free of charge.
10. Actions to take and the person to contact in an emergency involving blood or other potentially infectious materials.
11. Procedure to follow if an exposure incident occurs.
12. Post exposure evaluation and follow-up.
13. Explanation of the signs and labels required.
14. Other _____

_____

Signature of Employee Date
Original: Employee Personnel File

SHARPS INJURY LOG

For Period Ending: ____________________________ Facility: _____________________

Date Entered	Date Incident Occurred & Time Incident Occurred	Type & Brand of Device Involved	Dept or Work Area Where Exposure Incident Occurred	How Incident Occurred
_____/_____/_____ Month Day Year	Month Day Yr Hr Min ____/____/____ _____ _____ AM PM			
_____/_____/_____ Month Day Year	Month Day Yr Hr Min ____/____/____ _____ _____ AM PM			
_____/_____/_____ Month Day Year	Month Day Yr Hr Min ____/____/____ _____ _____ AM PM			
_____/_____/_____ Month Day Year	Month Day Yr Hr Min ____/____/____ _____ _____ AM PM			
_____/_____/_____ Month Day Year	Month Day Yr Hr Min ____/____/____ _____ _____ AM PM			
_____/_____/_____ Month Day Year	Month Day Yr Hr Min ____/____/____ _____ _____ AM PM			
_____/_____/_____ Month Day Year	Month Day Yr Hr Min ____/____/____ _____ _____ AM PM			
_____/_____/_____ Month Day Year	Month Day Yr Hr Min ____/____/____ _____ _____ AM PM			

Retain until ____/____/____ (5 years after the end of the current year –see 1904,6)

You are required to maintain this log if the requirement to maintain 300 log apples to you. See 1904 1 Referred to in 1910.1020(h)(5)

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DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

SUPPORT SERVICES FOR BLOODBORNE PATHOGENS

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DPSCS **EMPLOYEE HEALTH SERVICES**
6776 Reisterstown Road, Suite 309
Baltimore, Maryland 21215
Phone: 410-585-3394
Fax: 410-764-4348

DPSCS **EMPLOYEE INFECTION CONTROL UNIT**
6776 Reisterstown Road, Suite 309
Baltimore, Maryland 21215
Phone: 410-585-3392
Fax: 410-764-4348

DPSCS **OFFICE OF HEALTH CARE SERVICES**
(INMATE HEALTH)
6776 Reisterstown Road, Suite 315
Baltimore, Maryland 21215
Phone: 410-585-3373
Fax: 410-764-5112

DPSCS **RISK MANAGEMENT**
C/O MCI-HAGERSTOWN
18601 Roxbury Road
Hagerstown, Maryland 21746
Phone: 240-420-1080
Pager: 410-678-0816

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DPSCS OCCUPATIONAL MEDICAL SERVICES PROVIDERS AND SUPPORT SERVICES

BALTIMORE/JESSUP REGION Concentra Medical Center 1419 Knecht Avenue Baltimore, MD 21227 (410) 247-9595 (410) 247-7553 Fax	24 Hour Facility Open Sunday through Saturday
HAGERSTOWN REGION Health at Work 10715 Downsville Pike, Suite 100 Hagerstown, MD 21740 (240) 313-9910 (240) 313-9915 Fax Meritus Medical 1116 Medical Campus Road Hagerstown, MD 21742 (301) 790-8000	Open 7:00 a.m. until 5:00 p.m. Monday through Friday
EASTERN REGION Dr. James Burns Peninsula Regional Occupational Health Services 266 Tilghman Road Salisbury, MD 21801 410-543-7188 Peninsula Regional Medical Center 100 East Carroll Street Salisbury, MD 21801 410-546-6400/410-543-7227	Open 8:00 a.m. until 6:00 p.m. Monday through Friday After 4:30 p.m. Report to the Emergency Room
WESTERN REGION Western Maryland Health Systems Memorial Hospital 600 Memorial Avenue Cumberland, MD 21502 301-723-4000	24 Hour Facility Report to the Emergency Room

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Department of Public Safety and Correctional Services
Designated Health Care Professional

POST-EXPOSURE PROPHYLAXIS EVALUATION SITES

Metropolitan Transition Center
Baltimore Region Infirmary
954 Forrest Street
Baltimore, MD 21202
410-837-2135

Maryland Correctional Institution – Hagerstown
Hagerstown Region Infirmary
18801 Roxbury Road
Hagerstown, MD 21746
301-733-2800

Roxbury Correctional Institution
18701 Roxbury Road
Hagerstown, MD 21746
240-420-3000

Maryland Correctional Institution – Jessup
P.O. Box 549
Jessup, MD 20794
410-799-7610

Patuxent Institution
P.O. Box 700
Jessup, MD 20794
410-799-3400

Brockbridge Correctional Facility
7930 Brockbridge Road
Jessup, MD 20497
410-799-1363

Jessup Correctional Institution – Hospital Infirmary
P.O. Box 534
Jessup, MD 20794
410-799-6100

Maryland Correctional Institution for Women
7943 Brockbridge Road
Jessup, MD 20794
410-379-3800

Baltimore Central Booking and Intake Center
Medical Dispensary
300 East Madison Street
Baltimore, MD 21202
410-545-8106

Western Correctional Institution
Western Region Infirmary
13800 McMullen Highway, S.W.
Cumberland, MD 21502
301-729-7000

Eastern Correctional Institution
Eastern Region Infirmary
30430 Revells Neck Road
Westover, MD 21871-3368
410- 651-9000

*The contact person for the regional infirmaries is the Regional Infection Control Coordinator.