

Number 17.5 - BLOODBORNE PATHOGENS

Effective Date: March 1, 1996

Revised Date: January 1, 2000

Applicable To: All classified employees, as well as exempt, appointed, and temporary, of the Executive Branch of the State of Vermont, who as a result of performing their job duties could be reasonably anticipated to face contact with blood or other potential infectious materials.

Issued By: Department of Personnel

Approved By: Kathleen C. Hoyt, Secretary of Administration

PURPOSE AND POLICY STATEMENT

Consistent with Title 29, part 1910 of the Code of Federal Regulations which became effective on March 6, 1992, it is the policy of the State of Vermont to limit all occupational exposure to blood or other potentially infectious materials since any exposure could result in transmission of bloodborne pathogens which could lead to disease or death. Hepatitis B vaccination of exposed employees, utilization of universal precautions, and training are integral to this policy. "Good Samaritan" acts such as assisting a co-worker with a nosebleed would not be considered occupational exposure.

DEFINITIONS

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).

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

OTHER POTENTIALLY INFECTIOUS MATERIALS: means 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. Also any unfixed tissue or organ (other than intact skin) from a human (living or

dead); and human immunodeficiency virus (HIV)-containing cell or tissue cultures, organ cultures and HIV or hepatitis B (HBV)-containing culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV or HBV.

PERSONAL PROTECTIVE EQUIPMENT: is specialized clothing or equipment worn by an employee for protection against a hazard such as gloves, gowns, laboratory coats, face shields or masks, eye protection, mouthpieces, resuscitation bags, pocket masks, etc.

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.

UNIVERSAL PRECAUTIONS: is a method of infection control that requires departments and employees to assume that all human blood and specified human body fluids are infectious for HIV, HBV, and other bloodborne pathogens. Where differentiation of types of body fluids is difficult or impossible, all body fluids are to be considered potentially infectious.

GENERAL POLICY CONDITIONS

EXPOSURE CONTROL PLAN: The standard is now in effect and each agency/department that employs individuals who are at risk of occupational exposure to bloodborne pathogens (See Attachment A) must, in order to be in compliance with the regulations, develop a written exposure control plan designed to eliminate or minimize employee exposure (See Attachment B). Tasks, procedures and job classifications where occupational exposure to blood or other potentially infectious materials occurs, without regard to whether or not personal protective clothing is provided, must be identified in writing. This plan must also set forth the schedule for implementing other provisions of the federal standard, including providing training to all employees who are potentially at risk of exposure, and must specify the procedure for evaluating circumstances surrounding exposure incidents. This plan must be site specific, accessible to employees, their representatives, and available to VOSHA.

Each plan must be submitted to the Department of Personnel for approval prior to implementation. Agencies/departments must then review their plan at least annually and update it as necessary to accommodate workplace changes. Any changes to the plan must be submitted to the Department of Personnel for review and approval.

METHODS OF COMPLIANCE: Universal precautions shall be observed by agencies/departments to prevent contact with blood or other potential infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

Engineering and work practice controls 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.

Employees of vendors who have contracts with the State of Vermont, who are employed in positions such as health care laundry workers, need to be notified of the potential risk of infection. The State department contracting for the work must put a clause in the personal services contract that states that the department will notify the employees of the potential risk, but the employer, not the State of Vermont, must provide the vaccination to the employees.

HEPATITIS B VACCINATION: Each agency/department shall make the hepatitis B vaccine and vaccination series available to all employees who are reasonably expected to be at risk of occupational exposure. The vaccination will be made available at no cost to the employee; at a reasonable time and place; given by or under the supervision of a licensed physician or a licensed health care professional; and provided according to the latest recommendations of the U.S. Public Health Service.

The hepatitis B vaccination shall be made available to all employees who are reasonably expected to be at risk of exposure after the employee has received the required training and within ten (10) working days of initial assignment. In the future, booster doses of the vaccination, if recommended by the U.S. Public Health Service, will be made available to the employee.

The employee may take the vaccination; show proof of prior vaccination; show proof of immune status; or sign a waiver stating that he or she does not wish to receive the vaccination. Documentation (see Recordkeeping) must be kept in the employee's official personnel file in the agency/department. If the employee initially declines the hepatitis B vaccination but later while still covered under this policy decides to accept the vaccination, the employer must make the vaccination available at that time.

POST-EXPOSURE EVALUATION AND FOLLOW-UP: The hepatitis B vaccination, post-exposure medical evaluation and follow-up (See Attachment C) will be made available immediately to employees who have had an exposure incident.

The agency/department must give the health care professional responsible for the employee's hepatitis B vaccination a copy of the OSHA standard (which can

be obtained from the Department of Personnel, Employee Relations Division). For post-exposure follow-up, the agency/department must give the health care professional a copy of the OSHA standard, a description of the exposed employee's duties (as it relates to exposure), documentation of the routes of exposure and circumstance, and results of source testing if available. Within fifteen (15) days after evaluation of the exposed employee, the employer must provide the employee with a copy of the health care professional's written opinion.

COMMUNICATING HAZARDS TO EMPLOYEES: Each occupationally exposed employee must be given information about the hazard of bloodborne pathogens. Employees shall also be given training (as outlined in Attachment B), at no cost to the employee, at the time of initial assignment, during work hours, and at least once a year thereafter. When existing tasks are modified or new tasks that involve occupational exposure are added, additional training must be provided to the employee. Training will be provided by individuals who are knowledgeable about the subject matter, and the information provided must be appropriate in content and vocabulary to the educational level, literacy, and language of the audience.

RECORDKEEPING: There are two types of records that must be kept for employees who are reasonably expected to be at risk of exposure to bloodborne pathogens.

1. Medical Records - each agency/department shall establish and maintain an accurate record for each employee with occupational exposure. These records shall be kept separate from the employee's official personnel file for the duration of his or her employment plus 30 years. These records shall include:

- employee name and social security number;
- copy of the employee's hepatitis B vaccination status, including dates;
- results of any examinations, medical testing and follow-up procedures in accordance with post-exposure evaluation and follow-up;
- copy of the health care professional's written opinion of evaluation following an exposure incident;
- copy of the information provided to the health care professional to include: a copy of the bloodborne pathogens federal regulations, a description of the exposed employee's duties relating to the exposure incident, documentation of the route and circumstances under which the exposure occurred, results of the source individual's blood testing if available, and all relevant medical records regarding treatment of the employee.

2. Training records - shall be maintained in the employee's official personnel file for three (3) years from the date on which the training occurred, and shall include the following:

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

Upon request, medical and training records must be made available to the Director of the National Institute for Occupational Safety and Health and to the Occupational Safety and Health Administration. Training records must be made available to the employee or employee representative upon request, and with consent of the employee. Medical records may be made available to the employee or employee representative with the consent of the employee.

COMPLAINTS: If a department fails to comply with this policy, employees may follow Section 4 of the Occupational Safety and Health Article of the Agreement between the State of Vermont and the Vermont State Employee's Association. This policy and the Exposure Control Plans are considered to be VOSHA requirements for these purposes.

Signed By Kathleen C. Hoyt, January 3, 2000

Approved, Secretary of Administration

Attachment A – Bloodborne Pathogens Affected Classes by Department

Aging & Disabilities Department

Public Health Nurse Surveyor A & B
 Public Health Surveyor Specialist
 Social Worker B

Corrections Department

Casework Supervisor - Facilities
 Correctional Facilities Shift Supervisor
 Correctional Foreman A
 Correctional Foreman B - Furniture
 Correctional Foreman B - Metal Fabrication
 Correctional Foreman B - Printing
 Correctional Foreman B - Wood Products
 Correctional Foreman C - Industrial Shop
 Correctional Foreman C - Printing, Graphics
 Correctional Health Care Specialist A
 Correctional Health Care Specialist B
 Correctional Officer I
 Correctional Officer II
 Correctional Officer III

Correctional Security & Operations Supervisor
Corrections Infirmery Attendant
Corrections Medical Services Coordinator
Corrections Services Specialist - Facilities
Corrections Services Specialist - Probation & Parole
Corrections Services Specialist Trainee
Intensive Supervision Probation & Parole Office
Patient Care Intern
Practical Nurse
Probation & Parole Officer

Fish & Wildlife

Chief Game Warden
Deputy Game Warden
Firearm Hunter Safety Chief
Game Warden
Game Warden District Chief
Game Warden Trainee
Game Warden Administrative Lieutenant
Hunter Firearm Safety Coordinator

Forests, Parks & Recreation

Day Use Ranger
Lifeguard 1
Lifeguard 2
Lifeguard3
Park Maintenance Technician
Park Ranger 1
Park Ranger 2
Park Ranger 3
Park Ranger 4
Regional Parks Maintenance Supervisor

Health Department

Assistant Director of Laboratories - Chemistry
Assistant Director of Laboratories - Microbiology
Chemist A - Public Health
Chemist B - Public Health
Chemist Specialist - Health
Chemist Trainee
Chief Medical Examiner
Clinic & X-Ray Technician
Dental Health Field Supervisor
Deputy Chief Medical Examiner
Director, Children with Special Health Needs
Director, Dental Health Services

District Office Clerk II
Emergency Medical Services Director
Emergency Medical Services Field Rep.
Emergency Medical Services Specialist - Operations
Emergency Medical Services Specialist - Training
Epidemiologist
Epidemiologist Associate
Epidemiologist Associate Trainee
Epidemiology Field Unit Chief
Epidemiology Programs Administrator
Health Programs Outreach Specialist
Health Programs Outreach Specialist Supervisor
Health Services District Director
Laboratory Section Supervisor - Chemistry
Laboratory Section Supervisor - Microbiology
Laboratory Technical Services Supervisor
Laboratory Technician I
Laboratory Technician II
Laboratory Technician Trainee
Microbiologist A
Microbiologist B
Microbiologist Trainee
Nurse Practitioner - Child Development
Pediatric Nurse
Public Health Dentist
Public Health Epidemiologist
Public Health Laboratory Director
Public Health Nurse
Public Health Nurse Epidemiologist
Public Health Nursing Supervisor
Public Health Physician
Public Health Programs Chief - AIDS
Public Health Program Coordinator - AIDS
Public Health Program Coordinator - Hepatitis
Senior Chemist
STD Intervention Specialist

Liquor

Director, Enforcement and Licensing
Liquor Control Investigator

Military Department

Airport Fire Chief
Airport Fire Fighter
Airport Fire Fighter Assistant Chief

Airport Fire Fighter Captain
Airport Fire Fighter Crew Chief

Personnel

Wellness Program Nurses

Public Safety Department

Auxiliary State Trooper
Forensic Chemist
Lieutenant
Public Safety Evidence Technician
Public Safety Forensic Lab Supervisor
Public Safety Forensic Laboratory Specialist
Senior Forensic Chemist
Senior Trooper - Outpost
Senior Trooper - Station & Other
Sergeant
Trooper 1/C - Outpost
Trooper 1/C - Station
Trooper 2/C

Social & Rehab. Services Department

Administrative Assistant A
Cook C
Woodside Clinical & Education Services Specialist
Woodside Programs Service Supervisor
Woodside Youth Center Director
Woodside Youth Center Instructor
Woodside Youth Center Team Supervisor
Woodside Youth Center Worker A
Woodside Youth Center Worker B

State's Attorneys and Sheriffs

Deputy Sheriffs
State's Attorneys Criminal Investigators

Transportation

Commercial Vehicle Enforcement Officer
Motor Vehicle Chief Inspector
Motor Vehicle Inspector B
Motor Vehicle Inspector Supervisor

Vermont State Hospital

Activity Therapist
Activity Therapy Chief
Cook A

Cook B
Cook C
Custodian A
Custodian B
Custodian C
Food Service Coordinator
Food Service Assistant
VSH Housekeeper
Nursing Services Supervisor
Patient Care Intern
Physician
Practical Nurse
Psychiatric Aide
Psychiatric Aide Trainee
Psychiatric Social Worker
Psychiatric Technician A
Psychiatric Technician B
Psychiatric Technician Occupational Therapy Specialist
Psychiatric Technician Physical Therapy Specialist
Psychiatric Technician Team Specialist
Psychiatric Technician Transport Specialist
Psychologist
Social Worker Therapy Chief - Occupational Therapy
VSH Ancillary Services Technician
VSH Direct Care Registered Nurse
VSH Social Service Chief
Ward Aide
X-Ray Technician

Vermont State Hospital Non-employees:

Psychiatrists

OT Interns

Social Worker Interns

Occupational Therapy Interns

Vermont Veterans Home

Activities Aide
Activity Director
Consultant Dietician
Cook
Dietician
Dietary Aide
Director of Housekeeping
Director of Nursing Services
Food Services Manager
Laundry Worker

Maintenance Worker
Nurse, General Duty
Nursing Assistant
Physical Therapist
Physical Therapy Aide
Practical Nurse
Social Worker A
Social Worker C
Staff Development Coordinator
Therapist B - Behavior Modification
Transport Aide
Veterans Home Gerontological Nurse
Veterans Home Nursing Supervisor
Veterans Home LPN Charge Nurse

Attachment B – Bloodborne Pathogens Exposure Control Plan

Sample Plan: This sample plan is provided only as a guide to assist in complying with 29 CFR 1910.1030, OSHA's Bloodborne Pathogens standard. It is not intended to supersede the requirements detailed in the standard. Departments should review the standard for particular requirements which are applicable to their specific situation. Departments will need to add information relevant to their particular facility in order to develop an effective, comprehensive exposure control plan. Departments should note that the exposure control plan is expected to be reviewed at least on an annual basis and updated when necessary. Questions and review of specific exposure control plans should be directed to the Vermont Occupational Safety and Health Administration (VOSHA) at 828-2886.

Department Name: _____

Date of Preparation: _____

Prepared By: _____

In accordance with the OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030, the following exposure control plan has been developed:

1. Exposure Determination

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be

exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. At this facility the following job classifications are in this category: **(Insert job classifications.)**

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows: **(Insert job classification and tasks/procedures.)**

Job Classification

Tasks/Procedures

2. Implementation Schedule and Methodology

OSHA also requires that this plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement.

Compliance Methods

Universal precautions will be observed in this facility in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. The following engineering controls will be utilized at this facility: **(List controls such as sharps, containers, etc.)**

The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows: **(List schedule such as daily, one a week, etc., as well as listing who has the responsibility to review the effectiveness of the individual controls, such as the supervisor for each department, etc.)**

Handwashing facilities are also available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. At this facility handwashing facilities are located: **(List locations, such as patient rooms, procedure area, etc. If handwashing facilities are not feasible, the department is required to provide either an antiseptic cleanser in conjunction with a clean cloth, paper towels or antiseptic towelettes. If these alternatives are used, then the hands are to be washed with soap and running water as soon as feasible. Departments who must provide alternatives to readily accessible handwashing facilities should list the location, tasks and responsibilities to ensure maintenance and accessibility of these alternatives.)**

After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

If employees incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as appropriate as soon as feasible following contact.

Needles

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. OSHA allows an exception to this if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required, then the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique. At this facility recapping or removal is only permitted for the following procedures: **(List the procedures and also list the mechanical device to be used or alternately if a one-handed technique will be used.)**

Containers for Reusable Sharps

Contaminated sharps that are reusable are to be placed immediately, or as soon as possible, after use into appropriate sharps containers. At this facility the sharps containers are puncture resistant, labeled with a biohazard label, and are leak proof. **(List here where sharps containers are located as well as who has responsibility for removing sharps from containers and how often the containers will be checked to remove the sharps.)**

Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are

not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

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

All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. Methods which will be employed at this facility to accomplish this goal are: **(List methods, such as covers on centrifuges, usage of dental dams if appropriate, etc.)**

Specimens

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

The container used for this purpose will be labeled or color coded in accordance with the requirements of the OSHA standard. **(Departments should note that the standard provides for an exemption for specimens from the labeling/color coding requirement of the standard provided that the facility utilizes universal precautions in the handling of all specimens and the containers are recognizable as containing specimens. This exemption applies only while the specimens remain in the facility. If the employer chooses to use this exemption then it should be stated here.)**

Any specimen which could puncture a primary container will be placed within a secondary container which is puncture resistant. **(The department should list here how this will be carried out, e.g. which specimens, if any, could puncture a primary container, which containers can be used as secondary containers, and where the secondary containers are located in the facility.)**

If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

Contaminated Equipment

Equipment which has 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 decontamination of the equipment is not feasible. **(Departments should list here any equipment which it is felt can not be decontaminated prior to servicing or shipping.)**

Personal Protective Equipment

All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Protective clothing will be provided to employees in the following manner: **(List how the clothing will be provided to employees, e.g. who has responsibility for distribution, etc. and also list which procedures would require the protective clothing and the type of protection required, this could also be listed as an Attachment to this program.)**

Sample checklist:

Personal Protective Equipment -- Task

- Gloves
- Lab Coat
- Face Shield
- Clinic Jacket
- Protective Eyewear (with solid side shield)
- Surgical Gown
- Shoe Covers
- Utility Gloves
- Examination Gloves
- Other PPE (list)

All personal protective equipment will be cleaned, laundered, and disposed of by the employer at no cost to employees. All repairs and replacements will be made by the employer at no cost to employees.

All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area. The following protocol has been developed to facilitate leaving the equipment at the work area: **(List where employees are expected to place the personal protective equipment upon leaving the work area, and other protocols, etc.)**

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Gloves will be available from **(state location and/or person who will be responsible for distribution of gloves)**. Gloves will be used for the following procedures: **(List procedures.)**

Disposable gloves used at this facility are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

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

The VOSHA standard also requires appropriate protective clothing to be used, such as lab coats, gowns, aprons, clinic jackets, or similar outer garments. The following situations require that such protective clothing be utilized: **(List here.)**

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

Decontamination will be accomplished by utilizing the following materials: **(List the materials which will be utilized, such as bleach solutions or EPA registered germicides.)**

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning. **(Departments should add in any information concerning the usage of protective coverings, such as plastic wrap which they may be using to assist in keeping surfaces free of contamination.)**

All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis **(List frequency and by whom.)**

Any broken glassware which may be contaminated will not be picked up directly with the hands. The following procedures will be used: **(List here.)**

Regulated Waste Disposal

All contained sharps shall be discarded as soon as feasible in sharps containers which are located in the facility. Sharps containers are located in **(Specify locations of sharps containers.)**

Regulated waste other than sharps shall be placed in appropriate containers. Such containers are located in **(Specify locations of containers.)**

Laundry Procedures

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use.

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

Laundry at this facility will be cleaned at: **(List here.) (Departments should note here if the laundry is being sent off site. If the laundry is being sent off site, then the laundry service accepting the laundry is to be notified, in accordance with section (d) of the Federal standard.)**

Hepatitis B Vaccine

All employees who have been identified as having exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine or who wishes to submit to antibody testing which shows the employee to have sufficient immunity.

Employees who decline the Hepatitis B vaccine will sign a waiver which uses the wording in Attachment A of the State of Vermont Policy on Bloodborne Pathogens.

Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost. **(Departments should list here who has responsibility for assuring that the vaccine is offered, the waivers are signed, etc. Also, the department should list who will administer the vaccine.)**

Post-Exposure Evaluation and Follow-Up

When the employee incurs an occupational exposure incident, it should be reported to: **(List who has responsibility to maintain records of exposure incidents.)**

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. This follow-up will include the following:

- The exposure should be treated as a Worker's Compensation incident. The supervisor should complete an Employer's First Report of Injury form and the employee should contact the Vermont Health Care Review, Inc. to report his or her injury (1-800-639-8039).
- Documentation of the route of exposure and the circumstances related to the incident.
- If the source individual can be determined, obtain written consent from the individual to allow his or her health care provider to share his or her HIV/HBV status with the employee's health care provider. If the source individual consents and requires any laboratory tests or physical exam, the employer will arrange for payment of any charges.
- Results of testing of the source individual may be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual. **(Departments may need to modify this provision in accordance with applicable local laws on the subject. Modifications should be listed here.)**
- The employee will be offered the option of having his or her blood collected for testing of the employee's HIV/HBV serological status. The first sample only tells the employee his or her status prior to the incident. The employee will be offered the option of being retested at 6 months post exposure for evidence of the impact of the exposure incident. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to that time that testing will or will not be conducted, then the appropriate action can be taken and the blood sample discarded.
- The employee will be offered post-exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service. These recommendations are currently as follows: **(These recommendations may be listed as an Attachment to the plan.)**
- The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.
- The following person(s) has been designated to assure that the policy outlined here is effectively carried out as well as to maintain records related to this policy: **(List name.)**

Interactions with Health Care Professionals

A written opinion shall be obtained from the health care professional who evaluates employees of this facility. Written opinions will be obtained in the following instances:

1. when the employee is sent to obtain the Hepatitis B vaccine;
2. whenever the employee is sent to a health care professional following an exposure incident.

Health care professionals shall be instructed to limit their opinions to:

1. whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident;
2. that the employee has been informed of the results of the evaluation; and
3. that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. (Note that the written opinion to the employer is not to reference any personal medical information).

Training

Training for all employees will be conducted prior to initial assignment to tasks where occupational exposure may occur. Training will be conducted in the following manner and will include an explanation of:

1. The OSHA standard for Bloodborne Pathogens and how to obtain a copy of the Federal regulations.
2. Epidemiology and symptomatology of bloodborne diseases.
3. Modes of transmission of bloodborne pathogens.
4. This Exposure Control Plan, i.e. points of the plan, lines of responsibility, how the plan will be implemented, etc.
5. Procedures which might cause exposure to blood or other potentially infectious materials at this facility.
6. Control methods which will be used at the facility to control exposure to blood or other potentially infectious materials.
7. Personal protective equipment available at this facility and who should be contacted concerning emergencies.
8. Post Exposure evaluation and follow-up.
9. Signs and labels used at the facility.
10. Hepatitis B vaccine program at the facility.
11. Question and answer period.

Recordkeeping

All records required by the OSHA standard will be maintained by: **(Insert name or unit responsible for maintaining records.)**

Dates All provisions required by the standard will be implemented by: **(Insert date for implementation of the provisions of the standard.)**

(Departments should list here if training will be conducted using videotapes, written material, etc. Also, the employer should indicate who is responsible for conducting the training.)

All employees will receive annual refresher training. **(Note that this training is to be conducted within one year of the employee's previous training.)**

The outline for the training material is located: **(List where the training materials are located.)**

ATTACHMENT C - Hepatitis B Vaccine Declination

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 request and receive the vaccination series at no charge to me.