COMPLIANCE DOCUMENT

ERIC B. CHANDLER HEALTH CENTER

BLOODBORNE PATHOGENS
EXPOSURE CONTROL PLAN

Executive Director____________________________

Nurse Care Coordinator________________________

Reviewed for 2009

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

Environmental and Occupational Health and Safety Services (EOHSS)
TABLE OF CONTENTS

Introduction .................................................................................................................. 1
Additional requirements for licensed health care facilities ........................................... 1
Policy ............................................................................................................................. 3
Program Administration and Responsibilities ............................................................ 3
Employee Exposure Determination ............................................................................. 4
Exposure Control Plan ................................................................................................... 6
  1.0 Universal/Standard Precautions .......................................................................... 6
  2.0 Annual Review of Exposure Control Plan ............................................................ 6
  3.0 Engineering Controls .......................................................................................... 6
  4.0 General Preliminary Evaluation Criteria for Safety Devices ................................ 7
  5.0 Exceptions for use of safety devices – Non-emergency and Emergency Waivers .... 9
  6.0 Inspections to Verify Availability and Proper Use of Safety Devices ................. 9
  7.0 Work Practices .................................................................................................... 10
  8.0 Personal Protective Equipment ........................................................................... 11
  9.0 Training ............................................................................................................... 14
 10.0 Hepatitis B Vaccination ..................................................................................... 15
 11.0 Post-Exposure Evaluation and Follow-up Procedures ........................................ 15
 12.0 Health Care Professionals ............................................................................... 17
 13.0 Housekeeping .................................................................................................... 18
 14.0 Labeling ............................................................................................................ 20
 15.0 Record keeping ................................................................................................... 21

Department of Environmental and Occupational Health and Safety Services (EOHSS)
TABLE OF CONTENTS

Appendices

Appendix B: Definitions
Appendix C: UMDNJ “Bloodborne Pathogens “Policy (00-01-45-50:00)
Appendix D: Hepatitis B vaccine Declination Statement
Appendix E: UMDNJ “Chemo-prophylaxis after Potential Occupational/Educational HIV Exposure “Policy (00-01-40-40:10)
Appendix F: UMDNJ “HIV and HBV (and other Bloodborne Viral Hepatidades)” Policy (00-01-40-40:00)
Appendix G: Form: UMDNJ “Needlestick, Sharp Object Injury and Blood/Other Potentially Infectious Material Exposure Report” Form
Appendix H: UMDNJ “Regulated Medical Waste” Policy (00-01-45-15:00)
Appendix I: Biohazard Symbol
Appendix J: Bloodborne Pathogens On-Line Resources
Appendix K: RWJMS Safety Needle Implementation Plan
  Form A: Comparison of Commerically Available Devices
  Form B: Staff Device Evaluation
  Form C: Needlestick/Device Dissatisfaction/Non-Use Event Log
  Form D: Monthly Device Availability and Proper Use Log
  Form E: Documentation of Employee Training for Safety Medical Device

Attachments

Attachment 1: Guidelines for the Use of Needle Devices Without Integrated Safety Features
Attachment 2: Needle/Sharp Device Waiver or Product Review Request Form

Department of Environmental and Occupational Health and Safety Services (EOHSS)
INTRODUCTION

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

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

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

Additional requirements for licensed health care facilities

On January 4th, 2000, the New Jersey legislature promulgated the New Jersey Safety Needle Act. This law requires that health care facilities licensed in the State of New Jersey (pursuant to P.L. 1971 c.136 (C.26:2H-1 et seq.)) use needles and other medical devices that have built-in (integrated) safety features to prevent blood exposures caused by needlesticks and sharps injuries.

This Exposure Control Plan has also been developed to also establish compliance with the NJ Safety Needle Law in UMDNJ licensed facilities. Requirements of the NJ Safety Needle Law include:
I. Establishment of an evaluation committee which shall be responsible for selecting and evaluating sharp devices with integrated safety features.

II. Implementation of a “waiver” form that must be used by health care professionals who wish to request an exception from the requirements to use a safe device based on the determination that such device may have a negative impact on patient safety or the success of a specific medical procedure;

III. A form to document and report the use of non-safe devices in an emergency situation;

IV. Procedures to allow for quarterly reporting of sharps injuries, waivers, and emergency uses of non-safe devices to the NJ Department of Health and Senior Services (NJ DHSS).

**INSTRUCTIONS FOR USE OF THIS EXPOSURE CONTROL PLAN**

Those University facilities who are not licensed in the State of New Jersey (pursuant to P.L. 1971 c.136 (C.26:2H-1 et seq.)) are not required to comply with the specific requirements of the NJ Safety Needle Act. However, they are required to implement all other components of the OSHA/PEOSH Bloodborne Pathogens Standard.

Those facilities who are licensed in the State of New Jersey (pursuant to P.L. 1971 c.136 (C.26:2H-1 et seq.)) must comply with all sections of this Exposure Control Plan. In order to make this plan compliant, the blanks that appear throughout this document must be filled in with facility/department specific information. Also, additional supporting documentation will be required for some sections of the plan.

**PLEASE NOTE:** At the time this Exposure Control Plan was developed, the regulations implementing the NJ Safety Needle Law in NJ licensed health care facilities had not been finalized by the New Jersey Department of Health and Senior Services. Consequently, those sections which apply to licensed health care facilities may be modified in the near future once the NJ Safety Needle regulations are finalized.

**POLICY**

In accordance with the UMDNJ Bloodborne Pathogens Policy (Appendix C ), the Eric B. Chandler Health Center, under the direction of the Executive Director, is committed to providing a safe and healthful work environment for its entire staff. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with the OSHA Bloodborne Pathogens Standard, Title 29 Code of Federal Regulations 1910.1030.

UMDNJ-RWJMS Bloodborne Pathogens Exposure Control Plan
Eric B. Chandler Health Center
PROGRAM ADMINISTRATION AND RESPONSIBILITIES

- The Executive Director of Eric B. Chandler Health Center is responsible for overseeing the implementation of this ECP. The Nurse Care Coordinator will maintain and update the written ECP at least annually and whenever necessary to:
  1) include new or modified tasks, services, and procedures;
  2) reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens, and;
  3) include written documentation regarding the annual review and implementation of appropriate commercially available and effective safer medical devices.

- The Nurse Care Coordinator will be responsible for ensuring that effective disinfectants are available and used.

- The Nurse Care Coordinator will be responsible for ensuring that new hires receive required medical actions such as hepatitis B titers and/or vaccines within 10-days of starting work unless:
  - The employee has previously received the series and has documentation,
  - Antibody testing reveals that the employee is immune or,
  - Medical reasons prevent the employee from taking the vaccination.

- The Nurse Care Coordinator will be responsible for ensuring that post-exposure evaluation and follow-up is conducted, as per UMDNJ Policy (see Appendix E) through RWJMS Employee Health Services.

- The Nurse Care Coordinator will be responsible for ensuring that each employee covered by this Plan is scheduled to attend training upon hire as required, ensuring that training is appropriately documented, and making the written ECP available to employees and PEOSH representatives.

- The Nurse Care Coordinator will ensure that all necessary personal protective equipment (PPE), engineering controls (i.e., sharp containers, safer medical devices, biological safety cabinets, etc.), labels, and red bags as required by the standard, are available. This person will also ensure that adequate supplies (and sizes, where applicable) of this equipment and supplies are available.

- The RWJMS Employee Health Services (EHS) will be responsible for providing hepatitis B vaccines for all employees who have or are reasonably anticipated to have occupational exposure to bloodborne pathogens. In the event of an exposure incident, EHS will provide post-exposure prophylaxis and counseling, as well as complete and forward Appendix G
(UMDNJ “Needlestick, Sharp Object Injury and Blood/Other Potentially Infectious Material Exposure Report”) to EOHSS for tracking purposes. EHS will maintain confidential medical records for each employee for a minimum of 30-years.

- The Department of Environmental and Occupational Health and Safety Services (EOHSS) will:
  1) assist RWJ UMG Practice Operations to annually review and update, as necessary, this Exposure Control Plan.
  2) be responsible for conducting both initial and annual bloodborne pathogens training for all employees who have or are reasonably anticipated to have occupational exposure to bloodborne pathogens. EOHSS will maintain training records for a minimum of three years, as well as a database for tracking bloodborne pathogen exposure incidents by receiving Appendix G from RWJMS Employee Health Services.

- The RWJMS Safety Needle Evaluation Committee, an ad-hoc of the Clinical Care Committee (hereafter referred to as the Committee), will meet as necessary to review, evaluate and approve new safety needle devices for use throughout RWJMS clinical sites. Evaluation results can be found in Appendix K, Form A of this plan.

Note: The names and job titles of the individuals responsible for each of the above areas (program administrators) should be inserted in the spaces above. If practical, the responsibilities for the complete program may be held by one individual.

EMPLOYEE EXPOSURE DETERMINATION

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

- Phlebotomist
- Doctor
- RN/LPN
- Medical Assistant/Technologist
- Dentist
- Dental Hygienist
- Outreach/Home Health Aides

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

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Examples of procedures which may result in Chandler personnel exposure to blood or body fluids includes:

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

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

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

METHODS OF IMPLEMENTATION AND CONTROL

1.0 Universal/Standard Precautions

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

2.0 Annual Review of Exposure Control Plan

2.1 The Nurse Care Coordinator, in conjunction with the Department of EOHSS, will be responsible for reviewing and updating the ECP annually, or sooner if necessary, to:

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

3.0 Engineering Controls

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

The following safety needle devices have been approved for use at RWJMS clinical sites:

- Sims-Portex Needle-Pro™
- Sims-Portex Point-Lok™ (only for use with devices with no commercially available safety features)
- BD Safety Glide™ Tuberculin syringe and Allergy kit
• BD Safety-Lok™ Blood Collection Sets
• BD Safety-Lok™ syringe (conditional approval for lidocaine injections only)
• Smiths Medical Saf T Wing™ Blood Collection Sets
• J&J Protectiv™ IV Catheter
• Deltec Gripper Plus™ protected Porta-Cath

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

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

3.1 Evaluation and Selection of Safer Medical Devices: RWJMS Safety Needle Plan

The Nurse Care Coordinator, in conjunction with the Committee is responsible for managing the identification and evaluation process for safety devices. The RWJMS Committee will use the RWJMS Safety Needle Plan (Appendix K), to identify, evaluate, select and implement safer medical devices, and will follow the guidelines outlined in Attachment 1 to review waiver applications for safety needle devices. The Implementation Plan includes the following information:

• List and description of the safety devices identified for review/evaluation and potential use. (See Section 4.0). A form that can be used to document the evaluation of devices being considered for trial appears as Appendix K, Form A.
• Description of the administrative procedures put in place to evaluate and trial devices and provide for the continual review and evaluation of safety devices as they are newly introduced and become available in the marketplace.
• The names and/or titles of the individuals or groups/committees responsible for managing the evaluation process.
• Description of the administrative procedures to follow when needle and sharp devices without integrated safety features must be used (Attachments 1 and 2).
• For each device evaluated, documentation of the results of the evaluation. For each device selected, documentation of a summary statement providing details as to why that device
was ultimately selected (Appendix K, Form A).

- Information and documentation regarding the evaluation and selection of new commercially available devices must be reviewed and documented in the minutes of the RWJMS Safety Needle Evaluation Committee at least annually.

3.2 Eric B. Chandler, in conjunction with the Committee, is responsible for managing the identification and evaluation process for safety devices.

3.3 Input from Direct Care Employees (clinical staff who provide hands-on care)

Employee acceptance is critical to the effective use of needle safety devices. Chandler Health Center Administration will ensure that direct care, non-managerial employees are involved in the identification, evaluation, and selection of safety devices and work practice controls through the following processes:

- Selected staff shall participate in the safety device evaluation.
- Completion of “Staff Device Evaluation Form”, Form B of the RWJMS Safety Needle Implementation Plan (Appendix K).
- Completion of “Device Complaint/Dissatisfaction Log”, Appendix K, Form C, of the RWJMS Safety Needle Implementation Plan.
- Participation in the RWJMS Safety Needle Evaluation Committee.
- Participation in regularly scheduled clinical walkthrough inspections conducted by the Nurse Care Coordinator.

3.4 Prior to any trial or use of safety devices by employees, the Nurse Care Coordinator shall ensure that employees have received training in the proper use of the safety device.

- Documentation regarding the specific employees who provided the input will be maintained by RWJ UMG Practice Operations and the RWJMS CEC/Safety Committee.

4.0 General Preliminary Evaluation Criteria for Safety Devices

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

a. The product must be FDA approved and meet all legal requirements.

b. The manufacturer must be able to provide adequate product and supply.

c. Product representatives should be available to demonstrate devices and instruct users on the proper use of the device. If this is not the case, alternative plans must be developed to ensure adequate staff training.

d. The device must minimize or eliminate the risk of needlestick or other injury, before, during and after use.

e. The safety mechanism must activate easily and require only one hand to operate. (Devices that are passively activated are preferred.)

f. Minimal changes in technique and use of product are required:
- device does not require extensive training to be operated correctly.
- the safety device does not interfere with the product’s intended use.
g. The user can easily tell if safety feature is activated/locked.
h. The device has a minimal failure rate and consistently functions as intended.
i. Patient discomfort is not increased. Specifically:
   - additional punctures are not routinely required
   - the safety feature does not interfere with ability to puncture skin.
j. A minimal number of parts/pieces are required to use the system/device.
k. The product is available in typical size ranges.
l. The device is compatible with other vendor’s supplies.

5.0 Exceptions for use of safety devices: Non-emergency/Standing and Emergency Waivers

There is no mechanism in the OSHA/PEOSH standard to waive the requirements for safe medical devices. However, The Nurse Care Coordinator, in conjunction with the EOHSS, will review Waiver requests for non-emergency/standing and emergency situations, following the criteria outlined in the RWJMS “Guidelines for the Use of Needles and Sharp Devices Without Integrated Safety Features” (Attachment 1).

a. Non-emergency/Standing Waivers
   Requests for approval must be submitted to the Nurse Care Coordinator or EOHSS using Attachment 2, “Needle/Sharp Device Waiver” form. Requests will be considered only for a specific device to be used for a specific medical procedure that shall be performed on a specific class of people.

b. Emergency Waivers
   Requests for review of emergency use of non-safety devices must be submitted to the Nurse Care Coordinator, using Attachment 2, “Needle/Sharp Device Waiver” form within 5-days of the date the sharp device was used.

5.1 The following minimum conditions must be met in order for a Waiver to be granted:
   a. a health care professional directly involved in patient care must have determined, in the reasonable exercise of clinical judgement, that the use of a safety device would have or will jeopardize patient safety in that specific class of patient and specific medical procedure and
   b. The requestor of the waiver and the RWJMS CEC/Safety Committee must have conducted a thorough search of commercially available devices as well as researched and documented what other institutions are using.

If the waiver requestor, Nurse Care Coordinator and EOHSS can find no acceptable device for a particular class of patient and task, it shall also document how this matter will be monitored to ensure that a safety device is implemented as soon as an acceptable device becomes available.
6.0 Inspections to Verify Availability of Safety Devices and Proper Use

Periodic inspections will be conducted by the Nurse Care Coordinator, to ensure that safety devices are both available and being used appropriately. A form which can be used to document periodic inspections has been included as Appendix K, form D. The Department of EOHSS will also include this information in their annual clinical safety inspections.

6.1 Documentation of Device Dissatisfaction

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

Complaints regarding safe medical devices already in use at Eric B. Chandler should be reported to the Nurse Care Coordinator, who will be responsible for maintaining a log of reported dissatisfactions/complaints (Form C, Appendix K) and following-up with the RWJMS CEC/Safety Committee, as appropriate.

7.0 Work Practices

UMDNJ work practice controls include, but are not limited to:

- Using readily accessible hand washing facilities.
- Washing hands immediately or as soon as feasible after removal of gloves.
- At non-fixed sites (i.e., emergency scenes, mobile blood collection sites) which lack hand washing facilities, providing interim hand washing measures, such as antiseptic towelettes, water-less antiseptic soaps, and paper towels. Employees can later wash their hands with soap and water as soon as feasible.
- Washing body parts as soon as possible after skin contact with blood or other potentially infectious materials occurs.
- Prohibiting the recapping or bending of needles.
- Shearing or breaking contaminated needles is prohibited.
- Labeling (Containers for potentially infectious materials must be labeled with a biohazard sticker.)

- Surface and equipment decontamination.

- Prohibiting eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses in work areas where there is a likelihood of occupational exposure.

- Prohibiting food and drink from being stored in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present.

- Requiring that all procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, splattering, and generation of droplets of these substances.

- Placing specimens of blood or other potentially infectious materials in a container which prevents leakage during collection, handling, processing, storage, transport or shipping.

- Replacing sharps containers when they are two thirds full.

- Ensure that equipment which may become contaminated with blood or other potentially infectious materials are decontaminated prior to servicing or shipping. Items not completely decontaminated will be labeled per section (g)(1)(i)(H) of the OSHA Bloodborne Pathogen Standard.

- A plumbed, readily accessible, and uncluttered eyewash station must be available.

- Eyewashes in UMDNJ building corridors will be tested and initialed periodically by the Department of Physical Plant or their representatives.

**8.0 Personal Protective Equipment (PPE)**

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

PPE items include:

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

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

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

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

Appropriate personal protective equipment is required for the following tasks: (The specific equipment to be used should be listed after the task. For large clinics, laboratories, or departments that might perform numerous tasks, a summary of the tasks and required PPE can be used.)

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<th>Task</th>
<th>Equipment</th>
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<td>Blood drawing</td>
<td>Gloves, eye protection</td>
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<tr>
<td>Body fluid aspirations</td>
<td>Gloves, eye protection</td>
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<tr>
<td>Irrigation</td>
<td>Gloves, gown/lab coat, eye/face protection</td>
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<tr>
<td>Pelvic Exams</td>
<td>Gloves, gown/lab coats, eye/face protection</td>
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<tr>
<td>POCT (list specific tasks)</td>
<td>Gloves, eye/face protection, lab coats</td>
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<tr>
<td>Procedural punctures and biopsies</td>
<td>Gloves, gown/lab coat, eye/face protection</td>
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<td>Resuscitation</td>
<td>Protective mouthpiece</td>
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<td>Wound care</td>
<td>Gloves, gown/lab coats, eye/face protection</td>
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Note: First aid responders must have quick access to kits containing impervious gloves, resuscitation bags or mouthpieces, eye protection, aprons, disinfectant towelettes for hand washing, and red bags or biohazard-labeled bags.
8.1 All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

- Remove protective equipment before leaving the work area and after a garment becomes contaminated.

- Place used protective equipment in appropriately designated areas or containers when being stored, washed, decontaminated, or discarded.

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

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

- Following any contact of body areas with blood or any other infectious materials, you must wash your hands and any other exposed skin with soap and water as soon as possible. Employees must also flush exposed mucous membranes (eyes, mouth, etc.) with water.

- Utility gloves may be decontaminated for reuse if their integrity is not compromised. The decontamination procedure will consist of the following procedure:

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

- Never wash or decontaminate disposable gloves, either for reuse or before disposal.

- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or other potentially infectious materials pose a potential hazard to the eye, nose, or mouth.

- If a garment(s) is contaminated by blood or other potentially infectious materials, the garment(s) must be removed immediately or as soon as feasible. If a pullover scrub (as opposed to scrubs with snap closures) becomes minimally contaminated, employees should be trained to remove the pull-over scrub in such a way as to avoid contact with the outer
surface; e.g., rolling up the garment as it is pulled toward the head for removal. However, if the amount of blood exposure is such that the blood penetrates the scrub and contaminates the inner surface, not only is it impossible to remove the scrub without exposure to blood, but the penetration itself constitutes exposure. Employees shall be trained to cut such a contaminated scrub to aid removal and prevent exposure to the face.

- PPE will be made available replaced at no cost to employees.

9.0 Training

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

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

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

9.2 A record of each employee’s training is maintained for a minimum of three years. The records for UMDNJ-RWJMS Chandler Health Center will be maintained by the Nurse Care Coordinator and at the following location: Chandler Health Center, 277 George St, New Brunswick campus and the Department of EOHSS at the following location: Trailer #1, Piscatway campus, respectively.

10.0 Hepatitis B Vaccination

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

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

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

10.2 Hepatitis B vaccines (and antibody testing) are currently being given to employees at the EOHSI Clinic, Piscataway campus and in room 152 of the Clinical Research Center (CRC), RWJUH. The Nurse Care Coordinator is responsible for ensuring that new hires make the necessary arrangements with RWJMS Employee Health Services to receive hepatitis B vaccines.

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

UMDNJ-RWJMS Bloodborne Pathogens Exposure Control Plan
Eric B. Chandler Health Center
addresses post exposure evaluation and follow-up procedures. A copy is included in Appendix K.

The UMDNJ Policy "Postexposure Zidovudine Prophylaxis" requires:

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

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

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

**Employees:** During business hours contact the Employee Health Service at 445-0123 or beeper number 732-989-1775. During non-business hours contact the page operator at Robert Wood Johnson University Hospital (828-3000) and ask them to page the Infectious Disease Fellow. Notify RWJMS Employee Health Services the next business day for follow up care and counseling, as necessary

**Residents:** All non-RWJUH residents will receive initial evaluation at the hospital where their exposure occurred, according to the protocol of the affiliated hospital. They will receive their initial medication at the affiliated hospital. Residents stationed at RWJUH should follow the instructions for employees, listed above. All residents will receive follow-up counseling, blood work, and appropriate medication at the Employee Health Service.

**Students:** M.D. & M.D.- Ph.D.: Follow the instructions for Employees (above). Then notify the Family Practice Center, Ferrin Mall, One Penn Plaza, New Brunswick, NJ (828-5962) of the incident within 48 hours for follow-up counseling.

**GSBS & Rutgers/UMDNJ Masters or Ph.D.:** Contact Rutgers Hurtado Health Center. During non-business hours, follow the instructions for employees, above, then notify the Hurtado Health Center within 48 hours for follow-up counseling.

11.3 Documentation of Bloodborne Pathogens Exposures

Each exposure incident will be documented as follows:

a. The Nurse Care Coordinator or immediate Clinical Supervisor must complete a UMDNJ Incident Form, which must be forwarded to Risk and Claims. Risk and Claims should be notified of the incident by calling (973) 972-6277. If the incident occurs after regular working hours and Risk and Claims is not available, Risk and Claims should be contacted as soon as possible the next business day.
B The Nurse Care Coordinator or immediate Clinical Supervisor must enter the following information onto the form which appears as Appendix K, Form C: 1) the type and brand of device involved in the incident; 2) the department or work area where the exposure incident occurred; and 3) an explanation of how the incident occurred.

c. RWJMS Employee Health Services will complete the form entitled, “Needlestick, Sharps Injury, and Blood/OPIM Exposure Form”, appears as Appendix G. This form will be forwarded to the Department of Environmental and Occupational Health and Safety Services (EOHSS) to be used for record keeping and incident follow up through the Nurse Care Coordinator.

The UMDNJ Risk and Claims Department shall be responsible for recording sharps injuries involving contaminated objects on the OSHA 300 Log of Work Related Injuries and Illnesses and the OSHA 301 Injury and Illness Report as required by the OSHA Recordkeeping Standard (29 Code of Federal Regulations (CFR) 1904).

11.4 The Nurse Care Coordinator will review and document the circumstances of the exposure incident on Form C, Appendix K, to determine if procedures, protocols and/or training need to be revised to prevent a reoccurrence of the incident.

11.5 The Nurse Care Coordinator will also ensure that the health care professional evaluating an employee after an exposure incident receives the following information:

- a description of the employee's job duties relevant to the exposure incident
- route(s) of exposure
- circumstances of exposure
- if possible, results of the source individual's blood test; and relevant employee medical records, including vaccination status

12.0 Health Care Professionals – RWJMS Employee Health Services

The RWJMS Employee Health Services participates in the annual review of the Bloodborne Pathogens Exposure Control Plan and is aware of the requirements of the OSHA Bloodborne Pathogens Standard.

12.1 Healthcare Professional's Written Opinion

The Director of the RJWMS Employee Health Services will ensure that the employee is provided with a copy of the evaluating healthcare professional's written opinion within 15 days after completion of the evaluation.

For hepatitis B vaccinations, the healthcare professional's written opinion will be limited to whether the employee requires or has received the hepatitis B vaccination.
Employees who refuse the hepatitis B vaccine are required to sign a Declination Form, which is provided and maintained by RWJMS Employee Health Services.

The written opinion for post-exposure evaluation and follow-up will be limited to whether or not the employee has been informed of the results of the medical evaluation and any medical conditions which may require further evaluation and treatment.

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

13.0 Housekeeping

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

13.1 In conjunction with UMDNJ Environmental Services, the Nurse Care Coordinator will ensure that cleaning and decontaminating work surfaces is conducted, as necessary.

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

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

- Decontaminate work surfaces with an appropriate disinfectant after completion of procedures, immediately when overtly contaminated, after any spill of blood or other potentially infectious materials, and at the end of the work shift when surfaces have become contaminated since the last cleaning.

- Remove and replace protective coverings such as plastic wrap and aluminum foil when contaminated.

- Inspect and decontaminate, on a regular basis, reusable receptacles such as bins, pails, and cans that have a likelihood for becoming contaminated. When contamination is visible, clean and decontaminate receptacles immediately, or as soon as feasible.

- Always use mechanical means such as tongs, forceps, or a brush and a dust pan to pick up contaminated broken glassware; never pick up with hands even if gloves are worn.
- Place regulated waste in closable and labeled or color-coded containers. When storing, handling, transporting or shipping, place other regulated waste in containers that are constructed to prevent leakage.

- When discarding contaminated sharps, place them in containers that are closable, puncture-resistant, appropriately labeled or color-coded, and leak-proof on the sides and bottom.

- Ensure that sharps containers are easily accessible to personnel and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found. Sharps containers also must be kept upright throughout use, replaced routinely, closed when moved, and not allowed to overfill.

- Never manually open, empty, or clean reusable contaminated sharps disposal containers.

13.3 Laundry

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

The following contaminated articles will be laundered:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Laundering will be performed by the UMDNJ Department of Environmental Services

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

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

• Never sort or rinse contaminated laundry in areas of its use.

• Use red laundry bags or those marked with the biohazard symbol unless Universal Precautions are in use at the facility and all employees recognize the bags as contaminated and have been trained in handling the bags.

• All generators of laundry must have determined if the receiving facility uses universal precautions. If Universal Precautions are not used, then clearly mark laundry sent off-site with orange biohazard labels or use red bags. Leak proof bags must be used when necessary to prevent soak-through or leakage.

• When handling and/or sorting contaminated laundry, utility gloves and other appropriate personal protective equipment (i.e., aprons, mask, eye protection) shall be worn.

• Laundries must have sharps containers readily accessible due to the incidence of needles and sharps being unintentionally mixed with laundry.

• Linen soiled with blood or body fluids should be placed and transported in bags that prevent leakage. If hot water is used, linen should be washed with detergent in water at least 140F-160F for 25 minutes. If low-temperature (<140F) laundry cycles are used, chemicals suitable for low-temperature washing at proper use concentration should be used.

14.0 Labeling

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

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

The warning label must be fluorescent orange or orange-red, contain the biohazard symbol and the word “BIOHAZARD” (See Appendix I) in a contrasting color, and be attached to each object by string, wire, adhesive, or other method to prevent loss or unintentional removal of the label.
14.1 The Nurse Care Coordinator will ensure warning labels are affixed or red bags are used as required. Employees are to notify their immediate clinical supervisor if they discover unlabeled regulated waste containers.

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

15.0 Recordkeeping

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

The RWJMS Employee Health Services is responsible for maintenance of the required medical records.

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

The name and social security number of employee;

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

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

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

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

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

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

15.3 Training Records

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

Training records for training provided on safe medical devices shall be maintained by RWJ UMG Practice Operations and the Chandler Nurse Care Coordinator.

The training record shall include the:
- dates of the training sessions;
- contents or a summary of the training sessions;
- names and qualifications of persons conducting the training;
- names and job titles of all persons attending the training sessions.
Appendix A

Bloodborne pathogens. - 1910.1030

1910.1030(a)

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

1910.1030(b)

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

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

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

Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Clinical Laboratory means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination means the use of physical or chemical means to remove, inactivate, or
destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

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

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

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

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

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

**HBV** means hepatitis B virus.

**HIV** means human immunodeficiency virus.

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

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

**Occupational Exposure** means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

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

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

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

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

**Regulated Waste** means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

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

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

**Source Individual** means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

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

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

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

1910.1030(c)

Exposure Control --

1910.1030(c)(1)

Exposure Control Plan.

1910.1030(c)(1)(i)

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

1910.1030(c)(1)(ii)

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

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

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

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

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

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

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

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

1910.1030(c)(1)(iii)

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

1910.1030(c)(1)(iv)

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

1910.1030(c)(1)(iv)(A)

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

1910.1030(c)(1)(iv)(B)

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

1910.1030(c)(1)(v)

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

1910.1030(c)(1)(vi)

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

1910.1030(c)(2)

Exposure Determination.

1910.1030(c)(2)(i)

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

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

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

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

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

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

1910.1030(c)(2)(i)(C)
A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of paragraph (c)(2)(i)(B) of this standard.

1910.1030(c)(2)(ii)

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

1910.1030(d)

Methods of Compliance --

1910.1030(d)(1)

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

1910.1030(d)(2)

Engineering and Work Practice Controls.

1910.1030(d)(2)(i)

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

..1910.1030(d)(2)(ii)

1910.1030(d)(2)(ii)

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

1910.1030(d)(2)(iii)

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

1910.1030(d)(2)(iv)

When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
1910.1030(d)(2)(v)

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

1910.1030(d)(2)(vi)

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

1910.1030(d)(2)(vii)

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

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

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

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

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

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

1910.1030(d)(2)(viii)

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

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

Puncture resistant;

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

Labeled or color-coded in accordance with this standard;

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

Leakproof on the sides and bottom; and
1910.1030(d)(2)(viii)(D)

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

1910.1030(d)(2)(ix)

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

1910.1030(d)(2)(x)

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

1910.1030(d)(2)(xi)

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

1910.1030(d)(2)(xii)

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

1910.1030(d)(2)(xiii)

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

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

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

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

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

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

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

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

1910.1030(d)(2)(xiv)

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

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

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

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

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

1910.1030(d)(3)

Personal Protective Equipment --

1910.1030(d)(3)(i)

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

1910.1030(d)(3)(ii)

Use. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was
the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

1910.1030(d)(3)(iii)

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

1910.1030(d)(3)(iv)

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

.1910.1030(d)(3)(v)

1910.1030(d)(3)(v)

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

1910.1030(d)(3)(vi)

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

1910.1030(d)(3)(vii)

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

1910.1030(d)(3)(viii)

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

1910.1030(d)(3)(ix)

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

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

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 exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:

- Periodically reevaluate this policy;
- Make gloves available to all employees who wish to use them for phlebotomy;
- Not discourage the use of gloves for phlebotomy; and
- Require that gloves be used for phlebotomy in the following circumstances:
  - When the employee has cuts, scratches, or other breaks in his or her skin;
  - When the employee judges that hand contamination with blood may occur, for example,
when performing phlebotomy on an uncooperative source individual; and


When the employee is receiving training in phlebotomy.

..1910.1030(d)(3)(x)

1910.1030(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.

1910.1030(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.

1910.1030(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, orthopaedic surgery).

1910.1030(d)(4)

**Housekeeping --**

1910.1030(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.

1910.1030(d)(4)(ii)

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

..1910.1030(d)(4)(ii)(A)
1910.1030(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.

1910.1030(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 workshift if they may have become contaminated during the shift.

1910.1030(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.

1910.1030(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.

1910.1030(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.

1910.1030(d)(4)(iii)

Regulated Waste --

..1910.1030(d)(4)(iii)(A)

1910.1030(d)(4)(iii)(A)

Contaminated Sharps Discarding and Containment.

1910.1030(d)(4)(iii)(A)(1)

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:
Closable;

Puncture resistant;

Leakproof on sides and bottom; and

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

During use, containers for contaminated sharps shall be:

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);

Maintained upright throughout use; and

Replaced routinely and not be allowed to overfill.

When moving containers of contaminated sharps from the area of use, the containers shall be:

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

Placed in a secondary container if leakage is possible. The second container shall be:
Closable;


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


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

1910.1030(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.

1910.1030(d)(4)(iii)(B)

Other Regulated Waste Containment --

1910.1030(d)(4)(iii)(B)(1)

Regulated waste shall be placed in containers which are:


Closable;


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

1910.1030(d)(4)(iii)(B)(1)(iii)

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


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

1910.1030(d)(4)(iii)(B)(2)

If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:
Closable;

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

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

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

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.

Laundry.

Contaminated laundry shall be handled as little as possible with a minimum of agitation.

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.

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.
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.

1910.1030(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.

..1910.1030(d)(4)(iv)(C)

1910.1030(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).

1910.1030(e)

HIV and HBV Research Laboratories and Production Facilities.

1910.1030(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.

1910.1030(e)(2)

Research laboratories and production facilities shall meet the following criteria:

1910.1030(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.

1910.1030(e)(2)(ii)

**Special Practices.**

1910.1030(e)(2)(ii)(A)

Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.
Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leakproof, labeled or color-coded container that is closed before being removed from the work area.

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.

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.

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.

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.

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.

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.
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.

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.

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.

A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.

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.

Containment Equipment.

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.

1910.1030(e)(2)(iii)(B)

Biological safety cabinets shall be certified when installed, whenever they are moved and at least annually.

1910.1030(e)(3)

HIV and HBV research laboratories shall meet the following criteria:

..1910.1030(e)(3)(i)

1910.1030(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.

1910.1030(e)(3)(ii)

An autoclave for decontamination of regulated waste shall be available.

1910.1030(e)(4)

HIV and HBV production facilities shall meet the following criteria:

1910.1030(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.

1910.1030(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.

..1910.1030(e)(4)(iii)

1910.1030(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.

1910.1030(e)(4)(iv)

Access doors to the work area or containment module shall be self-closing.

1910.1030(e)(4)(v)

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

1910.1030(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 recirculated 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).

1910.1030(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).

1910.1030(f)

Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up --

..1910.1030(f)(1)

1910.1030(f)(1)

General.

1910.1030(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.

1910.1030(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:
1910.1030(f)(1)(ii)(A)
Made available at no cost to the employee;

1910.1030(f)(1)(ii)(B)
Made available to the employee at a reasonable time and place;

1910.1030(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

1910.1030(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).

1910.1030(f)(1)(iii)
The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

..1910.1030(f)(2)

1910.1030(f)(2)

**Hepatitis B Vaccination.**

1910.1030(f)(2)(i)

Hepatitis B vaccination shall be made available after the employee has received the training required in paragraph (g)(2)(vii)(I) 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.

1910.1030(f)(2)(ii)
The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

1910.1030(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.
The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in Appendix A.

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

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:

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

Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

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.

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.

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.
Collection and testing of blood for HBV and HIV serological status;

The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

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.

Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;

Counseling; and

Evaluation of reported illnesses.

Information Provided to the Healthcare Professional.

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

The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:
A copy of this regulation;
1910.1030(f)(4)(ii)(B)

A description of the exposed employee's duties as they relate to the exposure incident;
1910.1030(f)(4)(ii)(C)

Documentation of the route(s) of exposure and circumstances under which exposure occurred;

..1910.1030(f)(4)(ii)(D)

1910.1030(f)(4)(ii)(D)

Results of the source individual's blood testing, if available; and
1910.1030(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.

1910.1030(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.

1910.1030(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.

1910.1030(f)(5)(ii)

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

1910.1030(f)(5)(ii)(A)

That the employee has been informed of the results of the evaluation; and

1910.1030(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.
All other findings or diagnoses shall remain confidential and shall not be included in the written report.

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

Communication of Hazards to Employees --

Labels and Signs --

Labels.

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).

Labels required by this section shall include the following legend:
These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

1910.1030(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.

.1910.1030(g)(1)(i)(E)

1910.1030(g)(1)(i)(E)

Red bags or red containers may be substituted for labels.

1910.1030(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).

1910.1030(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.

1910.1030(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.

1910.1030(g)(1)(i)(I)

Regulated waste that has been decontaminated need not be labeled or color-coded.

1910.1030(g)(1)(ii)

Signs.

1910.1030(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:
(Name of the Infectious Agent)
(Special requirements for entering the area)
(Name, telephone number of the laboratory director or other responsible person.)

..1910.1030(g)(1)(ii)(B)

1910.1030(g)(1)(ii)(B)

These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color.

1910.1030(g)(2)

Information and Training.

1910.1030(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.

1910.1030(g)(2)(ii)

Training shall be provided as follows:

1910.1030(g)(2)(ii)(A)

At the time of initial assignment to tasks where occupational exposure may take place;

1910.1030(g)(2)(ii)(B)

Within 90 days after the effective date of the standard; and

1910.1030(g)(2)(ii)(C)

At least annually thereafter.
1910.1030(g)(2)(iii)

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

1910.1030(g)(2)(iv)

Annual training for all employees shall be provided within one year of their previous training.

1910.1030(g)(2)(v)

Employers shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

1910.1030(g)(2)(vi)

Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

1910.1030(g)(2)(vii)

The training program shall contain at a minimum the following elements:

1910.1030(g)(2)(vii)(A)

An accessible copy of the regulatory text of this standard and an explanation of its contents;

1910.1030(g)(2)(vii)(B)

A general explanation of the epidemiology and symptoms of bloodborne diseases;

1910.1030(g)(2)(vii)(C)

An explanation of the modes of transmission of bloodborne pathogens;

1910.1030(g)(2)(vii)(D)

An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

1910.1030(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;

..1910.1030(g)(2)(vii)(F)

1910.1030(g)(2)(vii)(F)

An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;

1910.1030(g)(2)(vii)(G)

Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

1910.1030(g)(2)(vii)(H)

An explanation of the basis for selection of personal protective equipment;

1910.1030(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;

1910.1030(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;

1910.1030(g)(2)(vii)(K)

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

1910.1030(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;

..1910.1030(g)(2)(vii)(M)

1910.1030(g)(2)(vii)(M)

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

1910.1030(g)(2)(vii)(N)
An opportunity for interactive questions and answers with the person conducting the training session.

1910.1030(g)(2)(viii)

The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

1910.1030(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.

1910.1030(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.

1910.1030(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.

1910.1030(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.

1910.1030(h)

Recordkeeping --

1910.1030(h)(1)

Medical Records.

1910.1030(h)(1)(i)

The employer shall establish and maintain an accurate record for each employee with

1910.1030(h)(1)(ii)

This record shall include:

1910.1030(h)(1)(ii)(A)

The name and social security number of the employee;

1910.1030(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);

1910.1030(h)(1)(ii)(C)

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

1910.1030(h)(1)(ii)(D)

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

..1910.1030(h)(1)(ii)(E)

1910.1030(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).

1910.1030(h)(1)(iii)

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

1910.1030(h)(1)(iii)(A)

Kept confidential; and

1910.1030(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.
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 1910.1020.

Training Records.

Training records shall include the following information:

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

Training records shall be maintained for 3 years from the date on which the training occurred.

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.
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.

1910.1030(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 1910.1020.

..1910.1030(h)(4)

1910.1030(h)(4)

Transfer of Records.

1910.1030(h)(4)(i)

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

1910.1030(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.

1910.1030(h)(5)

Sharps injury log.

1910.1030(h)(5)(i)

The employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:

1910.1030(h)(5)(i)(A)

The type and brand of device involved in the incident,

1910.1030(h)(5)(i)(B)

The department or work area where the exposure incident occurred, and
An explanation of how the incident occurred.

The requirement to establish and maintain a sharps injury log shall apply to any employer who is required to maintain a log of occupational injuries and illnesses under 29 CFR 1904.

The sharps injury log shall be maintained for the period required by 29 CFR 1904.6.

Dates --

Effective Date. The standard shall become effective on March 6, 1992.

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

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


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

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<tr>
<th>Name _______________________________</th>
<th>Title ____________________________</th>
<th>Dept/Division _________________________</th>
<th>Date__________________________</th>
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<tr>
<th>Report Event and Date</th>
<th>Manufacturer and Name of Safety Device involved</th>
<th>Needlestick: State how the incident occurred.</th>
<th>Dissatisfaction: Summarize the problem.</th>
<th>Non-use of Safety Device: State why use of the device was not feasible</th>
<th>What corrective action is being taken? (E.g., re-education of user, change of device/work practices)</th>
<th>Date corrective action was taken and outcome</th>
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<td>Event-Date-</td>
<td></td>
<td></td>
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<td>Event-Date-</td>
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<td>Event-Date-</td>
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<tr>
<td>Event-Date-</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Copy this form as needed. Keep completed form with other Safety Needle Device documents.
Form B: Staff Device Evaluation

HuberLok (or similar device)

Date ___________ Facility: ____________________ Department/Division ________________

Position __________________ Device Being Replaced ______________________________

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

Circle the best answer.  

<table>
<thead>
<tr>
<th></th>
<th>Agree</th>
<th>→</th>
<th>→</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hands stay behind needle tip at all times.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>Needle point is held securely after removal.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Product does not require more time to use than removing by hand.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>I can easily position device over needle.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>Device is easy to handle while wearing gloves.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>The device can be used with one-handed technique.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7</td>
<td>Device is compatible with other products.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8</td>
<td>Device will work with different sizes/types of Huber needles.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9</td>
<td>Safety feature operates reliably.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10</td>
<td>Exposed sharp is permanently blunted or covered after use.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11</td>
<td>Device can be disposed of in standard sharps containers.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Would you recommend utilizing this device?  □ YES  □ NO

Is there a device you would rather use?  □ YES

Did you receive instruction from the product representative?  □ YES  □ NO

Comments:

Please forward completed Form B by campus mail or fax to
RWJUMG Director, Quality and Safety Initiatives, CAB Suite 7007, New Brunswick:
(fax) 732-235-6663

Reviewed 2007
**UMDNJ-RWJMS**  
**Form A: Comparison of Commercially Available Devices**

Name ________________________________  
Date ________________________________  
Device currently in use: ________________________________  
Device being evaluated: ________________________________  
Device selected for use: ________________________________  
Reason for selection: ________________________________

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

Please forward completed Form B by campus mail or fax to:  
**RWJUMG Director Quality and Safety Initiatives, CAB Suite 7007, Fax: (732) 235-6663**
Appendix K: Attachment 2

Needle/Sharp Device Waiver or Product Review Request

☐ Emergency Waiver–Date of Use: _____________________________
☐ Standing Waiver
☐ Product Review–For Waivered Product

1. Specific Product:____________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

2. Specific Medical Procedure:___________________________________________________
____________________________________________________________________________
____________________________________________________________________________

3. Specific Class of Patients:____________________________________________________
____________________________________________________________________________
____________________________________________________________________________

4. Reason for Waiver:__________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

5. Individual Requesting:_______________________________________________________

Send completed form to:
EOHSS, Liberty Plaza, Rm. 2119, New Brunswick campus
Questions can be addressed to: Tracy Pfromm, EOHSS, 235-4058 or pfrommtr@umdnj.edu

RWJUMG Director Quality & Safety Initiatives/ EOHSS
Yes ___ No ___ Date: ________________

Name: ___________________________________________ Date: ____________________
Appendix K: Attachment 1

Guidelines for the Use of Needles and Sharp Devices
Without Integrated Safety Features

The RWJUMG Clinical Care Committee, in conjunction with EOHSS, shall serve as a body to review for waiver, the use of needles and sharp devices without integrated safety features, following a procedural process to assure individual product review and PEOSH/OSHA regulatory standards compliance.

Procedure: Evaluation process shall be followed by the RWJUMG Director of Quality and Safety Initiatives as stated:

1. Waiver Process: RWJUMG Director of Quality and Safety Initiatives will process, according to this procedure, waivers for the following two situations:

   A. Emergency Waiver: Requests for review of emergency use of non-safety devices will be submitted to EOHSS for approval by the RWJUMG Director of Quality and Safety Initiatives, using Attachment 2, the “Needle/Sharp Device Waiver” form, within 5-days of the date the sharp device was used.

   B. Non-Emergency Waiver: Requests for approval must be submitted using Attachment 2, the “Needle/Sharp Device Waiver” form. Requests will be submitted for approval to RWJUMG Director of Quality and Safety Initiatives and considered only for a specific device to be used for a specific medical procedure that shall be performed on a specific class of people.

   Note: Upon request, forms to initiate the waiver process for either of the above can be obtained from the RWJUMG Director of Quality and Safety Initiatives or EOHSS.

2. The Clinical Care Committee of RWJUMG, under the recommendation of the Director of Quality and Safety Initiatives will review emergency waivers to identify patterns of usage of non-safety products and opportunities for Performance Improvement or new product initiatives.

3. The Clinical Care Committee of RWJUMG, under the recommendation of the Director of Quality and Safety Initiatives will grant a standing waiver if it is determined that the use of a needle or other sharp device with integrated safety features may potentially have a negative impact on patient safety or the success of a specific medical procedure.

4. Standing waivers shall be reviewed every six months.

5. Needle/sharps safety product alternatives for waiver products will be introduced for review, evaluation, and approval for use to the RWJMS Safety Needle Evaluation Committee.

6. Evaluation (trial) of new safety products for alternative use will be conducted in areas representative of the entire population, which will use the product.

7. Results of evaluation and decisions for utilization and purchase will be reported on by the RWJMS Safety Needle Evaluation Committee and the information will be disseminated to the appropriate departments.

Revised May 2006
Implementation of the PEOSH Requirement for Use of Safe Medical Devices in Eric B. Chandler Health Center

OSHA recently started requiring that healthcare facilities use "safe medical devices," that have built-in safety features to prevent needlesticks. This requirement will also be enforced by NJ Public Employees Occupational Safety and Health (PEOSH). The Directive can be accessed at: <http://www.osha-slc.gov/OshDoc/Directive_data/CPL_2-2_44D.html#FEDERAL>.

To comply with the directive, RWJMS Clinical Departments will need to do the following:

1. Appoint a representative to the RWJMS Safety Needle Evaluation Committee which will provide oversight for activities related to safety needle devices as well as other issues. The Committee will periodically discuss implementation of the program including device evaluation, device availability, needlestick incidents and review of new safe medical products. Committee members will communicate actions and programs of the committees to their respective departments.

2. Determine which devices need to be replaced. All needle devices are covered, including finger/heel-stick lancets, IV connectors and syringes. Suture needles, saws and scalpels and other sharps may be covered in the future.

Numbers 3 - 5 will be coordinated through RWJ UMG Practice Operations and Eric B. Chandler Nursing Administration:

3. Review the list of devices being used at RWJUH, UH and Kennedy Hospital, as well as available vendor information which will be provided by EOHSS. Select a sampling of safety needle devices to trial as a replacement for existing devices.

4. Using product literature, samples, information from other institutions and additional data, select devices to trial. Utilize Form A: "Comparison of Commercially Available Devices," to document that you considered at least 3 different models of each device (if commercially available).

5. Make arrangements for personnel to receive training on how to use each safety device before using it. In most cases the vendor will provide the training.

6. Devices will be trialed with each user completing Form B, ‘Staff Device Evaluation’ for the specific device being trialed. All completed forms will be sent to the RWJ UMG Director of Quality and Safety Initiatives office no later than 6 weeks from the start of the trial period. Practice Managers will instruct personnel to continue to use Form B, even after the trial period, if they wish to report their satisfaction or dissatisfaction with specific devices. Completed Form Bs will be reviewed by the RWJMS Safety Needle Evaluation Committee.

January 2007 version
7. The safety devices for on-going use will be chosen based upon the trial results. All personnel must be provided with training before utilizing a new device. Documentation of employee training will be maintained by respective departments utilizing Form E, which will be filed in the Bloodborne Pathogens Exposure Control Plan. (see #13 below).

8. There is no mechanism in the PEOSH requirements for being excused from using a safety device. However, if a thorough search of commercially available devices as well as research into what other institutions are using, confirms that no safety device is available for a specific procedure, then the department must explain the situation, in detail, in writing to EOHSS who will also attempt to find suitable devices. Refer to Attachment 1, “Guideline for the Use of Needles and Sharp Devices Without Integrated Safety Features”, to complete and submit the “Needle/Sharp Device Waiver” to RWJUMG Director of Quality and Safety Initiatives.

9. If there is a needlestick, the UMDNJ Incident Form should be completed as usual, in conjunction with consultation with RWJMS Employee Health Services. The name of the manufacturer and model of the device involved should be listed on the form. In addition, complete an entry in Form C, "Needlesticks/Device Dissatisfaction/Non-Use Log."

10. An entry is to be made on Form C: a) each time a needlestick occurs; b) each time an employee expresses dissatisfaction with a device; c) if a safety device is not used in a specific instance (indicate why use of the device was not feasible and general non-use of a safety device for a procedure should be addressed as described in #8 above).

11. Complete Form D, "Device Availability and Proper Use Inspection Log". This function will be performed/coordinated by the Eric B. Chandler Nurse Care Coordinator and/or EOHSS during routine regulatory and/or licensure inspections of clinical areas.

12. All completed logs and forms shall be kept together in one location to be available at the time of a regulatory inspection.

13. The Bloodborne Pathogens Exposure Control Plan will be updated to include the topic of medical safety devices (EOHSS will provide a template). The devices that are selected for use and the titles of the persons responsible for implementing the program, according to the steps listed above, must be listed in the Plan.

Form A: Comparison of Commercially Available Devices
Form B: Staff Device Evaluation
Form C: Needlestick/Device Dissatisfaction/Non-Use Event Log
Form D: Monthly Device Availability and Proper Use Inspection Log
Form E: Documentation of Employee Training for Safety Medical Device
Attachment 1: Guidelines for the Use of Needle Devices Without Integrated Safety Features
Attachment 2: Needle/Sharp Device Waiver or Product Review Request Form

January 2007 version
HEALTHCARE WORKER ONLINE RESOURCES AVAILABLE AT THE UMDNJ-EOHSS WEB PAGE:

http://www2.umdnj.edu/eohssweb/hclinks.htm

This site contains links to the following healthcare safety sites:

Bloodborne Pathogens/ Infection Control/ Biosafety

- Specific to RWJMS
- Regulatory Information
- Dental Office
- Safe Medical Devices
- MMWR & other Bloodborne Pathogens/Emerging Diseases resources
- Prions

Cytotoxic Drugs
Dental Offices
Ergonomics
Gene Therapy
Gloves: Allergic Reactions and Chemical Compatibility
Guidelines - Healthcare Worker Safety
Immunization Guidelines for Healthcare Workers
Laser Safety
Severe Acute Respiratory Syndrome - SARS
Tuberculosis

Initial Healthcare worker training schedule is available at the following web address:

http://www2.umdnj.edu/eohssweb/pisc/hcwcab.htm#Initial%20Training
Appendix I

BIOHAZARD SYMBOL
I. PURPOSE

To ensure compliance with New Jersey and Federal Regulated Medical Waste laws.

II. ACCOUNTABILITY

Under the direction of the President, the Vice President for Administration shall ensure compliance with this policy. The Executive Director of Physical Plant in conjunction with the Deans and the Vice Presidents shall implement this policy.

III. DEFINITIONS

Regulated Medical Waste see EXHIBIT.

IV. POLICY

A. Requirements:

1. A program of collection and disposal of regulated medical waste (RMW) shall be established by Physical Plant Department on each campus in accordance with all federal, state and municipal regulations.

2. A responsible contact person will be designated and trained at each site where RMW is generated (generator site). All RMW generator sites will be registered with Environmental Services Management.

3. All generator sites will comply with packaging, storage, transporter, marking, labeling, tracking form, generator exception reports, generator logs, and annual reporting requirements.

4. Physical Plant Department will administer the RMW vendor contracts in compliance with applicable federal and state laws, including monitoring of vendor compliance, establishment of pickup schedules for each generator site and pickup procedure, maintenance of a master file at each generator site, maintenance of statistics for generator sites, processing of invoices for payment of vendor, and submission of IDT reports.

5. All supplies and equipment associated with RMW program will meet all regulatory compliance, standardization and waste reduction guidelines.

6. Each University department where employees are involved in the disposal of medical waste shall insure that the employees receive training in proper disposal procedures.
APPENDIX H

B. Responsibilities:

1. The Executive Director of Physical Plant is responsible for:
   a. developing a program of collection and disposal of RMW on each campus;
   b. assigning a responsible contact person at each site that generates regulated medical waste;
   c. registering RMW sites;
   d. administering RMW vendor contracts;
   e. recommending the type of supplies and equipment associated with RMW;
   f. performing periodic site inspections, to monitor compliance, and review record keeping, storage, packaging, labeling, marking, collection, exception reporting, and segregation procedures;
   g. providing RMW compliance training staff who generate RMW and Environmental Services staff who are responsible for RMW operational procedures;
   h. reporting instances of non-compliance to the appropriate Dean, (or) Vice President; and
   i. reporting on an annual basis to the Vice President for Administration pertinent information pertaining to program administration and compliance.

2. The Deans and Vice Presidents are responsible for ensuring that all faculty and staff involved in the disposal of RMW have received appropriate training in disposal procedures.

V. EXHIBIT

Regulated Medical Waste Description per N.J.A.C. 7:26-3A

By Direction of the President:

___________________________________
Vice President for Administration
## EXHIBIT

Regulated Medical Waste Description per N.J.A.C. 7:26-3A

<table>
<thead>
<tr>
<th>WASTE CLASS</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultures and Stocks</td>
<td>Cultures and stocks of infectious agents and associated biologicals, including cultures from medical and pathological laboratories, cultures and stocks of infectious agents from research and industrial laboratories, wastes from the production of biologicals, discarded live and attenuated vaccines, and culture dishes and devices used to transfer, inoculate, and mix cultures.</td>
</tr>
<tr>
<td>Pathological Wastes</td>
<td>Human pathological wastes, including tissues, organs, and body parts and body fluids that were removed during surgery or autopsy, or other medical procedures, and specimens of body fluids and their containers.</td>
</tr>
<tr>
<td>Human Blood and Blood Products</td>
<td>Liquid waste human products of blood; items saturated with and/or dripping with human blood; or items that were saturated with and/or dripping with human blood that are now caked with dried human blood including serum, plasma, and other blood components, and their containers, which were used or intended for use in either patient care, testing and laboratory analysis or the development of pharmaceuticals. Intravenous bags are also included in this category.</td>
</tr>
<tr>
<td>Sharps</td>
<td>Sharps that have been used in animal or human patient care or treatment or in medical, research, or industrial laboratories, including hypodermic needles, syringes (with or without the attached needle), pasteur pipettes, scalpel blades, blood vials, needles with attached tubing, and culture dishes (regardless of presence of infectious agents). Also included are other types of broken or unbroken glassware that were in contact with infectious agents, such as used slides and cover slips.</td>
</tr>
<tr>
<td>Animal Waste</td>
<td>Contaminated animal carcasses, body parts, and bedding of animals that were known to have been exposed to infectious agents during research (including research in veterinary hospitals), production of biologicals, or testing of pharmaceuticals.</td>
</tr>
<tr>
<td>Isolation Wastes</td>
<td>Biological waste and discarded materials contaminated with blood, excretion, exudates, or secretions from humans who are isolated to protect others from certain highly communicable diseases, or isolated animals known to be infected with highly communicable diseases.</td>
</tr>
<tr>
<td>Unused Sharps</td>
<td>All unused discarded sharps, hypodermic needles, suture needles, syringes and scalpel blades.</td>
</tr>
</tbody>
</table>
BLOODBORNE PATHOGENS POTENTIAL EXPOSURE REPORT

Date of Incident: ___/___/___  Time: ________________  □ AM  □ PM

Name of person exposed: ____________________________________________  Phone or Beeper #: __________________________

Job Title: (check one)

□ Dentist  □ Faculty/Attending: Other__________________  □ Nurse (Specify)___________
□ Dental Hygienist  □ Housekeeper  □ Respiratory Therapist
□ EMT/Paramedic  □ Housestaff  □ Student
□ Faculty Attending: Dentist__________________  □ Lab tech  □ Other (Specify)___________
□ Faculty/Attending: Physician__________________  □ Mental Health Specialist

Department: _______________________________________________________

School/Unit:  □ Central Adm.  □ CINJ  □ Eric B. Chandler  □ GSBS  □ NJDS  □ NJMS
□ RWJMS  □ SHRP  □ SOM  □ SON  □ SPH  □ UBHC  □ UH
□ Other__________________________________________________________

Campus: □ Newark  □ Piscataway  □ N. Brunswick  □ Camden  □ Stratford  □ Scotch Plains  □ Other__________________

Name of Facility Where Injury Occurred: ____________________________________________________________

Work Address of Injured Person (Bldg and Room Number) ______________________________________________

1) Type of Incident: □ Needlestick injury  □ Sharp object injury (Specify object) ____________________________
□ Splash  □ Bite  □ Other _______________________________

2) Type of Fluid/Tissue: □ Blood/blood product  □ Visibly Bloody body fluid  □ Concentrated HIV  □ Unknown
□ Other body fluids (e.g., cerebral spinal fluid, vomit, etc.) ____________________________
□ Other __________________________________________________________

3a) What was the item that caused the injury, if applicable:
□ Hollow bore needle  □ Suture needle  □ Syringe  □ Scalpel  □ Glass  □ Other__________________

3b) Needle size, if applicable: ____________________________

4a) Manufacturer of device causing the injury (e.g., ABC Medical Company) ______________________________

4b) Model (e.g., ABC No-stick syringe) ______________________________________________________________

5) If device information is not known, provide the name and phone of person who could provide device information
   Name ____________________________ Dept. ____________________________ Phone: _______________________

6a) If the item causing the injury was a needle or sharp medical device, did it have a safety design or protective mechanism?
   □ Yes  □ No  □ Don’t Know  □ N/A

6b) If yes, type of safety device: □ Shielded  □ Retractable  □ Blunted needle  □ Other (specify) ________________

6c) Was the protective mechanism activated? □ Yes, fully  □ Yes, partially  □ No  □ Don’t Know  □ N/A

6d) Did exposure incident happen: □ Before activation  □ During activation  □ After Activation  □ N/A

6e) Was protective equipment used? □ latex gloves  □ other gloves (specify) _______________________  □ goggles
□ face shield  □ gown  □ other ____________________________  □ none
APPENDIX G

Send Original to Campus EOHSS Office

Newark/Scotch Plains
SSB Bldg, Room 443
Newark

Pisc/NB
Lib Piz, Rm 2119
New Brunswick

Camden
PCC, Suite 101
Stratford

Stratford
PCC, Suite 101
Stratford

(BBPForm 6/03)

7) Where did the injury occur? (check one)

☐ Autopsy/Pathology
☐ Clinical Laboratory
☐ Dialysis Unit
☐ Emergency Department
☐ Emergency Medical Services (specify) _____________________________
☐ Intensive/Critical Care Unit
☐ Operating Room
☐ Outpatient Clinic/Office
☐ Patient Room
☐ Procedure Room (X-ray, EMG, etc.)
☐ Service/utility area (laundry, ctrl supply, loading dock, etc)
☐ Other (Specify) _____________________________

8a) Was the source patient known?    ☐ Yes    ☐ No    ☐ N/A

8b) The source patient was known positive for (check all that apply):    ☐ HIV    ☐ Hep B    ☐ Hep C

☐ Other (Specify) _____________________________    ☐ None of the above

9) Was the injured worker the original user of the sharp item?

☐ Yes    ☐ No    ☐ Unknown    ☐ N/A

10) For what purpose was the sharp item originally used:

☐ Cutting
☐ Drilling
☐ Electrocautery
☐ Fingerstick/Heel Stick
☐ Heparin or Saline Flush
☐ Injection, Intramuscular, Subcutaneous, or Other Injection Through Skin
☐ Other Injection Into (or Aspiration From) IV Injection Site or IV Port (syringe)
☐ Suturing
☐ To Connect IV Line (Intermittent IV/Piggyback/IV infusion/Other IV Line connection)
☐ To Draw an Arterial Blood Sample*  ☐ Direct Stick    ☐ Draw From Line
☐ To Draw a Venous Blood Sample
☐ To Obtain Body Fluid or Tissue Sample
(URINE/AMNIOTIC FLUID/BIOPSY)
☐ To Place an Arterial/Central Line
☐ To Start IV or Set Up Heparin Lock
☐ Unknown/Not Applicable
☐ Other (Specify) _____________________________

11) Describe the exposure incident: _______________________________________

12) How does the exposed person think this incident could have been prevented?

__________________________________________________________________________

13) Write the number (#) of the location of the injury (see picture at right): ________________

14) Was the injury: (check one)

☐ Superficial (little or no bleeding)
☐ Moderate (skin punctured, some bleeding)
☐ Severe (deep stick/cut, or profuse bleeding)
☐ Mucous membrane contact
☐ Skin Contact only

15a) Print Name of person completing this form: ________________________________

15b) Title: ________________________________

15c) Dept.: ________________________________

15d) Telephone: ________________________________
APPENDIX G
15e) Date this form was completed: / /
15f) Time: ________________ ☐ AM ☐ PM

Send Original to Campus EOHSS Office
(BBPForm 6/03)

Newark/Scotch Plains
SSB Bldg, Room 443
Newark

Pisc/NB
Lib Plz, Rm 2119
New Brunswick

Camden
PCC, Suite 101
Stratford

Stratford
PCC, Suite 101
Stratford
UNIVERSITY POLICY

SUBJECT: HEALTH AND SAFETY    TITLE: HIV, HBV and HCV
CODING: 00-01-45-52:00    ADOPTED: 12/01/88    AMENDED: 05/07/04

I. PURPOSE

A. to provide expert and safe patient care;
B. to protect the personal rights of human immunodeficiency virus (HIV)-infected, hepatitis B virus (HBV)-infected and hepatitis C virus (HCV)-infected University patients, students, housestaff, faculty and staff, including confidentiality and freedom from discrimination;
C. to promote the personal and professional well-being of students, housestaff, faculty and staff through the provision of information, education and counseling about AIDS, HIV, HBV, HCV and other bloodborne viral hepatitides;
D. to provide a safe work and learning environment for all University students, housestaff, faculty and staff; and
E. to provide for the implementation of laws and regulations pertaining to public health and health care services.

II. ACCOUNTABILITY

Under the President, the Senior Vice President for Academic Affairs and the Senior Vice President for Administration and Finance shall ensure compliance with this policy. The Deans and the Vice Presidents shall implement this policy.

III. DEFINITIONS

A. "Bloodborne viral hepatitides" shall mean those systemic viral infections primarily involving the liver which have a high potential for transmission via blood or body fluids. Currently, hepatitis B, hepatitis C and other viral infections that remain to be fully identified fall into this category.

B. "Exposure-prone procedures" shall mean (a) those invasive surgical and dental procedures that have been implicated in the transmission of bloodborne pathogens from infected health care workers to patients, and (b) those invasive procedures whose performance presents a recognized risk of percutaneous injury to the health care worker and, if such injury occurs, the health care worker's blood is likely to contact the patient's body cavity, subcutaneous tissues and/or mucous.

C. “Standard precautions” is the expansion of “universal precautions” to include protection of health-care providers and patients from pathogens that can be spread by blood or any other body fluid, excretion or secretion (except sweat), regardless of whether they contain blood, or nonintact skin or mucous membranes.
IV. REFERENCES

A. Student Immunizations & Health Requirements 00-01-25-40:00

B. The ADA and UMDNJ Students/Applicants 00-01-20-91:00

C. Management of Occupational/Educational Exposures to HIV, HBV and HCV 00-01-40-40:10

D. Centers for Disease Control and Prevention, Immunization of Health-Care Workers. *MMWR* 1997;46(No. RR-18).

E. Centers for Disease Control and Prevention, Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease. *MMWR* 1998;47(No. RR-19).


V. GENERAL STATEMENTS

A. Each UMDNJ school and patient care unit shall develop specific procedures and guidelines under which this policy shall be carried out.

B. All employees, faculty, housestaff and students shall comply with the infection control policies and procedures of their respective schools or units, with the Universal Precautions Guidelines established by the Centers for Disease Control and Prevention (CDC) and with the New Jersey Department of Health and Senior Services infection control standards for hospitals (N.J.A.C. 8:43G-14.1(b) 2). Continued clinical privileges will be dependent upon full compliance with all appropriate infection control procedures.

C. This policy shall be reviewed on an annual basis, or more frequently as new information arises.

VI. POLICY

A. Statements of Non-Discrimination

1. No applicant, employee, house officer or student shall be discriminated against solely on account of HIV infection with regard to admission, hiring, conditions of employment, education or use of UMDNJ facilities. Individuals with AIDS or HIV infection who are otherwise qualified shall be ensured all benefits under the law. As long as an individual who is HIV-infected is able to perform his or her job or educational activities without posing a risk to him/herself or others, he/she shall be afforded the same treatment and privileges as all other students, housestaff, faculty and staff. Reasonable accommodations for HIV-infected faculty, staff, housestaff and students shall be provided except where such accommodations impose undue hardship on the conduct of business, taking into consideration both business necessity and financial cost and expenses; and/or except where such accommodations are a threat to health or safety. The nature of the clinical activity, the technical expertise of the infected individual, the risks posed by HIV infection, accompanying limitations (due either to the infection or to medications) and transmissibility of simultaneously carried infectious agents should all
be considered. Reasonable efforts shall be made to assist individuals who wish to continue their current educational or career objectives.

2. There shall be no mandatory testing for HIV of patients, job applicants, applicants to educational programs or residencies, students, housestaff, faculty or staff. In the event of an exposure of a health care worker to a patient's blood or other potentially infectious body fluid, the patient will be requested to submit to voluntary HIV testing if of unknown serostatus. If consent for HIV testing is refused, appropriate legal means may be pursued in order to obtain authorization to administer the tests.

The University's position against mandatory HIV testing shall be reassessed in the event of new evidence relating to patient safety and health care worker-to-patient transmission and in the event of a change in federal and/or state laws or federal or state agency guidelines or recommendations.

3. Confidentiality about HIV, HBV and HCV status of patients, students, housestaff, faculty and staff shall be maintained pursuant to state and federal laws.

B. Patient Care

1. HBV

a. Faculty, Housestaff and Staff

i. New Faculty, Housestaff and Staff

New faculty, housestaff and staff who may have patient contact or contact with blood or other potentially infectious body fluids or laboratory material shall undergo testing for HBV infection and immunity pre-employment (post-offer of employment), and prior to patient contact. These tests should ordinarily consist of hepatitis B surface antigen (HBsAg), antibody to HBsAg (HBsAb) and antibody to hepatitis B core antigen (HbcAb), followed by additional tests as deemed appropriate by the campus Occupational Medicine Service.

(a) If these individuals test negative for HBV infection and they have not been previously immunized, they shall begin immunization against HBV or sign a UMDNJ-approved waiver declining immunization prior to patient contact or contact with blood or other potentially infectious body fluids or laboratory material. If these individuals test negative for HBV infection and have been previously immunized but have inadequate levels of antibodies despite such previous immunization, they shall receive a booster dose of the vaccine or sign a UMDNJ-approved waiver declining immunization prior to patient contact or contact with other potentially infectious body fluids or laboratory material. Testing for antibody titers (HBsAb) 1-2 months post-immunization should be performed; non-responders to a primary series of immunizations should complete a second three-dose immunization series and be tested again for serologic response. Individuals who still do not respond with antibody production following a second series of immunizations or following a booster dose are considered susceptible to HBV infection, and shall be counseled regarding precautions to prevent HBV infection and the need to obtain hepatitis B immune globulin (HBIG) prophylaxis for any known or probable significant exposure to HbsAg-positive blood.
In all instances, current CDC recommendations should be followed regarding initial HBV immunization, post-immunization antibody titers, re-immunization or booster doses for inadequate antibody titers, and post-exposure immunoglobulin prophylaxis for non-responders.

(b) If the initial HBV tests are positive and indicate a significant potential for transmission of the virus, an evaluation shall be made prior to patient contact of the need for monitoring of clinical performance and/or of the scope of assigned or permitted clinical activities consistent with patient protection, especially the performance of exposure-prone procedures. This evaluation shall be made by a designated individual or individuals at each School or clinical unit who may consult with infectious disease experts knowledgeable about the most current information and recommendations of groups such as CDC, and national medical and dental professional and educational organizations. If hired under these circumstances, individuals may be restricted in their clinical activities.

ii. Currently Employed Faculty, Housestaff and Staff

Currently employed faculty, housestaff and staff who may have patient contact or contact with blood or other potentially infectious body fluids or laboratory material, and whose HBV status has not been previously documented shall be tested for HBV infection and immunity. These tests should ordinarily consist of hepatitis B surface antigen (HBsAg), antibody to HBsAg (HBsAb) and antibody to hepatitis B core antigen (HBcAb), followed by additional tests as deemed appropriate by the campus Occupational Medicine Service.

(a) If these individuals test negative for HBV infection and they have not been previously immunized, they shall begin immunization against HBV or sign a UMDNJ-approved waiver declining immunization. If these individuals test negative for HBV infection and have been previously immunized but have inadequate levels of antibodies despite such previous immunization, they shall receive a booster dose of the vaccine or sign a UMDNJ-approved waiver declining immunization. Testing for antibody titers (HBsAb) 1-2 months post-immunization should be performed; non-responders to a primary series of immunizations should complete a second three-dose immunization series and be tested again for serologic response. Individuals who still do not respond with antibody production following a second series of immunizations or following a booster dose are considered susceptible to HBV infection, and shall be counseled regarding precautions to prevent HBV infection and the need to obtain hepatitis B immune globulin (HBIG) prophylaxis for any known or probable significant exposure to HbsAg-positive blood.

In all instances, current CDC recommendations should be followed regarding initial HBV immunization, post-immunization antibody titers, re-immunization or booster doses for inadequate antibody titers, and post-exposure immunoglobulin prophylaxis for non-responders.
APPENDIX F

(b) If the initial HBV tests are positive and indicate a significant potential for transmission of the virus, an evaluation shall be made of the need for monitoring of clinical performance and/or of the scope of assigned or permitted clinical activities consistent with patient protection, especially the performance of exposure-prone procedures. This evaluation shall be made by a designated individual or individuals at each School or clinical unit who may consult with infectious disease experts knowledgeable about the most current information and recommendations of groups such as CDC, and national medical and dental professional and educational organizations. Individuals may be restricted in their clinical activities as a result of this evaluation.

b. Students

All students who may have patient contact or contact with blood or other potentially infectious body fluids or laboratory material must comply in all respects with the requirements of the University policy 00-01-25-40:00, Student Immunizations & Health Requirements with regard to HBV, including proving immunity to or being immunized against HBV prior to matriculation or enrollment. Students who will perform or take part in exposure-prone procedures must also determine their potential to transmit HBV despite having been immunized. If tests indicate a significant potential for transmission of HBV, an evaluation shall be made of the need for monitoring of clinical performance and of the scope of assigned or permitted clinical activities consistent with patient protection. Enrollment and continuing enrollment of students who are potentially infectious for HBV are contingent upon their ability, in the judgment of the School, to perform safely all essential functions required for matriculation and completion of the curriculum of the educational program. (See University policy 00-01-20-91:00, ADA and UMDNJ Students/Applicants.)

2. HCV

Currently, no recommendations exist to restrict professional activities of health-care workers with HCV infection. As recommended for all health-care workers, those who are HCV-positive should follow strict aseptic technique and standard precautions including appropriate use of hand washing, protective barriers, and care in the use and disposal of needles and other sharp instruments.

3. HIV

Students, housestaff, faculty and staff who perform or participate in exposure-prone procedures and who have reason to believe they may be infected with HIV because of occupational exposure or non-occupational high risk activities have a duty to periodically determine their serostatus as frequently as is indicated by the nature of their risk. If found to be HIV-positive, these individuals should evaluate the scope of their clinical activities in the interests of patient protection, specifically whether they should perform certain exposure-prone procedures, in confidential consultations with their personal physician, counselors and infectious disease experts specially identified at each clinical unit or school, or others as appropriate, such as the health care facility medical director or the designated associate dean. Monitoring of clinical performance and/or restriction of performance of certain exposure-prone procedures may result from these consultations.

4. New information about transmission of HIV and bloodborne viral hepatitis from health care workers to patients, availability of new tests for these infections, new federal or state laws and new recommendations by federal or state agencies or professional associations regarding
testing of health care workers and/or restrictions on or monitoring of clinical practice of HIV-positive health care workers shall be closely monitored and this section of this policy revised accordingly.

5. Patients at UMDNJ health care units who are at high risk for HIV infection and whose HIV status is unknown shall be urged to consent to HIV testing with appropriate pre- and post-test counseling so that they may benefit from all appropriate and available health care and social services support systems.

C. Educational Programs

1. In evaluating applicants to UMDNJ educational programs, including residency programs, an applicant's limitations or impairments due to HIV and/or bloodborne viral hepatitis infection may be considered on a case-by-case basis, as with other medical illnesses and disabling conditions. In no case shall information or inference about HIV or viral hepatitis status be used as the basis for denying an applicant full and complete consideration in the admissions process. Evaluation for admission should focus on whether the individual in his or her current state of health, with reasonable accommodation by the University, will be able to successfully complete the educational program.

2. With the exception of the situation in which exposure-prone procedures will be performed or taken part in, any modification of clinical training or the curriculum or limitations of professional activities for HIV-infected and/or hepatitis virus-infected students and housestaff solely on the basis of infection is unwarranted. Any modifications or limitations shall be determined on a case-by-case basis to meet specific student or housestaff needs as these arise as a result of infection, as for other medical conditions. If possible, educational modifications should not compromise the attainment of the degree or certificate or completion of the postgraduate program, and under no circumstance shall educational modifications compromise the integrity and meaning of the degree, certificate or program.

D. Research

1. The University encourages research, both basic science and clinical, on all aspects of AIDS, HIV, viral hepatitis and other bloodborne diseases, including all patient populations.

2. All University researchers, including postdoctoral fellows, and housestaff and students engaged in research, shall work in concert with the Environmental and Occupational Health and Safety Services to follow all current CDC Guidelines concerning biosafety practices, equipment and facilities recommended for use in working with infectious agents in laboratory settings, and specifically the recommendations for human immunodeficiency viruses. The recommended precautions shall be reviewed with all laboratory personnel; appropriate training in practices and operations of facilities shall be provided; and all personnel shall be required to demonstrate proficiency before being allowed to work with HIV, hepatitis virus and other infectious agents. Proficiency in biosafety practices and operation of equipment and facilities shall also be demonstrated before any individual is permitted to work with any human tissue or with animal tissue which may potentially transmit HIV, HBV or other agents capable of infecting humans. The laboratory director or designated supervisor is responsible for biosafety in the laboratory and must establish and implement practices, procedures for operation of facilities and equipment, training and work assignments as appropriate.

3. The Associate Deans for Research shall keep records on the type and location of all laboratory research with HIV and of clinical HIV research with a laboratory component.
E. Work and Learning Environment

1. All students, housestaff, faculty and staff shall be provided with appropriate facilities, equipment, technical support, and personnel in the work/educational environment in order to minimize risk of acquiring infection. In achieving the safest possible work and learning environment, each school, patient care and administrative unit shall refer to current standard guidelines (see References).

2. Prior to first contact with patients and first contact with human tissue, blood products or body fluids, all students, housestaff, faculty and staff shall receive effective instruction and training in precautionary and infection control measures for both airborne and bloodborne pathogens in clinical and laboratory settings. In addition, students, housestaff, faculty and staff shall be provided on a regular basis with information about modes and risk of transmission of HIV, bloodborne viral hepatitis and tuberculosis, and explicit procedures to be followed in the event of a potential exposure.

3. Each school and patient care unit shall disseminate information concerning infection control to students, housestaff, faculty and staff and develop specific infection control procedures based upon standard precautions (previously universal precautions) and CDC guidelines regarding patient contact with potentially infectious body fluids or laboratory materials. These practices shall be enforced for contact with all patients. Additional guidelines may be appropriate on a departmental level. The University policy 00-01-40-40:10, Management of Occupational/Educational Exposures to HIV, HBV and HCV and campus-specific procedures implementing it shall be widely distributed.

4. Information about voluntary HIV testing that is confidential, anonymous, methodologically sound and which provides pre- and post-test counseling shall be made available to all patients, students, housestaff, faculty and staff.

5. HIV-infected, HBV-infected and HCV-infected students, housestaff, faculty and staff shall have access to expert and confidential medical care, counseling and support services, including psychiatric care, referral services and counseling on how to prevent further spread of infection. The student and employee health service providers at each UMDNJ campus shall facilitate the availability of these services as appropriate.

6. A long-term disability insurance plan shall be made available to all housestaff to cover, among other things, the event of HIV infection resulting from occupational or educational activities at the University (i.e., seroconversion following a reported exposure).

F. Compliance with Laws

The University and all responsible University personnel shall comply with the reporting requirements of N.J.A.C. 8:57-2, and all applicable state and federal laws.

By Direction of the President:

________________________________________
Vice President for Academic Affairs
UNIVERSITY POLICY

SUBJECT: HEALTH SERVICES

TITLE: MANAGEMENT OF OCCUPATIONAL/EDUCATIONAL EXPOSURES TO HIV, HBV AND HCV

CODING: 00-01-40-40:10

ADOPTED: 12/01/90

AMENDED: 10/18/02

I. PURPOSE

The purpose of this policy is to outline the procedure under which postexposure prophylaxis will be made available to the University’s health-care personnel, including students, housestaff, faculty, staff and postdoctoral fellows who in the course of their studies and/or occupational activities are exposed to blood, tissue or other body or laboratory fluids that may contain human immunodeficiency virus (HIV), hepatitis B virus (HBV) and/or hepatitis C virus (HCV). This policy is based upon the available scientific data and Public Health Service recommendations for postexposure management of health-care personnel who have occupational exposure that may place them at risk of acquiring HIV, HBV and/or HCV.

II. ACCOUNTABILITY

Under the direction of the President, the Senior Vice President for Academic Affairs, and the Presidents/CEOs of the Healthcare Units shall ensure compliance with this policy. The Deans, Vice Presidents, Director of Risk and Claims Management, Directors of Student Health Services and Directors of Occupational Medicine Services shall implement this policy.

III. REFERENCES


2. Centers for Disease Control and Prevention, Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients during Exposure-prone Invasive Procedures. MMWR 1991;40(RR8).


4. Student Immunizations & Health Requirements (University policy #00-01-25-40:00)

5. Housestaff Immunizations and Health Requirements (University policy #00-01-40-45:00)

6. Bloodborne Pathogens (University policy #00-01-45-50:00)

7. HIV, HBV and HCV (University policy #00-01-45-52:00)
IV. POLICY

1. Avoiding occupational/educational exposures is the primary way to prevent transmission of HIV, HBV and HCV in health-care settings (see Reference 6). However, hepatitis B immunization and postexposure management are integral components of a complete program to prevent infection following bloodborne pathogen exposure and are important elements of workplace safety.

2. In an attempt to prevent HIV, HBV and/or HCV infection due to occupational/educational exposures, UMDNJ shall make postexposure prophylaxis available at no expense to the students, housestaff, faculty, staff and postdoctoral fellows of the University who have exposures in the course of their educational and/or professional activities at the University’s facilities or affiliated institutions which may place them at risk of acquiring HIV, HBV and/or HCV infection. See Reference 1 for the CDC’s guidelines for management of exposures and recommendations for postexposure prophylaxis.

3. The Deans, Presidents/CEOs of the Healthcare Units and Vice Presidents shall oversee the development of written detailed protocols which must be strictly adhered to following an exposure, and the dissemination of this information to all appropriate individuals on each Campus of the University. Those individuals, services or offices responsible for carrying out these protocols shall be identified and their names published on each Campus. The procedures developed to implement this policy shall ensure timely (within hours of exposure) availability of medical attention and counseling, and of postexposure prophylaxis if requested, 24 hours a day. The goal of these procedures is preparedness to begin postexposure prophylaxis as soon as possible, ideally within hours, following exposure. These protocols and lists of responsible individuals or offices shall be reviewed and updated on a regular basis as often as required. This policy, its attachment and the references from the Centers for Disease Control and Prevention listed in section IV containing information on postexposure prophylaxis should be used as guidelines for the Campus protocols.

4. Exposed individuals shall be counseled concerning: the risks of their exposure to HIV, HBV and HCV (including considerations of infectivity of exposure source and type of exposure); the known scientific facts, known and unknown risks and potential benefits of postexposure prophylaxis; the need for follow-up medical evaluations whether or not postexposure prophylaxis is elected; the necessity of precautions to prevent transmission of potential HIV, HBV and HCV infection during the follow-up period; and other relevant issues. Such counseling shall continue to be available throughout the medication period if postexposure prophylaxis is requested and during the follow-up period whether or not postexposure prophylaxis is requested.

5. Individuals may accept or decline postexposure prophylaxis on a purely voluntary basis and will not be subject to any discrimination in their studies or job duties as a result of their decision. Exposed individuals shall receive follow-up counseling, postexposure testing and medical evaluation regardless of whether they receive postexposure prophylaxis. Those who become HIV seropositive, whether or not postexposure prophylaxis was taken, HBV seropositive or HCV seropositive should be evaluated, in discussions with appropriate HIV counselors and/or infectious disease experts according to published recommendations for HIV-infected, HBV-infected and HCV-infected, health-care personnel (see Reference 2). All individuals who develop occupation/education related infections must be referred to the Office of Risk and Claims Management.

6. A signed informed consent/waiver form shall be required in all instances before initiation of postexposure prophylaxis (see EXHIBIT).

7. Individuals electing to receive HIV postexposure prophylaxis who meet all criteria and have signed the required form shall receive medication and follow-up evaluations by health-care providers, health services or offices identified in advance on each campus and available 24 hours a day. At least the first one to three days’ supply of medications shall be available in all identified sites where individuals are instructed to report after an exposure so that prophylaxis can be started as soon as possible.
Upon report of an exposure, date and time, source, and details of the exposure shall be recorded. These details must include type of procedure being performed, type and brand of device involved, department or work area where the exposure occurred, how the exposure occurred, amount and type of fluid or material, depth of injury and whether fluid was injected, duration and extent of skin or mucous membrane contact, condition of skin, and details about the exposure source (such as HIV/HBV/HCV status and/or risk for these infections). The course of counseling, medical care and medication received shall be documented in writing. A summary of the experience on each campus with occupational/educational exposures, postexposure prophylaxis, and the outcome with or without postexposure prophylaxis shall be sent to the Senior Vice President for Academic Affairs annually by the Schools, Directors of Student Health Services and Directors of Occupational Medicine Services on all Campuses. The summary shall not identify exposed individuals or source persons by name.

Confidentiality will be maintained to the extent possible and permitted by law.

If the HIV, HBV and HCV status of the source person is not known, the source person should be informed of the incident and every effort made to obtain this information through appropriate testing. In most cases, this will be the responsibility of the source person’s health-care provider. Initiation of postexposure prophylaxis, if elected by the exposed individual, shall begin as soon as possible following exposure regardless of the availability of information about the source person’s HIV, HBV and HCV status. However, the results of source-person testing and/or information about the source persons’s symptoms and risk factors may contribute to the decision to continue postexposure prophylaxis.

As part of job orientation and ongoing job training, all UMDNJ health-care faculty and staff shall be educated concerning the risk for and prevention of bloodborne infections, including the need to be vaccinated against hepatitis B, and to report exposures immediately after they occur, and shall be familiarized with the principles of postexposure management and with their Campus’s, School’s or Unit’s specific procedures for obtaining postexposure care. This shall be the responsibility of the Vice President for Human Resources, the President/CEOs of the Healthcare Units and the Deans. All students and housestaff shall receive similar education and information prior to clinical or laboratory studies or duties. The Deans shall ensure that their students and housestaff are so educated and shall assign the direct responsibility for this to appropriate individuals at each School.

For UMDNJ housestaff at non-UMDNJ clinical facilities, the pertinent School shall make arrangements concerning immediate care and shall determine cost responsibility in consultation with the affiliated institution. For UMDNJ students at non-UMDNJ clinical sites, the pertinent School shall make arrangements concerning immediate care and shall bear costs of any care charged by non-UMDNJ institutions. UMDNJ housestaff and students working/studying at non-UMDNJ clinical sites and who are exposed may receive medical care, including postexposure prophylaxis and follow up, at UMDNJ facilities designated to carry out this policy.

Unreimbursed costs of the drugs, initial and follow-up laboratory tests for the exposed individual and for the source person (if not already performed), initial and follow-up visits, counseling and record-keeping shall be borne by the Schools and Student Health Services in the case of students; and by the University’s Workers’ Compensation Program in the case of University-employed faculty, non-faculty staff and housestaff.

V. EXHIBIT

Sample Consent Form/Declination of Treatment Form

By Direction of the President:

Vice President for Academic Affairs
I may have been exposed to human immunodeficiency virus (HIV), the virus which causes AIDS, in my workplace or educational site. My health-care provider has offered me treatment with drugs which might reduce my risk of infection. These drugs are currently indicated for treatment of established HIV infection and for the prevention of transmission of HIV from infected pregnant women to their infants, and are recommended by the Centers for Disease Control and Prevention following exposure to HIV to reduce the occurrence of infection. These drugs are not approved by the Food and Drug Administration for preventing infection after exposure.

IF I DECIDE TO BE TREATED WITH POSTEXPOSURE PROPHYLAXIS, THE FOLLOWING WILL OCCUR:

1. Approximately four tablespoons of my blood will be drawn and tested for routine studies including complete blood count, platelet count, blood chemistry, liver function tests and kidney function tests, as well as for human immunodeficiency virus (HIV) and hepatitis B and C infections.
2. A urine sample to evaluate my kidney function will be obtained.
3. A urine sample to determine if I am pregnant may be obtained (appropriate women only).
4. I will be given an initial supply of drug(s) or the first one to three days’ supply of drug(s) and a prescription for an initial supply plus instructions for taking it. A prescription for an additional supply of drug(s) may be provided at my next visit.
5. I will be required to return to my health-care provider every other week for six weeks, and at three months, six months and twelve months after my exposure. Blood and urine tests will be repeated at some visits.
6. If I experience adverse reactions or develop abnormal laboratory tests, the drug(s) dose may be lowered, the dosing interval changed or the drug(s) discontinued by my health-care provider.

BENEFITS OF TREATMENT:

The risk of infection from my exposure is not known with certainty. However, should HIV infection occur, the eventual outcome probably will be fatal. Postexposure prophylaxis may prevent infection after exposure to HIV.

The benefit of zidovudine in preventing infection after exposure is indicated by studies in exposed health-care personnel and in infected pregnant women who can transmit the infection to their infants. However postexposure prophylaxis does not offer complete protection against HIV infection in exposed health-care personnel. The benefit of other anti-HIV drugs in preventing infection after exposure has not been similarly studied.

The duration of treatment likely to prevent infection is not known. My health-care provider recommends taking the drug(s) for four weeks.

RISKS:

If I take zidovudine or other anti-HIV drugs, I might develop symptoms including headache, muscle pain, abdominal pain, weakness, tiredness, loss of appetite, trouble sleeping, fever, nausea, vomiting, dizziness and diarrhea. Although unlikely, I might also develop anemia, low white blood count, low platelet count, hepatitis (liver inflammation), pancreatitis, nervous system inflammation (meningitis/encephalitis), muscle inflammation, kidney stones, hyperglycemia/diabetes or other serious adverse effects. The risk of kidney stones may be lessened by drinking at least 48 oz. (1.5 liters) of fluid per 24-hour period. These adverse effects are expected to, but may not, disappear after treatment is stopped. These adverse effects could be, but usually are not, life-threatening.
Although considered unlikely, delayed effects of these drugs could include cancer (carcinogenesis) or mutations in my genetic material (mutagenesis). These drugs might have harmful effects on unborn fetuses and on nursing infants.

Drawing blood may be painful and may cause a bruise, or rarely an infection.

TREATMENT OPTIONS:

Treatment with these drugs is voluntary. My health-care provider has discussed with me the alternative of declining postexposure prophylaxis. If I decide to stop taking these drug(s), I should notify my health-care provider within 24 hours. Whether I elect to receive these drugs, decline them, or start but then discontinue them, neither my employment, studies nor other treatment and follow up of my exposure will be affected. Declining treatment will not affect benefits to which I am otherwise entitled as a result of my exposure.

PREGNANCY: (non-pregnant women)

To the best of my knowledge, I am not currently pregnant. A pregnancy test will be performed if I decide to be treated with postexposure prophylaxis. I agree to attempt to avoid pregnancy and refrain from breast-feeding while I am taking these drug(s) and for four weeks afterward. My health-care provider has offered to provide me with information regarding birth control and has answered my questions about birth control. I will immediately contact my health-care provider if pregnancy is suspected.

PREGNANCY: (pregnant women)

I am pregnant and have discussed the potential benefits and potential risks of postexposure prophylaxis to me and my fetus with my health-care provider.

BREASTFEEDING: (women)

I am currently breastfeeding and have been counseled about the risk for HIV transmission through breast milk and about the passage of postexposure prophylaxis drugs into breast milk.

SEXUAL RELATIONS:

I have been counseled that I and my partner should use a condom during sexual relations or practice sexual abstinence while I am taking these drug(s) and during the entire 12-month follow-up period in order to prevent pregnancy and/or to prevent transmitting the HIV virus to my sexual partner.

CONSENT/DECLINATION:

I have read this Consent Form, have been given a copy, and have been given the opportunity to ask questions relevant to this treatment. This treatment has been fully explained to me, including the risks involved, potential complications, possible adverse effects and potential benefits. I understand that this use of these drugs has not been approved by the Food and Drug Administration, but has been recommended in situations such as mine by the Centers for Disease Control and Prevention.

I agree to treatment with postexposure prophylaxis for prevention of HIV infection as outlined above and to adhere to the therapy, follow-up schedule and instructions. I will contact the responsible health-care provider or counselor if I experience any acute illness or adverse drug effects, especially, but not limited to, back or abdominal pain, pain on urination or blood in my urine, increased thirst or frequent urination, or have questions related to the treatment.
MY SIGNATURE BELOW INDICATES MY WILLINGNESS TO TAKE ANTI-HIV DRUGS AS POSTEXPOSURE PROPHYLAXIS:

Participant's Signature  
Date

Participant's Name Printed

Supervising Clinician's Signature  
Date

Supervising Clinician’s Name Printed

Witness's Signature  
Date

Witness’s Name Printed

I HAVE READ THIS CONSENT FORM AND HAVE BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS RELEVANT TO THIS TREATMENT. I DECLINE TREATMENT WITH ANTI-HIV DRUGS AND POSTEXPOSURE PROPHYLAXIS:

Participant's Signature  
Date

Participant's Name Printed

Supervising Clinician's Signature  
Date

Supervising Clinician’s Name Printed

Witness's Signature  
Date

Witness’s Name Printed
Appendix D

Declination Statement

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       Date
UNIVERSITY POLICY

SUBJECT: HEALTH AND SAFETY

TITLE: BLOODBORNE PATHOGENS

CODING: 00-01-45-50:00

ADOPTE D: 07/15/94

AMENDED: 01/21/00

I. PURPOSE

The purpose of this policy is to establish procedures that will ensure compliance with the Occupational Safety and Health Administration's (OSHA) "Bloodborne Pathogens Standard" (29 CFR 1910.1030) as promulgated by the New Jersey Public Employees Occupational Safety and Health Act (PEOSHA).

II. ACCOUNTABILITY

Under the direction of the President, the Senior Vice President for Academic Affairs, the Deans, Vice Presidents and Associate Vice Presidents shall ensure compliance and implement this policy. The Director of Environmental and Occupational Health and Safety Services (EOHSS) shall assist with implementation of this policy by providing guidance and technical assistance to all UMDNJ schools and patient care facilities.

III. APPLICABILITY

A. This Bloodborne Pathogens policy applies to the following Potentially Infectious Materials:

1. Human body fluids: blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pericardial fluid, pleural 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).

3. HIV or HBV-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. (Bloodborne pathogens as they relate to the use of animal blood may also be covered by the policies of the University's research animal care facilities).

IV. DEFINITIONS

A. Bloodborne pathogens shall refer to pathogenic micro-organisms that are present in human blood and can cause disease in humans. These pathogens shall include, but not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

B. Engineering Controls shall mean controls, which by design, isolate or remove the bloodborne pathogen hazard from the workplace (e.g. sharps disposal containers, self-sheathing needles).
APPENDIX C

C. Occupational Exposure shall be used to refer to reasonably anticipated or inadvertent 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.

V. POLICY

A. Requirements:

The primary focus of this policy is to establish procedures, in accordance with OSHA's "Bloodborne Pathogens Standard" (29 CFR 1910.1030), that will protect UMDNJ staff and employees from the hazards related to occupational exposures to bloodborne pathogens and other potentially infectious materials. As such, this policy will supplement, not supersede, the existing University Policy on HIV, HBV and HCV (00-01-40-40:00) developed to provide a safe work and learning environment for University staff, students, faculty, and house staff.

1. Each UMDNJ school and patient care facility shall be responsible for developing standard operating procedures which will establish compliance with this policy. For the purposes of this policy, these standard operating procedures shall be known as an “exposure control plan”.

2. This policy shall be reviewed on an annual basis, or more frequently as new information arises.

B. Procedures:

1. Exposure Control Plan:

   a. Each school and patient care facility shall ensure that a written "Exposure Control Plan" is developed and implemented. This plan will function as a standard operating procedure; describing the procedures and/or programs established by that specific school or unit to eliminate or minimize employee exposure to bloodborne pathogens and other potentially infectious materials. In some cases, departmental "exposure control plans" may have to be developed. This would especially be the case for those departments whose risk of exposure is moderate, high and/or unique. In those cases where departmental "exposure control plans" are developed, it is recommended that they be modeled after the school/facility plan.

   b. The Exposure Control Plan shall minimally consist of the following components:

      i. An Exposure Determination for those titles within that school/facility:

         (a) including a list of all job titles in which all employees have occupational exposure (as defined in this policy).

         (b) including a list of all job titles in which some employees in that title have occupational exposure. For these titles, a list of all tasks and procedures (or groups of closely related tasks and procedures) in which occupational exposure occurs shall also be included.

      ii. Descriptions or copies of specific programs, policies, or procedures implemented at each school or patient care facility to address the requirements in this policy.
c. Each school/unit shall ensure that the Exposure Control Plan is accessible to its employees for examination.

d. The Exposure Control Plan shall be reviewed and updated, by representatives of the schools/units (e.g., school/unit safety committee) at least annually and, whenever tasks, procedures, or titles are modified such that risk of exposure to bloodborne pathogens change.

2. Universal Precautions:

a. As required by the existing University Policy on HIV, HBV, and HCV each school and patient care facility and all employees shall comply with the Universal Precautions Guidelines as established by the Centers for Disease Control and the New Jersey Department of Health Infection Control Standards for Hospitals (NJAC 8:43G-14.1(b) 2).

3. Engineering Controls:

a. Each school/unit will be responsible for reviewing and implementing available engineering controls. Engineering Controls refer to controls, which by design, isolate or remove bloodborne pathogen hazard from the workplace (e.g. sharps disposal containers, self-sheathing needles). In those cases where engineering controls have been implemented to the extent feasible and occupational exposure risk remains, other methods of controlling or minimizing occupational exposure, including personal protective equipment shall also be used.

b. Engineering controls shall be maintained and evaluated periodically to ensure their continued effectiveness.

4. Work Practices and Hygiene:

Each school/unit shall establish general work practices that will eliminate or minimize employee exposures. These may include, but not limited to:

a. Hand washing techniques and requirements;

b. Procedures for handling and disposal of contaminated needles and sharps;

c. Lists of prohibited activities. (For example, eating, drinking, and handling contact lenses in those work areas where there is potential for exposure, or storage of food in locations where blood or other potentially infectious material are present);

d. Procedures to minimize splashing, spraying, spattering, generation of droplets, etc. during tasks which involve blood or other potentially infectious materials; and

e. Procedures for decontamination of contaminated equipment before servicing, shipping or disposal.

5. Personal Protective Equipment:

a. Each school/unit shall identify the specific procedures and/or tasks where personal protective equipment is required to prevent exposure to bloodborne pathogens. Specific descriptions of the personal protective equipment required for each task or procedure shall be included in the school’s or patient care
facility's Exposure Control Plan. For example, employees who transport specimens from clinics or patient care areas to laboratories may be required to wear gloves and laboratory coats. This requirement should be specified in the facility's Plan.

b. Each school/unit shall be responsible for providing personal protective equipment identified as essential to job performance at no cost to the employee. Personal protective equipment may include, but not limited to, gloves, gowns, laboratory coats, face shields and eye protection, mouthpieces, and resuscitation bags.

c. Each school/unit shall ensure that personal protective equipment is accessible and available in sufficient quantities and appropriate sizes.

d. Each school/unit shall be responsible for cleaning, laundering, replacing and disposing of personal protective equipment as necessary.

6. Housekeeping:

a. Each school/unit shall ensure that an appropriate written schedule for cleaning and decontaminating different work areas and surfaces, based upon the location within the facility, type of surface to be cleaned, types of contamination present, and tasks or procedures being performed in the area, is established and implemented in each of their departments.

b. Each school/unit shall ensure that all equipment and environmental and working surfaces are cleaned and decontaminated appropriately after contact with blood or other potentially infectious materials.

c. Each school/unit shall ensure that regulated waste is maintained, labeled, and disposed of in accordance with the University Regulated Medical Waste policy (00-01-45-15:00).

7. Hepatitis B Vaccination and Post-Exposure Evaluation:

a. As required by the University Policy on HIV, HBV and HCV (00-01-40-40:00), all house staff, faculty and staff who have direct patient contact, (as defined in the University Policy on HIV, HBV and HCV), or who have contact with potentially infectious body fluids or laboratory materials must be immunized against hepatitis B or be able to demonstrate immunity. In accordance with the standard, each school/unit shall be responsible for establishing procedures such that all employees who have occupational exposure can obtain hepatitis B vaccinations at no cost to them. The vaccination shall be made available after the employee has received training in accordance with this policy (see Section 9 of this policy) and, within 10 working days of assignment to duty, unless immunity has been established or the vaccine is contraindicated for medical reasons.

b. Confidential medical evaluation and follow-up shall be made immediately available to employees after an exposure incident is reported.

8. Labels and Signs:

a. Warning labels in accordance with the PEOSH/OSHA Bloodborne Pathogens standard shall be affixed to containers or regulated waste, refrigerators and freezers containing blood or other potentially infectious materials Exhibit A.
b. PEOSH/OSHA bloodborne pathogens labels/signs must also be posted at the entrances to work areas conducting HBV and HIV research.

9. Training:
   a. Each school/unit shall ensure that all employees with occupational exposure participate in a training program on Bloodborne Pathogens with the following frequency:
      i. At initial assignment;
      ii. Annually;
      iii. When changes that affect the employee's occupational exposure occur.
   b. Training shall include as a minimum:
      i. An explanation of the contents of the PEOSH/OSHA Bloodborne Pathogens Standard and information on how a copy of the standard may be obtained if requested;
      ii. A general explanation of the epidemiology and symptoms of bloodborne diseases;
      iii. An explanation of the modes of disease transmission;
      iv. A review of the school's/unit's Exposure Control Plan and the steps that the employee can take to obtain a copy of it;
      v. An explanation of the appropriate methods that can be used to recognize and evaluate tasks and activities with potential exposure;
      vi. An explanation of the use and limitations of the different methods of control including, but not limited to, engineering controls, work practices and personal protective equipment;
      vii. Information on the types, proper use, location, removal, handling and disposal of personal protective equipment and the basis for selection of the different types of equipment;
      viii. Information on the appropriate actions and procedures to follow if an exposure occurs;
      ix. Information on the hepatitis B vaccine including efficacy, safety, and that the vaccine will be free of charge;
      x. An explanation of the signs and labels required by the standard;
      xi. An opportunity for interactive questions and answers; and
      xii. Additional training for employees in HIV and HBV research laboratories which is specific to the practices and operations of the laboratory.
APPENDIX C

10. Recordkeeping:

   a. Each school/unit shall ensure that medical records for each employee with
      occupational exposure are maintained for the duration of employment and 30
      years thereafter. Each school/unit shall ensure confidentiality of employee
      medical records. The medical records shall include:

      i. Hepatitis B vaccination status; including the dates of vaccination.

      ii. A copy of all results of post-exposure medical evaluations.

      iii. Copies of any information provided to the physician(s) performing
           medical evaluations related to this policy and the PEOSH/OSHA
           bloodborne pathogens standard.

   b. Training records shall be maintained by each school and patient care unit and
      EOHSS. The records shall include training dates, contents of training, names
      and qualifications of instructors, and names and titles of the employees attending
      the training. These training records shall be maintained a minimum of 3 years.

11. HIV and HBV Research:

   Each school/unit engaged in the culture, production, concentration, experimentation and
   manipulation of HIV and HBV shall comply with the requirements outlined for HIV and
   HBV research laboratories in PEOSH/OSHA's "Bloodborne Pathogens Standard" (29
   CFR 1910.1030, paragraph (e)). These requirements, including mandates for hand and
   eye washing facilities as well as autoclaves for decontamination of regulated waste, shall
   be adhered to in addition to the requirements already outlined in this policy.

VI. EXHIBITS

   A. Occupational Exposure to Bloodborne Pathogens

By Direction of the President:

__________________________________
Vice President for Administration
APPENDIX B

DEFINITIONS

The following is a list of definitions used in this Exposure Control Plan. Additional definitions can be found in the text of the OSHA Bloodborne Pathogens Standard.

1. **Blood** – means human blood, human blood components, and products made from human blood. The term “human blood components” includes plasma, platelets, and serosanguinous fluids (e.g., exudates from wounds). Also included are medications derived from blood, such as immune globulins, albumin, and factors 8 and 9.

2. **Bloodborne Pathogens** – any pathogenic micro-organisms that may be present in human blood or other potentially infectious material and can infect and cause disease in exposed humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV), Hepatitis C virus (HCV), Human Immunodeficiency Virus (HIV), malaria, syphilis, babesiosis, brucellosis, etc.

3. **Contaminated** - the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

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

5. **Exposure Incident** - 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. Non-intact skin includes skin with dermatitis, hangnails, cuts, abrasions, chafing, acne, etc.

6. **Needleless systems** – means a device that does not use needles for:
   - the collection of body fluids or withdrawal of body fluids after initial venous or arterial access is established;
   - the administration of medication or fluids; or
   - any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

7. **Occupational Exposure** - 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. The term ‘reasonably anticipated contact” includes the potential for contact as well as actual contact with blood or other potentially infectious material. It also includes needlesticks.

8. **Other Potentially Infectious Materials (OPIM)** -
   a. The following human body fluids:
i. semen
ii. vaginal secretions
iii. cerebrospinal fluid
iv. synovial fluid
v. pleural fluid
vi. pericardial fluid
vii. peritoneal fluid
viii. amniotic fluid
ix. saliva in dental procedures
x. any body fluid visibly contaminated with blood
xi. all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

b. Any unfixed tissue or organ (other than intact skin) from a human (living or dead);

c. HIV-containing cells or tissue cultures, organ cultures, and HIV or HBV-containing cultures medium or other solutions; and

d. Blood and tissues of experimental animals who are infected with HIV, HBV, or other agent which may cause disease in humans.

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

10. **Regulated Waste** -
    a. Liquid or semi-liquid blood or OPIM;
    b. Contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed;
    c. Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling;
    d. Contaminated sharps; and
    e. Pathological and microbiological wastes containing blood or OPIM.

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

12. **Standard Precautions** – based on universal precautions. Standard precautions dictate the use of gloves and appropriate barrier protection when contact with blood or body secretions is anticipated. These precautions apply to the care of all
patients regardless of their diagnosis or presumed infection status.

13. **Universal Precautions** - an approach to infection control whereby all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
### UMDNJ-RWJMS
**Form D: Device Availability and Proper Use Inspection Log**

**Location of Inspection (Building/Room(s))**: ____________________________________________

**Department/Division**: _____________________________________________________________

**Manufacturer/Name of Safety Devices in Use**: __________________________________________

<table>
<thead>
<tr>
<th>Date of Inspection (mm/dd/yy)</th>
<th>Are safety needle devices available? (Y/N)</th>
<th>Are safety needle devices being used? (Y/N)</th>
<th>Is the Safety Feature being Activated? (Y/N)</th>
<th>If you answered No in column 2 or column 3 list brand and model, procedure being observed, a description of the problem, and the corrective measures being taken</th>
<th>Initials of Inspector</th>
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The Nurse Supervisor or designee should conduct periodic inspections to ensure that devices are available, that they are being utilized and that the safety feature is being activated when the device is used. In addition, EOHSS will document this information during site specific safety audits a minimum of once a year. Keep it with other safety needle device forms in a place where it will be easily available during a Regulatory Inspection. If you have questions about completion of this form, contact Tracy Pfromm, EOHSS, at (732) 235-8376 or email: pfrommitr@umdnj.edu

Reviewed 2007
Form E: Documentation of Employee Training for Safety Medical Devices

*Insert Sign-in sheets for device specific trainings