

# **City of Jackson**



## ***INFECTIOUS DISEASES EXPOSURE CONTROL PLAN***

***Revised November 2020***

# City of Jackson Exposure Control Plan

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# **City of Jackson Infectious Disease Prevention Program Statement**

The City of Jackson is committed to providing a safe and healthful work environment for its employees. In pursuit of this goal, the following Exposure Control Plan (ECP) has been established to conform to OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The City of Jackson objective is:

- **Blood borne pathogens; assist in avoiding exposures**
- **Learn by training in blood borne pathogens, HIV, & Hepatitis B**
- **OSHA compliance**
- **Only to protect you from exposures with preventative measures**
- **Do required training in infectious materials & recognize the risk involved when exposed**

***Hepatitis B Infection Prevention:***

The following program has been established for the employees of the City of Jackson that are at an increased risk for exposure to the Hepatitis B virus (HbV) as determined by job description evaluations and the likelihood of exposure to blood or body fluids possibly containing blood.

Employees in the following positions/categories have been determined to have an increased risk of exposure to the Hepatitis B virus while performing their normal job duties as determined by job description hazard evaluation. Categories range from 1-3, 1 being highest risk.

*Police Officers-CAT 1*

*Department Custodians- CAT 3*

*Firefighters-CAT 1*

*Groundskeeping Personnel-CAT 3*

*Maintenance Dept Plumbers-CAT 3*

Employees in these positions will be offered free of charge, the Hepatitis B (HbV) vaccine within ten (10) working days of initial assignment and before the employee is placed at risk of exposure as per OSHA regulation CFR 1910.1030(f)(2)(i) in conjunction with personal protective equipment (PPE).

These employees will also receive annual training on the clinical manifestation and prevention of Hepatitis B (HbV) infection.

Employees may decline the Hepatitis B vaccine by completing a "Hepatitis B Vaccination Declination" form available from the City of Jackson's Safety Officer or Risk Management representative. (Appendix D) If the employee initially declines the HbV but later decides to accept the vaccine, the City of Jackson will provide the vaccine to the employee free of charge upon request.

If the employee has received the complete Hepatitis B (HbV) vaccine series of three (3) injections prior to employment with the City of Jackson, proof of the prior vaccination should be presented to the City of Jackson's Safety Officer or Risk Management representative if possible.

If no record of proof is available, the **Hepatitis B Vaccine Statement of Conformity** form (Appendix C) shall be completed and the approximate date of vaccination should be noted on the form.

### ***Exposure Control Plan Policy:***

The City of Jackson is committed to providing a safe and healthful work environment for our 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 OSHA regulation, 1919.1030, "Occupational Exposure to Bloodborne Infectious Diseases."

The Exposure Control Plan (ECP) is a key document to assist our firm in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control which includes:
  - Universal precautions
  - Engineering and work practice controls
  - Standard operating procedures
  - Personal protective equipment
  - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Annual review of ECP and current technologies and techniques designed to reduce exposure risk.
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding an exposure incident

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

### ***Program Administration:***

The City of Jackson's Safety Officer or Risk Management representative is responsible for the implementation of the ECP. The Safety Officer or Risk Management representative will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

Departmental supervisors will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and biohazard bags as required by the standard. Departmental supervisors will ensure that adequate supplies of the equipment are available in the appropriate sizes.

The Safety Officer or Risk Management representative will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.

The Safety Officer/ Risk Management representative or qualified designee will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

***Employee Exposure Determination:***

The following is a list of all job classifications at our establishment that have been determined to be at a high risk for exposure:

<u>JOB TITLE</u>	<u>DEPARTMENT/LOCATION</u>
<u>Firefighter, First Responder, EMT, Paramedic</u>	<u>Fire Department</u>
<u>Police Officer &amp; Police Dept Custodians</u>	<u>Police Department</u>
<u>Groundskeeping Personnel</u>	<u>Groundskeeping</u>
<u>Maintenance Dept Plumbers</u>	<u>Maintenance</u>

***Methods of Implementation and Control:***

**A. Body Substance Isolation**

All employees will utilize Body Substance Isolation precautions (BSI).

**B. Exposure Control Plan**

Employees covered by the bloodborne infectious diseases standard shall receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting the Departmental Supervisor. If requested, Departmental Supervisor will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

The Safety Officer or Risk Management representative is responsible for reviewing and **updating the ECP annually** or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

**C. Standard Operating Procedures**

Departmental Standard Operating Procedures (SOP) provide specific guidance on controls and practices that shall be used when performing tasks involving occupational exposure to bloodborne pathogens.

**D. Contingency Plans**

Where circumstances can be foreseen in which recommended standard operating procedures could not be followed, the employer shall prepare contingency plans for employee protection, incident investigation and medical follow-up as part of the standard operating procedures.

## **E. Engineering Controls and Work Practices**

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed as departmental SOPs.

Sharps disposal containers are inspected and maintained or replaced by the staff whenever necessary to prevent overfilling.

Any department that is covered by this policy will identify the need for changes in engineering control and work practices through annual evaluation of procedures and incident reviews.

Any new procedures or products to include current technology and protocols should be considered during the annual review.

The following employees are involved in this process:

- City Safety Officer or Risk Management representative
- Employee supervisors
- Employees

## **F. Personal Protective Equipment (PPE)**

PPE is provided to our employees at no cost to them. Training is provided by Departmental Supervisors in the use of the appropriate PPE for the tasks or procedures employees will perform.

The types of PPE available to employees are as follows:  
Gloves, Eye Protection, Gowns, Face Mask.

PPE is located in work areas and may be obtained through the Departmental Supervisor.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
- Remove PPE after it becomes contaminated, and before leaving the work area.
- Used PPE may be disposed of in trash receptacle, or if contaminated, in bio-hazard containers.
- Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or other potentially infectious materials (OPIM), 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.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.

- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or other potentially infectious materials (OPIM) pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or other potentially infectious materials (OPIM), in such a way as to avoid contact with the outer surface.

### **G. Housekeeping**

Regulated waste is to be placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels section below), and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling other regulated waste is: Dispose in provided bio-hazard container.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and labeled or color-coded appropriately.

The procedure for handling sharps disposal containers is: Close top lid per instruction on container and place in bio-hazard container.

Broken glassware which may be contaminated is picked up using mechanical means, such as a brush and dust pan.

#### ***Labels:***

The following labeling method(s) is used in this facility:

#### EQUIPMENT TO BE LABELED

*Sharps Containers*

*Bio-hazard Bags*

#### LABEL TYPE (size, color, etc.)

*Universal Red Bio-hazard Label*

*Universal Red Bio-Hazard Label*

Employees will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify the Departmental Supervisor if they discover regulated waste containers, refrigerators containing blood or other potentially infectious materials (OPIM), contaminated equipment, etc. without proper labels.



### ***Hepatitis B Vaccination:***

#### **Administration**

The Safety Officer/ Risk Management representative or qualified designee will provide training to employees on Hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The Hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan.

Vaccination is encouraged unless:

- 1) Documentation exists that the employee has previously received the series.
- 2) Antibody testing reveals that the employee is immune, or
- 3) Medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a copy of the declination form (see Appendix D). Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at the Safety Officer or Risk Management representative's office.

Vaccination will be provided by a designee of the City of Jackson.

Following Hepatitis B vaccinations, the health care professional's Written Opinion will be limited to whether the employee requires the Hepatitis vaccine, and whether the vaccine was administered.

### ***Post-Exposure Evaluation and Follow-Up:***

Should an exposure incident occur, contact your immediate supervisor as well as the Safety Officer/ Risk Management representative during regular business hours. The supervisor will fill out appropriate reporting forms: Biohazard Exposure Report, Accident Incident Report (AIR), Employee Injury Report (EIR) or in some rare cases both AIR & EIR forms will need to be completed. Please refer to City of Jackson EIR/AIR Completion Policy.

An immediately available confidential medical evaluation and follow-up will be conducted by a licensed Physician or Nurse Practitioner designated by the City of Jackson. Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc) the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HcV, and HbV infectivity; document that the source individual's test results were conveyed to the employee's healthcare provider.
- If the source individual is already known to be HIV, HcV and/or HbV positive, new testing need not be performed.

- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality also referred to as HIPPA Laws).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HbV and HIV serological status.
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

### ***Administration of Post-Exposure Evaluation and Follow-Up:***

The Safety Officer or Risk Management representative ensures that health care professional(s) responsible for employee's Hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne infectious diseases standard.

The Safety Officer or Risk Management representative ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- 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
- relevant employee medical records, including vaccination status

The Safety Officer or Risk Management representative provides the employee with a copy of the evaluating health care professional's confidential written opinion within 15 days after completion of the evaluation.

### ***Procedure for Evaluating the Circumstances Surrounding an Exposure Incident:***

The Safety Officer/ Risk Management representative or qualified designee will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used protective equipment or clothing that was used at the time of the exposure incident (*gloves, eye shields, etc.*)
- Location of the incident
- Procedure being performed when the incident occurred
- Employee's training

If it is determined that revisions need to be made, the Safety Officer or Risk Management representative will ensure that appropriate changes are made to this ECP.

### ***Employee Training:***

All employees and new hires who have occupational exposure to bloodborne pathogens receive training conducted by the Safety Officer/ Risk Management representative or qualified designee.

All employees and new hires who have occupational exposure to bloodborne pathogens receive training and annual refreshing on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- a copy and explanation of the standard
- an explanation of our ECP and how to obtain a copy
- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- an explanation of the use and limitations of engineering controls, work practices, & PPE
- an explanation of and supervised practice with the types, uses, location, removal, handling, decontamination, and disposal of PPE, an explanation of the basis for PPE selection
- information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the confidential medical evaluation and follow-up that will be made available
- information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- an explanation of the signs and labels and/or color coding required by the standard and used at this facility
- An opportunity for interactive questions and answers with the person conducting the training session

## ***Recordkeeping:***

### **A. Training Records**

Training records are completed for each employee upon completion of training. These documents will be kept for at least **three (3) years** at the Safety Officer or Risk Management representative's office.

The training records include:

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

### **B. Medical Records**

Medical records are maintained for each employee with occupational exposure in accordance with OSHA 1910.1030

The OJI (On-the-job-injury) TPA (Third Party Administrator) will be responsible for maintenance of the required medical records. These **confidential** records are kept in accordance with the OJI TPA's procedures for at least the **duration of employment plus 30 years**.

### **C. OSHA Recordkeeping**

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements. This determination and the recording activities are done by the Safety Officer or Risk Management representative.

### **D. Sharps Injury Log**

A sharps injury log is established and maintained for recording percutaneous injuries from contaminated sharps. The log includes:

- Type and brand of device involved in the injury
- Department or work area where the exposure occurred
- Explanation of how the incident occurred

The log is recorded and maintained to protect the confidentiality of the injured employee. The Part 11 Recording & Reporting of Occupational Injuries & Illnesses 300 Log of Work Related Injuries and Illnesses may also be used to record this information but not used in place of the Sharps Injury Log.

A copy of the Sharps Injury Log can be found in Appendix F.

The Safety Officer or Risk Management representative is responsible for the maintenance of the sharps injury log.

# *Appendix A*

## *Instructions*

### ***Instructions for Exposure Reporting:***

It is imperative that any biohazard exposure be *immediately* reported as outlined below. Source testing must be performed while the source individual is still at the medical facility and the affected employee must obtain baseline testing as well.

Some treatment options are “time critical” for the best chance of infection prevention. Therefore, the word “Immediate” shall mean now, not hours or days later.

- 1) Immediately following an exposure, initiate the appropriate treatment as defined below.
  - a. **PERCUTANEOUS (SKIN PUNCTURE) EXPOSURE:**
    - i. Immediately wash the injury with soap and water or antiseptic hand cleaner.
  - b. **EYE OR MUCOUS MEMBRANE CONTACT:**
    - i. Immediately flush the affected area with copious amounts of water or sterile saline for at least 5 minutes.
- 2) Contact the supervisor and advise them of the exposure incident.
- 3) The following procedures will be completed by the supervisor:
- 4) Immediately contact the City Safety Officer or Risk Management during normal business hours. (If the Safety Officer or Risk Management representative is not available, contact them next business day)
  - a. Contact the Charge Nurse at **source individual’s** location to request a “Rapid HIV Antibody Test” (If available) on the **source individual**.
  - b. Contact the City of Jackson’s designated medical facility during normal business hours or the Emergency Room for employee baseline “Post-Exposure” testing.
  - c. Fill out appropriate forms & fax to Risk Management, per On the Job (OJI) reporting policy and procedures.
  - d. Report the incident to the City of Jackson’s Safety Officer or Risk Management representative.
  - e. Perform follow-up investigation.
- 5) The exposed employee(s) will be instructed to report to the City of Jackson’s designated medical facility for “Post-Exposure” testing.
- 6) Complete required documentation as per On the Job (OJI) reporting policy and procedures.
  - a. Employee Injury Report
  - b. Biohazard Exposure Report
  - c. Forward Employee Injury Report and the Biohazard Exposure Report to the City Safety Officer or Risk Management.
- 7) The exposed employee(s) will be referred to the City of Jackson’s designated OJI Physician/ Nurse Practitioner for “Post-Exposure” evaluation, treatment, and follow-up.

## ***Appendix B***

**What is an exposure?**

**Information taken from the Center for Disease Control & Prevention pamphlet, "Exposure to Blood – What Healthcare Personnel Need to Know" July 2003**

**What is the risk of infection after an occupational exposure?**

**HBV**

Healthcare personnel who have received hepatitis B vaccine and developed immunity to the virus are at virtually no risk for infection. For a susceptible person, the risk from a single needle stick or cut exposure to HBV-infected blood ranges from 6-30% and depends on the hepatitis B e antigen (HBeAg) status of the source individual. Hepatitis B surface antigen (HBsAg)-positive individuals who are HBeAg positive have more virus in their blood and are more likely to transmit HBV than those who are HBeAg negative. While there is a risk for HBV infection from exposures of mucous membranes or non-intact skin, there is no known risk for HBV infection from exposure to intact skin.

**HCV**

The average risk for infection after a needle stick or cut exposure to HCV infected blood is approximately 1.8%. The risk following a blood exposure to the eye, nose or mouth is unknown, but is believed to be very small; however, HCV infection from blood splash to the eye has been reported. There also has been a report of HCV transmission that may have resulted from exposure to non-intact skin, but no known risk from exposure to intact skin.

**HIV**

- The average risk of HIV infection after a needle stick or cut exposure to HIV-infected blood is 0.3% (i.e., three-tenths of one percent, or about 1 in 300). Stated another way, 99.7% of needle stick/cut exposures do not lead to infection.
- The risk after exposure of the eye, nose, or mouth to HIV-infected blood is estimated to be, on average, 0.1% (1 in 1,000).
- The risk after exposure of non-intact skin to HIV-infected blood is estimated to be less than 0.1%. A small amount of blood on intact skin probably poses no risk at all. There have been no documented cases of HIV transmission due to an exposure involving a small amount of blood on intact skin (a few drops of blood on skin for a short period of time).

**Means of Transmission**

Bloodborne pathogens are transmitted when contaminated blood or body fluids enter the body of another person. This can occur through a number of pathways, such as:

An accidental puncture by a sharp object contaminated with the pathogen. "Sharps" include objects such as:

- needles
- scalpels
- broken glass
- razor blades



- Open cuts or skin abrasions coming in contact with contaminated blood or body fluids
- Sexual contact
- Indirect transmission (a person touches dried or caked on blood and then touches the eyes, mouth, nose or an open cut) (HBV only)

There are also many ways that these diseases are **not** transmitted. For instance, blood borne pathogens are not transmitted by touching an infected person, through coughing or sneezing or by using the same equipment, materials, toilets, water fountains or showers as an infected person. It is important that people are educated as to which ways are viable means of transmission of these dangerous diseases, and which are not.

***Appendix C***

***Hepatitis B Statement of Conformity***

# City of Jackson

## HEPATITIS B VACCINE STATEMENT OF CONFORMITY

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_

I, \_\_\_\_\_, attest by this statement, that I have received the Hepatitis B vaccine in the past and that documentation of the vaccination is not available. I have been offered the Hepatitis B vaccine by the City of Jackson and decline the vaccine at this time. I understand that I may request the Hepatitis B vaccine at any future time during my employment with the City of Jackson and it will be made available at no cost to me.

Approximate Date of Vaccination: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

***Appendix D***  
***Hepatitis B Vaccine Statement of Action***

# City of Jackson

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_

## HEPATITIS B VACCINE STATEMENT OF ACTION

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. I accept the Hepatitis B vaccination at this time. I understand that it is my responsibility to call and set up the appointment for the vaccination. After receiving the vaccine, I shall give both my immediate supervisor and the Occupational Health & Safety Officer a copy of the medical form stating that I have received the vaccine.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print: \_\_\_\_\_

## ***Appendix E***

### ***Hepatitis B Vaccine Declination (Mandatory)***

# City of Jackson

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_

## **HEPATITIS B VACCINE DECLINATION (MANDATORY)**

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.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print: \_\_\_\_\_

*Appendix F*

*Biohazard Exposure Report*



# City of Jackson

## BIOHAZARD EXPOSURE REPORT

*(To be completed in conjunction with the Employee Injury Report)*

### SECTION 1

Employee Name: \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_  
SS #: \_\_\_\_\_ TIME: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ IMMUNIZATIONS:  
[ ] TETANUS \_\_\_\_\_  
[ ] HbV \_\_\_\_\_

### SECTION 2

#### SOURCE INFORMATION:

Patient NUMBER: \_\_\_\_\_ HOSPITAL TRANSPORTED TO: \_\_\_\_\_  
NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SS #: \_\_\_\_\_  
KNOWN HISTORY OF: [ ] TB [ ] HIV [ ] HbV [ ] HcV  
CHARGE NURSE: \_\_\_\_\_ RAPID TESTING DONE: [ ] YES [ ] NO

### SECTION 3

EXPOSURE TYPE: [ ] PERCUTANEOUS [ ] EYE [ ] MUCOUS MEMBRANE  
EXPOSED TO: [ ] BLOOD [ ] VOMIT [ ] TISSUE [ ] OTHER \_\_\_\_\_  
DESCRIBE HOW INCIDENT  
OCCURRED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### FOLLOW-UP:

SOURCE POSITIVE TEST RESULTS: [ ] TB [ ] HIV [ ] HbV [ ] HcV  
DATE RECEIVED: \_\_\_\_\_  
RECEIVED FROM: [ ] TREATING HOSPITAL [ ] FACILITY INFECTION CONTROL [ ] HEALTH  
DEPT.  
NAME OF ADVISOR: \_\_\_\_\_

### DISPOSITION:

[ ] NO EXPOSURE [ ] NO TREATMENT REQUIRED [ ] REFERRED  
REFERRED TO: \_\_\_\_\_ DATE: \_\_\_\_\_  
EMPLOYEE NOTIFIED: \_\_\_\_\_ DATE: \_\_\_\_\_ BY: \_\_\_\_\_

# City of Jackson

## BIOHAZARD POST EXPOSURE TESTING DECLINATION

*(to be completed each time a biohazard exposure report is completed IF the employee declines baseline testing)*

Employee Name: \_\_\_\_\_ Date of Exposure: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring various infections. I have been given the opportunity to be baseline tested, at no charge to myself. I understand that the City of Jackson recommends post exposure baseline testing & any other necessary follow up after an exposure. However, I decline baseline testing at this time. Even though I am declining testing related to this specific exposure, I realize if I have an exposure at a later date, I can have post exposure baseline testing related to that specific exposure, if I so choose at that time.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

***Appendix G***  
***OSHA Sharps Log***

# City of Jackson

## OSHA SHARPS INJURY LOG

Establishment/Facility Name: City of Jackson

Year: \_\_\_\_\_

Date	Case/ Report #	Brand of Device	Injury Occurred	Brief Description (how, where, why)

29 CFR 1910.1030, OSHA's Bloodborne Pathogens Standard, in paragraph (h)(5), requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from *contaminated* sharps. The purpose is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention or review. This log must be kept in addition to the injury and illness log required by 29 CFR 1904. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The log must be retained for five (5) years following the year to which it relates. The log must be kept in a manner that preserves the confidentiality of the affected employee.

**Form Feb 2011**

*Appendix H*

*Abbreviations/ Terminology*



**ADMINISTRATIVE PROCEDURES  
INFECTIOUS DISEASES EXPOSURE CONTROL PLAN**

**Abbreviations:**

- AIR** – Accident Injury Report
- BBP**-Bloodborne Pathogen – A pathogenic microorganism that is 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).
- BSI** – Body Substance Isolation
- CDC** – Center for Disease Control
- ECP** – Exposure Control Plan
- EIR** – Employee Injury Report
- Engineering Controls** – controls (e.g., sharps disposal containers, self-sheathing needles, sharps with injury protection & needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace
- 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
- HbV** – Hepatitis B Virus
- HcV** – Hepatitis C Virus
- HIPPA** – Health Insurance Portability and Accountability Act also known as patient privacy laws
- HIV** – Human Immunodeficiency Virus. Causes Acquired Immune Deficiency Syndrome (**AIDS**)
- OJI** – On the Job Injury
- OPIM** – Other Potential Infectious Material. 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** – piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
- PPE** – Personal Protective Equipment
- Sharps** – any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass.
- Source Individual** – 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.
- TPA** – Third Party Administrator
- Universal Precautions** – 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** – 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).