Bloodborne Pathogens

Exposure Control Plan

County College of Morris

Revised: March 2024

I. PURPOSE OF THE PLAN

The Occupational Safety and Health Administration (OSHA) enacted the Bloodborne Pathogens Standard, codified at 29 CFR 1910.1030 to "reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens (disease causing organisms) as listed on page 8" that employees may encounter in their workplace.

County College of Morris, hereafter referred to as CCM or "the College", adheres to a number of general principles regarding bloodborne pathogens. These include:

- Minimize all exposure to bloodborne pathogens.

- Never underestimate the risk of exposure to bloodborne pathogens.

- Institute as many engineering and work practice controls as possible to eliminate or minimize employee exposure to bloodborne pathogens.

This Exposure Control Plan is implemented to meet the letter and intent of the OSHA Bloodborne Pathogens Standard. The objective of this plan is twofold:

- To protect employees from the health hazards associated with bloodborne pathogens.

- To provide appropriate treatment and counseling should an employee be exposed to bloodborne pathogens.

The Exposure Control plan master copy is housed in the Public Safety office with the Environmental Safety Coordinator.

II. GENERAL PROGRAM MANAGEMENT

A. Responsibilities

There are four major responsible entities at CCM that are central to the effective implementation of our Exposure Control Plan. These are:

- Environmental Safety Coordinator
- Departmental Managers and Supervisors
- CCM Employees
- Department of Public Safety

1. Environmental Safety Coordinator

The Environmental Safety Coordinator or designee will be responsible for overall management and implementation of the CCM Bloodborne Pathogens Compliance Program. Activities that are delegated to the Environmental Safety Coordinator typically include, but are not limited to:

- Implementing the Exposure Control Plan for CCM.
- Working with Department Managers and Supervisors and other employees to develop and administer any additional bloodborne pathogens related policies and practices needed to support the effective implementation of this plan.
- Determining ways to improve the Exposure Control Plan, as well as to revise and update the plan when necessary.
- Collecting and maintaining a suitable reference library on the Bloodborne Pathogens Standard, and bloodborne pathogens safety and health information.
- Updating current legal requirements concerning bloodborne pathogens.
- Acting as facility liaison during OSHA inspections.
- Conducting periodic facility audits to maintain an up-to-date Exposure Control Plan.
- Maintaining an up-to-date list of facility personnel requiring training (in conjunction with facility management).
- Developing suitable education/training programs.
- Scheduling periodic training programs for employees.
- Maintaining appropriate training documentation including attendance records and learning assessments.
- Annually reviewing the training program.

2. Department Managers and Supervisors

Department Managers and Supervisors are responsible for compliance with the Bloodborne Pathogens standard in their respective areas. They work directly with the Environmental Safety Coordinator and employees to ensure that employees are trained, and that engineering and work practice controls, personal protective equipment policies, and post-exposure procedures are implemented. Responsibilities include:

- Notifying the Environmental Safety Coordinator whenever changes in operations may affect the department's exposure determinations.
- Maintaining a copy of the Exposure Control Plan and ensuring employees have access to it at all times.
- Developing department specific-procedures where necessary to expand upon or customize the requirements of the exposure control plan for the department's operations.
- Ensuring that the Hepatitis B vaccine is made available to all employees covered by the Exposure Determination within 10 days of initial employment.
- Providing engineering controls and personal protective equipment.
- Implementing a system to regularly evaluate and maintain existing engineering controls and incorporate new technologies that are appropriate, commercially available and effective.

- Ensuring employees utilize work practice controls described in the Exposure Control Plan.
- Ensuring employees report immediately all accidents and exposure incidents.
- Ensuring employees involved in exposure incidents are provided with medical evaluation.
- Ensuring employees with occupational exposure attend initial and annual Bloodborne Pathogens training.

3. Employees

Employees have the most important role in the Bloodborne Pathogens compliance program, for the success of much of the Exposure Control Plan rests in their hands. In this role, employees must:

- Know what tasks they perform that have the potential for occupational exposure to bloodborne pathogens.
- Participate in the Bloodborne Pathogens training sessions.
- Complete the "Hepatitis B Vaccination Statement of Choice" form (Appendix A).
- Utilize engineering controls, personal protective equipment and applicable department specific procedures.
- Plan and conduct all operations in accordance with CCM workplace practice controls.
- Develop good personal hygiene habits, e.g. hand washing.
- Immediately report accidents and exposure incidents to their supervisors.
- If exposed to blood or potentially infectious materials, initiate immediate first aid actions and report for medical evaluation and follow-up.

4. Department of Public Safety

The Department of Public Safety has the following responsibilities under the Exposure Control Plan:

- Maintain "*Hepatitis B Vaccination Statement of Choice*" form for each employee covered under the Exposure Control Plan.
- Maintain medical records relative to the employee's vaccination status.
- Maintain copies of post-exposure evaluation records.

B. Availability of the Plan to Employees

The CCM Exposure Control Plan is available to CCM employees online on the Public Safety web page and hard copies are maintained by Department Managers. Employees are advised of this availability during their education/training sessions.

C. Review and update of the plan

The Exposure Control Plan will be updated by the Environmental Safety Coordinator and reviewed by the CCM Safety Committee under the following circumstances:

- Annually, or whenever new or modified tasks and procedures are implemented that affect occupational exposure to CCM employees.

- Whenever CCM establishes new functional positions within the facility that may involve exposure to bloodborne pathogens.

- In the event of an exposure incident.

The review will include consideration of appropriate, commercially available, and effective, safer medical devices (e.g. sharps with engineered sharps injury protections, needleless systems, etc.) and other engineering controls designed to eliminate or minimize occupational exposure. CCM will solicit input from non-managerial employees in the identification, selection and evaluation of effective engineering and work practice controls, through Safety Committee meetings or written surveys.

III. EXPOSURE DETERMINATION

One of the keys to implementing a successful Exposure Control Plan is to identify those employees with reasonably anticipated occupational exposure. The initial lists were compiled on or before February 22, 1994, and are updated annually. The Environmental Safety Coordinator works with department managers and supervisors to revise and update these lists as tasks, procedures, and classifications change.

The following is a list of all job classifications at CCM in which employees have potential occupational exposure to bloodborne pathogens:

A. Athletics

Job Title	**Department / Location**
- Director of Athletics	Health and Physical Ed. Building
- Assistant Athletics Director	Health and Physical Ed. Building
- Coordinator of Athletic Events	Health and Physical Ed. Building
- Athletics Trainer/Summer Events Coordinator	Health and Physical Ed. Building
- Lifeguards	Aquatic Facility of HPE
- Supervisor, Aquatics	Aquatic Facility of HPE

Tasks and procedures which may result in exposure to bloodborne pathogens include First Aid response.

B. Plant and Maintenance

Job Title	Department/Location
- Evening Custodial Supervisor	Plant and Maintenance
- Senior Custodian	Plant and Maintenance
- HVAC Maintenance Mechanic	Plant and Maintenance
- Maintenance Mechanic	Plant and Maintenance
- Custodian I, II, III	Plant and Maintenance
- HVAC Specialist	Plant and Maintenance
- Sr. Maintenance Mechanic	Plant and Maintenance
- Part-time Custodian	Plant and Maintenance

Tasks and procedures which may result in exposure to bloodborne pathogens: Housekeeping following First Aid incidents, housekeeping assistance to Nursing Laboratories or Health Services or response to maintenance issues in areas with potential bloodborne pathogen exposure.

C. Nursing

Job Title	Department/Location
- Nursing Faculty (F/T, P/T)	Nursing Labs and Off-Campus Clinical Sites
- Nursing Lab Coordinators (F/T, P/T)	Nursing Laboratories

Tasks and procedures which may result in exposure to bloodborne pathogens include assisting students in lab practice, finger sticks/glucometers, laboratory clean-up, and supervising students during off-site clinical rotations.

D. Radiography & Respiratory

Job Title	Department/Location
- Radiography Faculty (F/T, P/T)	Off Campus Clinical Sites
- Respiratory Faculty (F/T, P/T)	Off-Campus Clinical Sites

Tasks and procedures which may result in exposure to bloodborne pathogens:

Supervising student clinical experience.

E. Public Safety

Job Title	Department/Location
- Director	Department of Public Safety
- Associate Director	Department of Public Safety
- Sergeant	Department of Public Safety
- Sr. Officer	Department of Public Safety
- Officer/P.T. Officer	Department of Public Safety

Tasks and procedures which may result in exposure to bloodborne pathogens:

- First Aid/CPR Response

IV. METHODS OF COMPLIANCE

A number of compliance areas must be addressed in order to effectively eliminate or minimize exposure to bloodborne pathogens at CCM. These include:

- Using universal precautions.
- Establishing appropriate engineering controls.
- Implementing appropriate work practice controls.
- Using necessary personal protective equipment (PPE).
- Implementing appropriate housekeeping procedures.
- Proper storage and disposal of regulated waste.

Each of these areas is reviewed with CCM employees during bloodborne pathogens training (see the "Information and Training" section of the plan for additional information).

A. Universal Precautions

Departments at CCM observe "Universal Precautions" by treating all human blood and blood products and the following body fluids as if they are known to be infectious for HBV, HIV and other bloodborne pathogens:

- Semen or Vaginal Secretions
- Cerebrospinal fluid
- Synovial fluid
- Pleural fluid
- Pericardial fluid
- Peritoneal fluid
- Breast milk
- Amniotic fluid
- Saliva
- Urine
- Vomitus

- Any other fluids or substances contaminated with blood.

In circumstances where it is difficult or impossible to differentiate between body fluid types, it is assumed that all body fluids are potentially infectious and handled accordingly.

B. Engineering Controls

One of the key aspects to the Exposure Control Plan is the use of engineering controls to eliminate or minimize employee exposure to bloodborne pathogens. As a result, CCM departments utilize equipment such as sharps disposal containers and safety needles as appropriate.

The Environmental Safety Coordinator periodically works with department managers and supervisors to review tasks and procedures performed in the facility where engineering controls can be implemented or updated. CCM annually reviews implementation of effective safe needle devices by soliciting input from employees. The following engineering controls are used throughout CCM:

- Handwashing facilities are readily available in all work areas where the risk of occupational exposure exists. Note: Waterless antiseptic hand cleansers or antiseptic towelettes are provided when running water is not immediately available (e.g. outside of a building during first aid response).
- Eyewash stations are provided in work areas where splashes of blood or other potentially infectious materials are possible.
- Safety needles and retractable sharps are provided for use where applicable and feasible.
- Containers specifically designed for the safe disposal of contaminated sharps are readily available in work areas where sharps are used. These containers shall be:
    - Closable
    - Leak-proof on the sides and bottoms
    - Color-coded or labeled with biohazard warning labels
    - Puncture-resistant.
- Other appropriate containers (e.g. leak-proof bags with biohazard warning symbols) are available for storage and transport of blood and other potentially infectious materials, including contaminated disposable personal protective equipment.
- Secondary containers are provided for storage and transport of blood and potentially infectious material that are:
    - Leak-proof
    - Color-coded or labeled with biohazard warning labels
    - Puncture-resistant, when necessary.

C. Work Practice Controls

In addition to engineering controls, CCM uses the following work practice controls to help eliminate or minimize employee exposure to bloodborne pathogens:

- Employees wash their hands with soap and water immediately, or as soon as feasible, after removal of gloves or other personal protective equipment.
- Employees wash their hands and other exposed skin with soap and water as soon as possible, following any contact of body areas with blood or any other infectious materials. They also flush exposed mucous membranes with water.
- Employees also wash hands with soap and water as soon as feasible after waterless hand cleaners or towelettes are used.
- Contaminated single-use/disposable sharps are placed in designated sharps containers immediately after use without recapping.
- Eating, drinking, applying cosmetics, and handling contact lenses are prohibited in work areas where there is potential for exposure to bloodborne pathogens.
- Food and drink are not kept in refrigerators, freezers, or cabinets, or on shelves, countertops or bench tops where blood or other potentially infectious materials are present.
- Mouth pipetting/suctioning of blood or other infectious materials is prohibited.
- Any garment that is penetrated by blood or other potentially infectious materials shall be removed immediately.
- Personal protective equipment used to control exposure to blood or other potentially infectious materials is removed and placed in appropriate containers for storage, laundering, decontamination or disposal before exiting the work area.
- Employees are prohibited from recapping and bending needles.
- Employees are prohibited from shearing or breaking contaminated needles.
- In all procedures involving blood or other infectious materials, employees should minimize splashing, spraying, or other actions generating droplets of these materials.
- Broken glassware is to be cleaned up by mechanical means (i.e., brush and dustpan, tongs, forceps); manual (e.g. hand) cleaning is prohibited. Broken glass that may be contaminated with blood or other potentially infectious materials shall be disposed in red sharps containers.
- Specimens of blood or other materials are placed in designated leak-proof containers, appropriately labeled, for handling and storage.
- If outside contamination of a primary specimen container occurs, that container is placed within a second leak-proof container, appropriately labeled, for handling and storage. (If the specimen can puncture the primary container, the secondary container must be puncture-resistant as well).
- Equipment that becomes contaminated is examined prior to servicing or shipping, and decontaminated as necessary (unless it can be demonstrated that decontamination is not feasible).
    - An appropriate biohazard warning label is attached to any contaminated equipment, identifying the contaminated portions.

- Information regarding the remaining contamination is conveyed to all affected employees, the equipment manufacturer and the equipment service representative prior to handling, servicing or shipping.

When a new employee is hired at CCM, or an employee changes jobs within the facility, the employee's job classification and the tasks and procedures that he/she will perform are checked against those that have been identified in the Exposure Control Plan. The employee is then trained by the Environmental Safety Coordinator or another instructor regarding any work practice controls that the employee has not previously used in the workplace. This training may be provided by the Department Manager or Supervisor when appropriate, e.g., to add a new task to a job function. Documentation of training will be furnished to the Environmental Safety Coordinator.

D. Personal Protective Equipment (PPE)

At no cost to employees, CCM provides the personal protective equipment needed to protect themselves against occupational exposure to blood or other potentially infectious materials when it is reasonably anticipated and not completely controlled by engineering and work practice controls. This equipment includes, but is not limited to:

- Gloves
- Gowns
- Plastic aprons
- Face shields/masks
- Safety glasses
- Goggles
- Mouthpieces
- Resuscitation bags
- Pocket masks.

Hypoallergenic gloves, glove liners and similar alternatives will be made available to employees who are allergic to the gloves normally provided.

The Environmental Safety Coordinator, working with department managers and supervisors, is responsible for ensuring that all departments and work areas have appropriate personal protective equipment available to employees.

CCM employees are trained in the use of the appropriate personal protective equipment for their job classifications and tasks/procedures they perform. Initial and supplemental training is provided, when necessary, if an employee takes a new position or new job functions are added to his/her current position.

To determine whether additional training is needed, the employee's previous job classification and tasks are compared to those for any new job or function that he/she undertakes. Any needed training is provided by the department manager or supervisor, in coordination with the Environmental Safety Coordinator.

To ensure that personal protective equipment is not contaminated and is in the appropriate condition to protect employees from potential exposure, CCM adheres to the following practices:

- All personal protective equipment is inspected and replaced as needed to maintain its effectiveness.
- Reusable personal protective equipment is cleaned, laundered and decontaminated as needed.
- Single-use personal protective equipment (or equipment that cannot, for whatever reason, be decontaminated) is discarded immediately either in garbage or, if contaminated, into biohazard bags.

It is the employees' responsibility to use the personal protective equipment provided, and to adhere to the following practices when using their personal protective equipment:

- Any garments visibly contaminated or penetrated by blood or other infectious materials are removed immediately, or as soon as feasible.
- All personal protective equipment is removed prior to leaving a work area.
- Gloves are worn in the following circumstances:
    - Whenever employees anticipate hand contact with potentially infectious materials
    - When performing vascular access procedures
    - When handling or touching contaminated items or surfaces.
- Disposable gloves are replaced after contamination or if they are torn, punctured or otherwise lose their ability to function as an "exposure barrier."
- Utility gloves are decontaminated for reuse unless they are cracked, peeling, torn or exhibit other signs of deterioration, at which time they are discarded.
- Masks and eye protection (such as goggles, face shields, etc.) are used whenever splashes or sprays may generate droplets of infectious materials which may result in eye, nose or mouth contamination.
- Protective clothing (such as gowns and aprons) is worn whenever potential exposure to the body is anticipated.

E. Housekeeping

All equipment and surfaces at CMM are cleaned and decontaminated after contact with blood or other potentially infectious materials:

- After the completion of medical procedures.
- Immediately when surfaces are overtly contaminated.
- After any spill of blood or infectious materials.
- At the end of the work shift if the surface may have been contaminated during that shift.

CCM utilizes hypochlorite solution (diluted 1:10 with water) or EPA-registered tuberculocidal disinfectants for decontamination of blood spills. A solution of 60-90% isopropyl alcohol is used for instrument decontamination. The amount of disinfectant and the length of time it must remain in contact with contaminated surfaces are integral to proper decontamination. Employees must follow the directions on the disinfectant. The department supervisor is responsible for setting up the cleaning and decontamination schedule and making sure it is carried out within each department.

Protective coverings (such as plastic wrap, aluminum foil or absorbent paper) are removed and replaced:

- As soon as it is feasible when overtly contaminated
- At the end of the work shift if they may have been contaminated during the shift.

All pails, bins, cans, and other receptacles intended for use are inspected, cleaned and decontaminated as soon as possible if visibly contaminated.

Potentially contaminated broken glassware is picked up using mechanical means, (such as dustpan and brush, tongs, forceps, etc.).

Care is mandated in handling regulated waste (including contaminated sharps, laundry, used bandages and other potentially infectious materials). The following procedures are used with all of these types of waste:

- They are discarded in containers that are:
  - Closeable.
  - Puncture-resistant.
  - Leak-proof if the potential for fluid spill or leakage exists.
  - Red in color or labeled with the appropriate biohazard warning label.

- Containers for this regulated waste are located within affected departments within easy access of employees and as close as possible to the sources of the waste.
- Waste containers are maintained upright, replaced, and not allowed to overfill.
- Contaminated laundry is handled as little as possible and is not sorted or rinsed where it is used.
- Whenever employees move containers of regulated waste from one area to another, the containers are immediately closed and placed inside an appropriate secondary container if leakage from the first container is possible.

The Environmental Safety Coordinator will assist each department in coordinating collection and disposal of waste.

F. Regulated Waste

Regulated waste containers will be closed prior to removal from the work area to prevent spills of contents during handling. Regulated waste that does not contain sharps objects shall be placed in biohazard bags. Sharps will be disposed of in sharps containers labeled with a biohazard symbol.

- When the container is full, the Environmental Safety Coordinator, the Director of the Department where the waste was generated, and Purchasing will be notified by the responsible employee.

- Purchasing will work with each department to complete the paperwork and arrange to have an approved vendor pick it up and provide CCM with required regulatory documentation to be maintained in Public Safety.

- Custodial and Public Safety staff will be instructed by their supervisors to not touch or empty red bags or red sharps containers.

V. HIV AND HBV RESEARCH LABORATORIES AND PRODUCTION FACILITIES

We recognize that there are special requirements for HIV and HBV research laboratories and production facilities in the areas of construction, engineering controls, work practices, the use of containment equipment, as well as employee education and training. However, since the laboratories at CCM are clinical and instructional in nature, these special requirements do not apply; therefore, the Exposure Control Plan does not address these requirements.

VI. HEPATITIS B VACCINATION, POST-EXPOSURE EVALUATION, AND FOLLOW-UP

CCM recognizes that even with exposure prevention practices, exposure incidents can occur. As a result, CCM has implemented a Hepatitis B Vaccination Program, as well as procedures for post-exposure evaluation and follow-up, should exposure to bloodborne pathogens occur.

A. Vaccination Program

To protect CCM employees as much as possible from the possibility of Hepatitis B infection, the College has implemented a vaccination program. This program is available, at no cost, to all employees who may have occupational exposure to bloodborne pathogens. Information regarding Hepatitis B is available from the Environmental Safety Coordinator.

The vaccination program consists of a series of three inoculations over a six-month period. As part of their bloodborne pathogens training, employees receive information regarding Hepatitis B vaccination, including its safety and effectiveness.

The CCM vaccination program is currently being conducted at a Morris County approved facility but historically was in effect since 1994 in cooperation with St Clare's Hospital, in Dover, NJ.

Hepatitis B vaccinations are performed under the supervision of a licensed physician or other healthcare professional. Lists of employees taking part in the Hepatitis B vaccination program are maintained by the Environmental Safety Coordinator, as are records of employees who have declined to take part in the program, together with the " *Hepatitis B Vaccination Statement of Choice*" form (see Appendix A).

To ensure that all employees are aware of the Hepatitis B vaccination program, it is thoroughly discussed in the Bloodborne Pathogens training. See Appendix B *"CCM Hepatitis B Vaccination Program Notice".*

A link to the "*CDC Vaccine Information Statement"* is also available through the CCM training program on Blackboard (see Appendix C).

The Hepatitis B vaccination is made available within 10 working days of initial employment, and if employees decline they may request the vaccination at any time thereafter.

Prior to administration of the vaccine, a copy of the " *Hepatitis B Vaccination Statement of Choice*" form will be completed at CCM by the employee (see Appendix A). In addition, the medical provider will require the employee to sign a *"Hepatitis B Vaccination Information and Informed Consent Form"* (See Appendix D).

CCM follows the Center for Disease Control (CDC) guidelines that employees who have contact with patients or blood and are at ongoing risk for percutaneous injuries are tested 1-2 months after completion of the 3-dose vaccination series for antibodies for hepatitis B surface antigen.

If an employee presents documentation that the initial series of three injections of Hepatitis B vaccine did not result in the production of antibodies against the Hepatitis B virus, the college will provide, at no cost to the employee, a second series of three injections of the Hepatitis B vaccine.

B. Post-Exposure Evaluation and Follow-up

If a CCM employee is involved in an incident where exposure to bloodborne pathogens may have occurred, there are two immediate responses:

- Act to ensure that the employee receives medical consultation and treatment (if required) as expeditiously as possible.
- Investigate the circumstances surrounding the exposure incident.

The employee must immediately notify the appropriate supervisor or designee, and reports directly to the Environmental Safety Coordinator. If the incident occurs after 4:30, when the College is closed, or if the Environmental Safety Coordinator is unavailable, the employee reports the incident immediately to Public Safety by dialing x-5550 or through campus emergency phones or alert systems. If exposure occurs to a CCM employee during off-campus clinical rotations, hospital policies and contractual guidelines must be followed.

CCM's "*Post Exposure Checklist" (Appendix E)* as well as Human Resource procedure *"Employee Work Related Accidents, Injuries or Illnesses, Reporting Requirements"* will be followed and the following reports completed:

- If the Environmental Safety Coordinator responds to the incident, an *"Illness/Injury Report"* is completed.
- If Public Safety responds to the incident, a *"Security Investigation Report"* is completed.
- In both instances, an *"Exposure Incident Report" (Appendix F)* is also completed.

The "Exposure Incident Report" must include the names of all first aid providers who rendered assistance, regardless of whether personal protective equipment was used, and must describe the incident, including time and date. The report must also include a determination as to whether an exposure incident occurred so that proper post-exposure evaluation, prophylaxis and follow-up procedures can be made available. CCM will offer the Hepatitis B vaccination to any unvaccinated first aid providers who rendered assistance in any situation involving the presence of blood or other potentially infectious material regardless of whether there was an exposure incident.

Much of the information involved in this process must remain confidential, and everything possible will be done to protect the privacy of the people involved.

As the first step in the post-exposure process, an exposed employee is provided with the following confidential information:

- Documentation regarding the routes of exposure and circumstances under which the exposure incident occurred
- Identification of the source individual (unless not feasible or prohibited by law).

Next, if possible, the source individual's blood will be tested to determine HBV and HIV infectivity. This information will also be made available to the exposed employee, if it is obtained. At that time, the employee will be made aware of any applicable laws and regulations concerning disclosure of the identity and infectious status of a source individual.

The blood of the exposed employee is collected and tested for HBV and HIV status. If the employee does not give consent for HIV serological testing during the collection of blood for baseline testing, the medical facility will arrange to preserve the baseline blood sample for at least 90 days.

The healthcare professional will evaluate whether post-exposure prophylaxis is medically indicated and also provide counseling. Healthcare providers can obtain post-exposure prophylaxis treatment guidelines via a 24-hour Hotline at 1-888-448-4911 or http://nccc.ucsf.edu/clinician-consultation.

The Environmental Safety Coordinator investigates every workplace exposure incident that occurs at CCM to evaluate the circumstances surrounding the incident. After this information is gathered, it is evaluated, a written summary of the incident and its causes is prepared, and recommendations are made for avoiding similar incidents in the future. If indicated, the Exposure Control Plan will be modified accordingly.

If the exposure incident involved a percutaneous injury from contaminated sharps, the Environmental Safety Coordinator will record the injury in the *Sharps Injury Log*. The *Sharps Injury Log* is maintained for at least 5 years and is maintained in a manner that protects the privacy of injured employees.

C. Information Provided to the Healthcare Professional

To assist the healthcare professional, a number of documents are supplied, including the following:

- A copy of the Bloodborne Pathogens Standard
- A copy of the “Exposure Incident Report” (Appendix F)
- A description of the employee’s job duties relevant to the exposure incident
- If possible, results of the source individual’s blood test; and
- The exposed employee's relevant medical records, including vaccination status.

D. Healthcare Professional's Written Opinion

After the consultation, the healthcare professional provides CCM with a written opinion evaluating the exposed employee's situation. CCM, in turn, furnishes a copy of this opinion to the exposed employee within 15 working days of completion of the original evaluation.

In keeping with this process' emphasis on confidentiality, the written opinion will contain only the following information:

- Whether Hepatitis B vaccination is indicated for the employee
- Whether the employee has received the Hepatitis B vaccination
- Confirmation that the employee has been informed of the results of the evaluation
- Confirmation that the employee has been told about any medical conditions resulting from the exposure incident which require further evaluation or treatment.

All other findings or diagnosis will remain confidential and will not be included in the written report. Any information regarding the results of the employee's evaluation or medical conditions must be conveyed by the health care professional to the employee alone, and not as part of the written opinion that goes to CCM.

E. Medical Recordkeeping

To make sure that all relevant medical information is available to the participating healthcare professional as quickly as possible, CCM maintains health records for our employees. The facility providing the vaccines will forward to the Environmental Safety Coordinator the names of employees receiving the vaccines and the dates of administration. The Environmental Safety Coordinator is responsible for setting up and maintaining these records, which include the following information:

- Name of the employee.
- Social Security or Employee ID number.
- A copy of the employee's Hepatitis B vaccination status.
    - Dates of any vaccinations
    - Medical records relative to the employee's ability to receive vaccination.
- Copies of the results of the examination, medical testing and follow-up procedures that took place as a result of an employee's exposure to bloodborne pathogens.
- A copy of the information provided to the consulting healthcare professional as a result of any exposure to bloodborne pathogens.

As with all information in these areas, the college recognizes that it is important to keep the information in these medical records confidential. This information will not be disclosed or reported to anyone without our employee's written consent (except as required by law).

VII. LABELS AND SIGNS

For CCM employees, the most obvious warnings of possible exposure to bloodborne pathogens are biohazard labels. Because of this, the college has implemented a comprehensive biohazard warning labeling program in appropriate departments, using a biohazard label of the type shown below, or, when appropriate, using red "color-coded" containers. The department supervisor is responsible for setting up and maintaining the program in each worksite.

The following items in our facility are labeled:

- Containers of regulated waste.
- Refrigerators/freezers containing blood or other potentially infectious materials.
- Sharps disposal containers.
- Other containers used to store, transport, or ship blood and other infectious materials.
- Laundry bags and containers.
- Contaminated equipment.

VIII. INFORMATION AND TRAINING

Having well-informed and educated employees is extremely important when attempting to eliminate or minimize employees' exposure to bloodborne pathogens. Therefore, all employees who have the potential for exposure to bloodborne pathogens receive a comprehensive training program.

This program was established so that initial training of employees will meet all the regulatory requirements. Employees will be provided general and department-specific training upon initial assignment and at least every 12 months thereafter. Additionally, training is provided whenever a change in an employee's responsibilities, procedures or work situation changes the employee's occupational exposure.

The Environmental Safety Coordinator is responsible for overseeing the Bloodborne Pathogens training resources. Department heads are responsible for ensuring initial and annual training of their employees.

A. Training Topics

The topics covered in the CCM training program include, but are not limited to the following:

- The Bloodborne Pathogens Standard.
- The epidemiology and symptoms of bloodborne diseases.
- The modes of transmission of bloodborne pathogens.
- CCM Exposure Control Plan (and locations where employees can obtain a copy).
- Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- A review of the use and limitations of methods that will prevent or reduce exposure, including:
    - Engineering controls
    - Work practice controls
    - Personal protective equipment.
- Selection and use of personal protective equipment including:

    - Types available
    - Proper use
    - Location within the facility
    - Removal
    - Handling
    - Decontamination
    - Disposal.

- Visual warnings of biohazards within the college including labels, signs and "color-coded" containers.
- Information on the Hepatitis B vaccine, including its:
    - Efficacy
    - Safety
    - Method of administration
    - Benefits of vaccination
    - CCM's free vaccination program.

- Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- The procedure to follow if an exposure incident occurs, including incident reporting.
- Information on the post-exposure evaluation and follow-up, including medical consultation, which CCM will provide.

B. Training Methods

CCM’s training presentations make use of several training techniques including, but not limited to:

- On-line training modules with post-test accessible through the College Learning Management System.
- Classroom-type atmosphere with personal instruction.
- Training manuals/employee handouts.
- Employee review sessions.

Since it is important that employees have an opportunity to ask questions and interact with their instructors, time is specifically allotted for these activities in each training session. Employees completing training using the on-line module on the Learning Management System are provided a contact to direct questions to, should they have any related to the content.

C. Recordkeeping

To facilitate the training of employees, as well as to document the training process, CCM maintains training records containing the following information in the Environmental Safety Coordinator’s office:

- Name of employees attending the training sessions and job titles.
- Dates of all training sessions.
- Contents/summary of the training sessions.
- Names and qualifications of the instructors.

CCM uses forms and/or computer systems to facilitate recordkeeping. These training records are available for examination by our employees and for copying by our employees and their representatives, as well as OSHA and its representatives.

Appendix A: Hepatitis B Vaccination Statement of Choice

CONFIDENTIAL
VACCINATION STATEMENT

I, _____

(Print your name)

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.

Check one:

_____I have already been vaccinated for Hepatitis B and have provided the Environmental Safety Coordinator appropriate documentation.

_____I will be a willing participant in the Hepatitis B vaccination program.

_____I decline the 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**

Print this form out, then print your name and select one option.
Sign and return the document to the Environmental Safety Coordinator

Appendix B: CCM Hepatitis B Vaccination Program Notice

CCM's Environmental Safety Coordinator will contact new employees regarding Bloodborne Pathogens training and provide information regarding the 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 potential for occupational exposure to blood or other potentially infectious materials.

The Hepatitis B vaccination series will be provided by:

Fast ER Urgent Care
130 Speedwell Avenue
Morris Plains, NJ 07950

After each vaccination, a dated and completed *Visit Report Form* or similar report must be returned to CCM's Environmental Safety Coordinator either electronically by Fast ER Urgent Care or delivered in person by the employee.

All employees potentially at risk are encouraged to receive the Hepatitis B vaccination series; however, if an employee declines, they must sign the "Statement of Choice" indicating their declination.

Appendix C: CDC Vaccine Information Statement

VACCINE INFORMATION STATEMENT

Hepatitis B Vaccine

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Hepatitis B is a serious disease that affects the liver. It is caused by the hepatitis B virus. Hepatitis B can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

Hepatitis B virus infection can be either acute or chronic.

Acute hepatitis B virus infection is a short-term illness that occurs within the first 6 months after someone is exposed to the hepatitis B virus. This can lead to:

- fever, fatigue, loss of appetite, nausea, and/or vomiting
- jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements)
- pain in muscles, joints, and stomach

Chronic hepatitis B virus infection is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to:

- liver damage (cirrhosis)
- liver cancer
- death

Chronically-infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves. Up to 1.4 million people in the United States may have chronic hepatitis B infection. About 90% of infants who get hepatitis B become chronically infected and about 1 out of 4 of them dies.

Hepatitis B is spread when blood, semen, or other body fluid infected with the Hepatitis B virus enters the body of a person who is not infected. People can become infected with the virus through:

- Birth (a baby whose mother is infected can be infected at or after birth)
- Sharing items such as razors or toothbrushes with an infected person
- Contact with the blood or open sores of an infected person
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Exposure to blood from needlesticks or other sharp instruments

Each year about 2,000 people in the United States die from hepatitis B-related liver disease.

Hepatitis B vaccine can prevent hepatitis B and its consequences, including liver cancer and cirrhosis.

2 Hepatitis B vaccine

Hepatitis B vaccine is made from parts of the hepatitis B virus. It cannot cause hepatitis B infection. The vaccine is usually given as 2, 3, or 4 shots over 1 to 6 months.

Infants should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6 months of age.

All **children and adolescents** younger than 19 years of age who have not yet gotten the vaccine should also be vaccinated.

Hepatitis B vaccine is recommended for unvaccinated **adults** who are at risk for hepatitis B virus infection, including:

- People whose sex partners have hepatitis B
- Sexually active persons who are not in a long-term monogamous relationship
- Persons seeking evaluation or treatment for a sexually transmitted disease
- Men who have sexual contact with other men
- People who share needles, syringes, or other drug-injection equipment
- People who have household contact with someone infected with the hepatitis B virus
- Health care and public safety workers at risk for exposure to blood or body fluids
- Residents and staff of facilities for developmentally disabled persons
- Persons in correctional facilities
- Victims of sexual assault or abuse
- Travelers to regions with increased rates of hepatitis B
- People with chronic liver disease, kidney disease, HIV infection, or diabetes
- Anyone who wants to be protected from hepatitis B

There are no known risks to getting hepatitis B vaccine at the same time as other vaccines.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

3 Some people should not get this vaccine

Tell the person who is giving the vaccine:

- **If the person getting the vaccine has any severe, life-threatening allergies.**
  If you ever had a life-threatening allergic reaction after a dose of hepatitis B vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Ask your health care provider if you want information about vaccine components.
- **If the person getting the vaccine is not feeling well.**
  If you have a mild illness, such as a cold, you can probably get the vaccine today. If you are moderately or severely ill, you should probably wait until you recover. Your doctor can advise you.

4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get hepatitis B vaccine do not have any problems with it.

Minor problems following hepatitis B vaccine include:

- soreness where the shot was given
- temperature of 99.9°F or higher

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

Your doctor can tell you more about these reactions.

Other problems that could happen after this vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting and injuries caused by a fall. Tell your provider if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get shoulder pain that can be more severe and longer-lasting than the more routine soreness that can follow injections. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: **www.cdc.gov/vaccinesafety/**

5 What if there is a serious problem?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

  Signs of a **severe allergic reaction** can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a **severe allergic reaction** or other emergency that can't wait, call 9-1-1 or get to the nearest hospital. Otherwise, call your clinic.

  Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at **www.vaers.hhs.gov**, or by calling **1-800-822-7967**.

VAERS does not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at **www.hrsa.gov/vaccinecompensation**. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at **www.cdc.gov/vaccines**

Vaccine Information Statement
Hepatitis B Vaccine

Office use only

10/12/2018 | 42 U.S.C. § 300aa-26

Appendix D: Sample Form to Be Provided At Medical Facility

HEPATITIS B VACCINATION INFORMATION AND INFORMED CONSENT

Hepatitis B is a viral infection caused by the Hepatitis B virus (HBV), which can cause serious and occasionally fatal illness. Most people with Hepatitis B recover completely, however, approximately 5-10% become chronic carriers of the virus. Most of these people have no symptoms, but can continue to transmit the disease to cirrhosis or liver cancer, both of which may be fatal. Occupationally, HBV is most commonly spread by contact with infected blood. It can also be found in saliva, urine, bile, tears, vaginal secretions, breast milk, or any body fluid contaminated with blood.

The Hepatitis B vaccine is a non-infectious subunit viral vaccine derived from Hepatitis B surface antigen produced in yeast cells. This vaccine is free of association with human blood or blood products.

Full immunization requires three doses of vaccine given intramuscularly in the arm. After receiving three doses of the vaccine on day 0, 1 month and 6 months, over 90% of healthy adults will develop immunity to the virus and cannot develop Hepatitis B if exposed to the virus. Persons who have been infected with HBV prior to receiving the vaccine will not be harmed by the vaccine. For most individuals, the duration of the immunity post-vaccine is greater than 10 years.

CONTRADICTIONS: Allergy to yeast, and/or any other component of the vaccine, illness with fever, active infection, pregnancy and nursing mothers.

I have read the statement about the Hepatitis B vaccine and have had the opportunity to ask questions. I understand the benefits and risks of the Hepatitis B vaccine and that three does are necessary to develop long lasting immunity. As with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine.

ADVERSE REACTIONS: Generally well tolerated. Most frequently reported adverse reactions are injection site soreness, fatigue, 1-10% of vaccines local redness and swelling at injection site, fever, headache and dizziness.

Name:_____ Signature:

Date: _____

	Date Vaccinated	Manufacturer	Lot #	Injections site	Administered By
Dose #1					
Dose #2					
Dose #3					

Appendix E: Post Exposure Checklist

Should an exposure incident occur, contact your supervisor and the Department of Public Safety (973-328-5550) immediately.

An immediately available confidential medical evaluation and follow-up will be conducted by an approved Morris County medical facility. The actions will be taken~~::~~:

- ☐ Complete an Investigation Report including date, time, and personnel involved.
- ☐ Identify the location where the incident occurred within the facility.
- ☐ Document the routes of exposure and how exposure occurred, type of work being performed at time of exposure and personal protective equipment utilized.
- ☐ Identify potentially infectious materials involved in the incident – type of material (blood, amniotic fluid, etc.).
- ☐ Identify and document the source individual, unless the employer can establish that identification is infeasible or prohibited by State or local law (See Note #1).
- ☐ Obtain consent (See Note #2) and test source individual's blood as soon as possible to determine HIV and HBV infectivity (See footnote) and document the source's blood test results. If the source individual is known to be infected with either HIV or HBV, testing need not be repeated to determine the known infectivity.
- ☐ Provide the exposed employee with the source individual's test results and information about applicable disclosure laws and regulations concerning the source identity and infectious status.
- ☐ After obtaining consent, have the exposed employee's blood collected at the approved medical facility as soon as feasible after the exposure incident and have the blood tested for HBV and HIV serological status.
- ☐ If the employee does not give consent for HIV serological testing during the collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days. (See Note #3)

The Environmental Safety Coordinator will review the circumstances of the exposure incident to determine if procedures, protocols and/or training need to be revised.

Note to Employer:

Note #1 New Jersey Law (N.J.S.A. 26-5C et. seq.) and Regulation (N.J.A.C. 8:57-2) requires information about AIDS and HIV to be kept confidential. While the law requires reporting of positive HIV results to the State Health Department, the law strictly limits disclosure of HIV-related information. When disclosure of HIV- related information is authorized by a signed release, the person who has been given the information MUST keep it confidential. Redisclosure may occur ONLY with another authorized signed release.

Note #2 If, during this time, the exposed employee elects to have the baseline sample tested, testing shall be done as soon as feasible.

Note #3 Following an exposure incident, prompt medical evaluation and prophylaxis is imperative. Timeliness is, therefore, an important factor in effective medical treatment.

Appendix F: Exposure Incident Report

New Jersey Department of Health

PEOSH Unit

EXPOSURE INCIDENT REPORT

(Routes and Circumstances of Exposure Incident)

(Please print)

Date Completed: _____

Employee's Name: _____ SS# ---------- _____

Home Phone: _____ Business Phone: _____

DOB: _____ Job Title: _____

Employee Vaccination Status: _____

Date of Exposure: _____ Time of Exposure: _____ AM ☐ PM

Location of Incident (Home, Street, Clinic, etc.). Be Specific.

_____

_____

Describe what task(s) you were performing when the exposure occurred. Be specific.

_____

_____

Were you wearing personal protective equipment (PPE)? ☐ Yes ☐ No

If Yes, list: _____

Did PPE fail? ☐ Yes ☐ No

If Yes, explain how: _____

_____

What body fluid(s) were you exposure to (blood or other potentially infectious material)? Be specific.

_____

_____

What parts of your body become exposed? Be specific.

_____

Estimate the size of the area of your body that was exposed:

_____

For how long? _____

Did a foreign body penetrate your body (needle, nail, auto part, dental wires, etc.)? ☐Yes ☐ No

If Yes, what was the object? _____

Where did it penetrate your body? _____

Was any fluid injected into your body? ☐ Yes ☐ No

If yes, what fluid? _____

Did you receive medical attention? ☐ Yes ☐ No

By Whom?_____

Identification of source individual(s): _____

Name(s):_____

Did you treat the patient directly? ☐ Yes ☐ No

If Yes, what treatment did you provide? Be specific: _____

_____

Identification of source individual(s):_____

_____

_____

_____

_____