

The City of Providence
Department of Personnel
Bloodborne Pathogen Policy & Exposure Plan

PREFACE

As an initial step in implementing this policy, each City department will be asked to determine whether any of their employees are potentially exposed to bloodborne pathogens as a function of their jobs. Directors should document their assessments of the level of exposure associated with job classifications within their respective departments. The Personnel Department has developed an exposure control plan for employees who are at risk for exposure to bloodborne pathogens.

The Personnel Department will serve as the contact to assist individuals or departments with exposure determination and the purchase, training and use of Personal Protective Equipment (PPE) to prevent such exposure.

POLICY STATEMENT

The City of Providence endeavors to maintain a safe and healthy working environment for all its' employees. In support of this goal, the City is committed to developing and implementing health and safety programs for the benefit of its employees.

I. DEFINITIONS

For the purpose of this policy, the following definitions shall apply:

"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), hepatitis C Virus (HCV) and human immunodeficiency virus (HIV).

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

"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, scissors, 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.

"Engineering Controls" means controls (e.g., sharps disposal containers, needleless systems and sharps with engineered sharps injury protection) that isolate or remove the bloodborne pathogens hazard from the workplace.

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

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

"HBV" means hepatitis B virus.

"HCV" means hepatitis C virus.

"HIV" means human immunodeficiency virus.

"Licensed Healthcare Professional" is a person whose licensed scope of practice includes an activity which this section requires to be performed by a licensed healthcare professional.

"Needle" or "Needle Device" means a needle of any type, including, but not limited to, solid and hollow-bore needles.

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

"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.

"OPIM" means other potentially infectious materials.

"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 other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response.

2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
3. Any of the following, if known or reasonably likely to contain or be infected with HIV, HBV, or HCV:
 - a. Cell, tissue, or organ cultures from humans or experimental animals;
 - b. Blood, organs, or other tissues from experimental animals; or
 - c. Culture medium or other solutions.

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

"Personal Protective Equipment" (PPE) is specialized clothing or equipment worn or used 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.

"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.

"Sharp" means any object used or encountered in the industries covered by subsection (a) that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs.

"Sharps Injury" means any injury caused by a sharp, including, but not limited to, cuts, abrasions, or needlesticks.

"Sharps Injury Log" means a written or electronic record, which is a record of each exposure incident involving a sharp.

"Sterilize" means the use of a physical or chemical procedures to destroy all microbial life including highly resistance bacterial endospores.

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

"Universal Precautions" is 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 or HCV, and other bloodborne pathogens.

"Work Practice Controls" means controls that reduce the likelihood of exposure by defining the manner in which a task is performed

II. EXPOSURE CONTROL PLAN

A. Step 1: Identifying Employees at Risk

1. Between October-November each year, each Department Director will be responsible for conducting a risk appraisal survey within their respective divisions to identify all employees who are at risk for occupational exposure to bloodborne pathogens.
 - a. This survey will be conducted using a survey form (see Attachment A) that is developed and revised as appropriate.
 - b. The Department Director will determine the most appropriate mechanism for disseminating the survey forms within their divisions. The risk appraisal forms should be completed by supervisory individuals who are sufficiently familiar with the job functions within their Divisions that they can evaluate the potential for exposure to bloodborne pathogens.
 - c. Upon request, a designated staff member from the Personnel Department will meet with the group of individuals charged with completing the surveys in order to provide guidance and assistance.
 - d. The completed surveys will be returned to the Personnel Department to the attention of Margaret Wingate.

B. Step 2: Developing an Exposure Control Plan

Written exposure control plans shall be developed by each Department in which there are employees for occupational. The plan should be individualized for each Division where necessary.

1. An Exposure Control Plan must contain the following:
 - a. A **Risk Appraisal Survey** (see Attachment A) which contains the following.
 - (1) A list of all job classifications in which all employees in those job classifications have occupational exposure.
 - (2) A list of job classifications in which some employees have occupational exposure.
 - (3) A list of all tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure occurs and that are performed by employees in the job classifications listed in paragraph 1a(2) above.
 - (4) This exposure determination shall be made without regard to the use of personal protective equipment.
 - (8) An effective procedure for obtaining the active involvement of employees in reviewing and updating the exposure control plan with respect to the procedures performed by employees in their respective work areas or departments.

- b. Methods of compliance with the plan including schedules for implementing or periodically maintaining the compliance procedures;
 - c. Methods of Hepatitis B, Rabies, and TB vaccinations for affected departments (i.e., Animal Control, North Burial Ground, Mounted Command, DPW-Sewer)
 - d. Method of communication of hazards to employees;
 - e. Method of record keeping as required by the Policy;
 - f. The procedure for the post exposure evaluation and follow-up after exposure incidents; and
 - g. Methods for providing information and training.
2. The Exposure Control Plans should be submitted for review to the Director of the Personnel by February 1 following the October-November risk appraisal.
 3. The Plans should be reviewed annually (by February) by the Director and staff of the Department of Personnel who will be responsible for implementation of this plan. The review will occur at the time the risk appraisal survey is administered to determine the need for revision to reflect occupational exposure to new job positions.
 4. The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary as follows:
 - a. To reflect new or modified tasks and procedures which affect occupational exposure;
 - b. To include new or revised employee positions with occupational exposure;
 - c. To review and evaluate the exposure incidents which occurred since the previous update;
 - d. To review and respond to information indicating that the Exposure Control Plan is deficient in any area.
 5. At any time when an employee assumes responsibilities that would place them at risk for exposure, all of the exposure control procedures in the Plan shall apply.
 6. A copy of the Exposure Control Plan shall be accessible in the work place to all employees at risk for occupational or student academic exposure.

C. Step 3: Sharps Injury Log

The City shall establish and maintain a Sharps Injury Log, which is a record of each exposure incident involving a sharp. A individual record should be kept in Department by the Department Director and a master Sharps Injury Log should be kept by the Department of Personnel. The exposure incident shall be recorded on the log within 14 working days of the date the incident is reported to the employer. The information recorded shall include the following information, if known or reasonably available:

1. Date and time of the exposure incident;
2. Type and brand of sharp involved in the exposure incident;
3. A description of the exposure incident which shall include:
 - a. Job classification of the exposed employee;
 - b. Department or work area where the exposure incident occurred;
 - c. The procedure that the exposed employee was performing at the time of the incident;
 - d. How the incident occurred;
 - e. The body part involved in the exposure incident;
 - f. The employee's opinion about whether any other engineering, administrative or work practice control could have prevented the injury.

III. Methods of Compliance.

The following methods of compliance should be incorporated in the Exposure Control Plans, as appropriate, in each Department where employees are at risk for occupational exposure to bloodborne pathogens. Universal precautions shall be observed to prevent contact with blood or potentially infectious materials (pim). Unless differentiation between body fluid types is possible, all body fluid types shall be considered potentially infectious material.

A. Engineering Controls

Engineering controls shall be used in Departments whenever possible to eliminate or minimize exposure. They shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness in consultation with the Departments of Personnel and Public Property.

1. Handwashing facilities shall be readily accessible to employees.
2. Contaminated sharps shall be placed in appropriate containers immediately or as soon as possible after use. The containers shall be:
 - a. Puncture resistant;

- b. Labeled or color coded as described in section III E herein of this policy;
 - c. Leak proof on the sides and bottom; and
 - d. Constructed in such a manner so it is not necessary for a person to reach into the container to retrieve sharps.
3. Specimens of blood or potentially infectious materials shall be placed in containers which prevent leakage during collection, handling, processing, storage, or transport.
- a. If Universal Precautions are utilized in the handling of all specimens additional labeling or color coding is not necessary if the containers are recognizable as containing specimens and do not leave the facility.
 - b. If specimen containers leave the facility they must be labeled in accordance with the communication of hazards section of this policy.
 - c. If the primary container begins leaking or outside contamination occurs it shall be placed within a secondary container which meets all of the construction and labeling requirements.

B. Required Work Practices (General)

1. Employees shall wash their hands immediately after removal of gloves or other personal protective equipment.
2. Supervisors and Forepersons shall ensure all employees wash immediately following contact of body areas with blood or potentially infectious material, using an appropriate disinfectant soap.
3. All personal protective equipment must be removed immediately upon leaving the work area or as soon as possible if overtly contaminated and placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
4. Contaminated needles and sharps shall not be bent, recapped, sheared, broken or removed.
5. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a possibility of exposure.
7. Food and drink shall not be consumed or stored in areas where blood or other potentially infectious materials are present.
8. All procedures involving blood or other potentially infectious materials shall be performed in a manner that minimizes splashing, spraying, or generation of droplets.
10. If conditions are such that hand-washing facilities are not available, antiseptic hand cleaners are to be used. Because this is an interim measure, employees are to wash hands at the first available opportunity.

C. Personal Protective Equipment

Where occupational exposure remains after institution of engineering and work practice controls, the City shall provide, at no cost to the employee, appropriate **personal protective equipment** such as, but not limited to, gloves, face shields or masks, eye protection, sharps containers where applicable, hand sanitizer, and bleach.

1. Each Department shall provide personal protective equipment to their affected employees.
2. The personal protective equipment will be adequate only if it does not permit blood or potentially infectious materials to reach the employee's work clothes, skin, eyes, mouth or other mucous membranes.
3. Department Directors, Supervisors, and Fore Persons shall ensure that the employee uses said personal protective equipment whenever appropriate.
4. Accessibility. Each Department Director with the assistance of the Personnel Department shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees.
5. Contaminated personal protective equipment shall be removed as soon as possible.
6. All personal protective equipment shall be removed prior to leaving the work area.
7. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
8. Gloves shall be worn when the employee/student may have hand contact with blood, potentially infectious material or contaminated items or surfaces.
10. Gloves must be discarded as soon as their ability to function as a barrier is compromised.
11. Disposable items such as gloves shall not be re-used.
12. Masks, eye protection and/or face shields shall be worn whenever splashes, spray or droplets of blood or potentially infectious materials may be generated.

D. Housekeeping

1. Each Department Director shall develop a written schedule for cleaning and methods of decontamination based upon type of surface, and the procedures being performed.
2. All equipment and surfaces shall be cleaned and decontaminated as soon as possible after contact with blood or potentially infectious material.
3. Protective coverings shall be removed and replaced as soon as possible after contamination.

4. Receptacles with a possibility of contamination shall be inspected and decontaminated on a regularly scheduled basis and decontaminated as soon as possible upon visible contamination.
5. Specimens of blood or other potentially infectious materials shall be placed into a closable, leakproof container labeled or color-coded prior to being stored or transported. If outside contamination of the primary container is likely, then a second leakproof container that is labeled or color-coded shall be placed over the first and closed to prevent leakage during handling, storage or transport. If puncture of the primary container is likely, it shall be placed within a leakproof, puncture-resistant secondary container.
6. Reusable items contaminated with blood or other potentially infectious materials shall be decontaminated prior to washing and/or reprocessing.

E. Waste Disposal

All infectious waste destined for disposal shall be placed in closable, leakproof containers or bags that are color-coded or labeled.

1. If outside contamination of the container or bag is likely to occur, then a second leakproof container or bag which is closable and labeled or color-coded will be placed over the outside of the first and closed to prevent leakage during handling, storage and transport.
2. Immediately after use, sharps shall be disposed of in closable, puncture resistant, disposable containers which are leakproof on the sides and bottom and that are labeled or color-coded.
3. These containers will be easily accessible to personnel and located in the immediate area of use.
4. These containers will be replaced routinely and not allowed to overfill. Employees must not have to insert hands into the container in order to dispose of a sharp.
5. When moving containers of sharps from the area of use they must be closed immediately prior to removal or transport.
6. Reusable containers may not be opened, emptied or cleaned manually or in any other manner which would pose the risk of percutaneous injury.
7. Disposal of contaminated personal protective equipment will be provided at no cost to employees

F. Requirements for Handling Contaminated Sharps.

1. Immediately or as soon as possible after use, contaminated sharps shall be placed in appropriate disposal containers.

At all time during the disposal of contaminated sharps, containers shall be:

- a. Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., outside bathroom facilities).
- b. Maintained upright throughout use, where feasible; and
- c. Replaced as necessary to avoid overfilling.

G. Sharps Containers for Contaminated Sharps.

1. All sharps containers for contaminated sharps shall be:
 - a. Rigid;
 - b. Puncture resistant;
 - c. Leakproof on the sides and bottom;
 - d. Portable, if portability is necessary to deposit in a stationary disposal container
 - e. Properly labeled as required

H. Cleaning and Decontamination of the Worksite.

1. General Requirements.
 - a. Department Directors shall ensure that the worksite is maintained in a clean and sanitary condition.
 - b. Department Directors shall determine and implement an appropriate written schedule for cleaning and decontamination of the worksite.
 - c. The method of cleaning or decontamination used shall be effective and shall be appropriate for the: location within the facility; type of surface or equipment to be treated; type of soil or contamination present; and tasks or procedures being performed in the area.
 - d. All equipment and environmental and work surfaces shall be cleaned and decontaminated after contact with blood or OPIM no later than at the end of the shift. Cleaning and decontamination of equipment and work surfaces is required more often as specified below.
2. Specific Requirements.

- a. Contaminated Work Surfaces. Contaminated work surfaces shall be cleaned and decontaminated immediately or as soon as feasible when: surfaces become overtly contaminated; there is a spill of blood or OPIM; procedures are completed; and at the end of the work shift if the surface may have become contaminated since the last cleaning.
- b. Receptacles. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- c. Protective Coverings. 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.

I. Vaccinations

1. Employees

- a. The City of Providence shall make available hepatitis B, rabies and tuberculosis vaccines and vaccination series to all employees who are at risk for occupational exposure.
- b. These vaccination series, evaluations and procedures shall be:
 - (1) Made available at no cost to the employee;
 - (2) Made available at a reasonable time and place;
 - (3) Performed under the supervision of a licensed physician;
 - (4) Provided according to the recommendations of the US Public Health Service.
- c. Acceptance/Declination of Vaccination Series
 - (1) The employee must sign a statement (see Attachment) declining the vaccination series if they so chose.
 - (2) Employees who accept the vaccination will receive information about the vaccine from the Department of Personnel and sign a consent form (see Attachment). A copy of the consent form will be maintained in the employee's confidential medical file in the Department of Personnel.
- g. Employees who decline the hepatitis B vaccination shall sign the prescribed statement which will be placed in the employee's confidential medical file in the Personnel Department

- h. If an employee initially declines the vaccination but at a later time (while still covered by this policy) desires to accept it, it shall be made available after signing the appropriate consent form
- i. Documentation of the employee's vaccination status will be maintained in the Personnel Department.

L. Post-Exposure Evaluation and Follow-Up

1. Employees

Should an employee be exposed to a potentially infectious material (via needle stick, splash, etc.) post-exposure evaluations will be provided as described herein.

- a. Following a report of an exposure incident, the Department of Personnel will arrange an immediate confidential medical evaluation and follow-up including:
 - (1) Documentation of the route(s) of exposure, HBV and HIV antibody status of the source (if known), and the circumstances under which the exposure occurred.
 - (2) Collection of blood from the exposed employee as soon as possible after the exposure incident for determination of HIV/HBV status. Actual antibody or antigen testing of the blood or serum sample may be done at that time or at a later date, if the employee so requests. Samples will be preserved for at least 90 days, but not more than 120 days, unless a longer period is requested by the employee.
 - (3) Follow-up of the exposed employee including antibody or antigen testing, counseling, illness reporting, and safe and effective post-exposure prophylaxis, according to standard recommendations for medical practices.
- b. The attending physician will be provided the following information:
 - (1) A description of the affected employee's duties as they relate to the employee's occupational exposure.
 - (2) A description of the exposed employee's duties as they relate to the exposure incident.
 - (3) Documentation of the route(s) of exposure and circumstances under which exposure occurred.
 - (4) Results of the source individual's blood testing, if available.
 - (5) All employee medical records, including vaccination records, relevant to the treatment of the employee.
- c. The attending physician will provide a written opinion to this employer concerning the following:

- (1) The physician's recommended limitations upon the employee's ability to perform all the duties of their job
- (2) A statement that the employee has been informed of the results of the medical evaluation and 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.
- (3) All other findings and diagnoses shall remain confidential and shall not be included in the written report.

M. Communication of Hazards

1. Labels shall be affixed to containers of waste, refrigerators, freezers, or other containers used to store, transport, or ship blood or potentially infectious material with the following exceptions:
 - a. Red bags or containers may be substituted for labels;
 - c. Individual containers of blood or potentially infectious material that are in a labeled container during storage, transport, shipment or disposal.
3. The required labels shall be the International Biohazard Symbol (IBS) including BIOHAZARD written under the symbol.
4. The labels shall be fluorescent orange or orange-red with lettering and symbols in a contrasting color.
5. Labels shall be affixed in a way as to prevent loss or removal.
6. Red bags or red containers may be substituted for labels on containers of infectious waste.

N. Information and Training.

1. 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.
2. Training shall be provided as follows:
 - a. At the time of initial assignment to tasks where occupational exposure may take place.
 - b. At least annually thereafter.

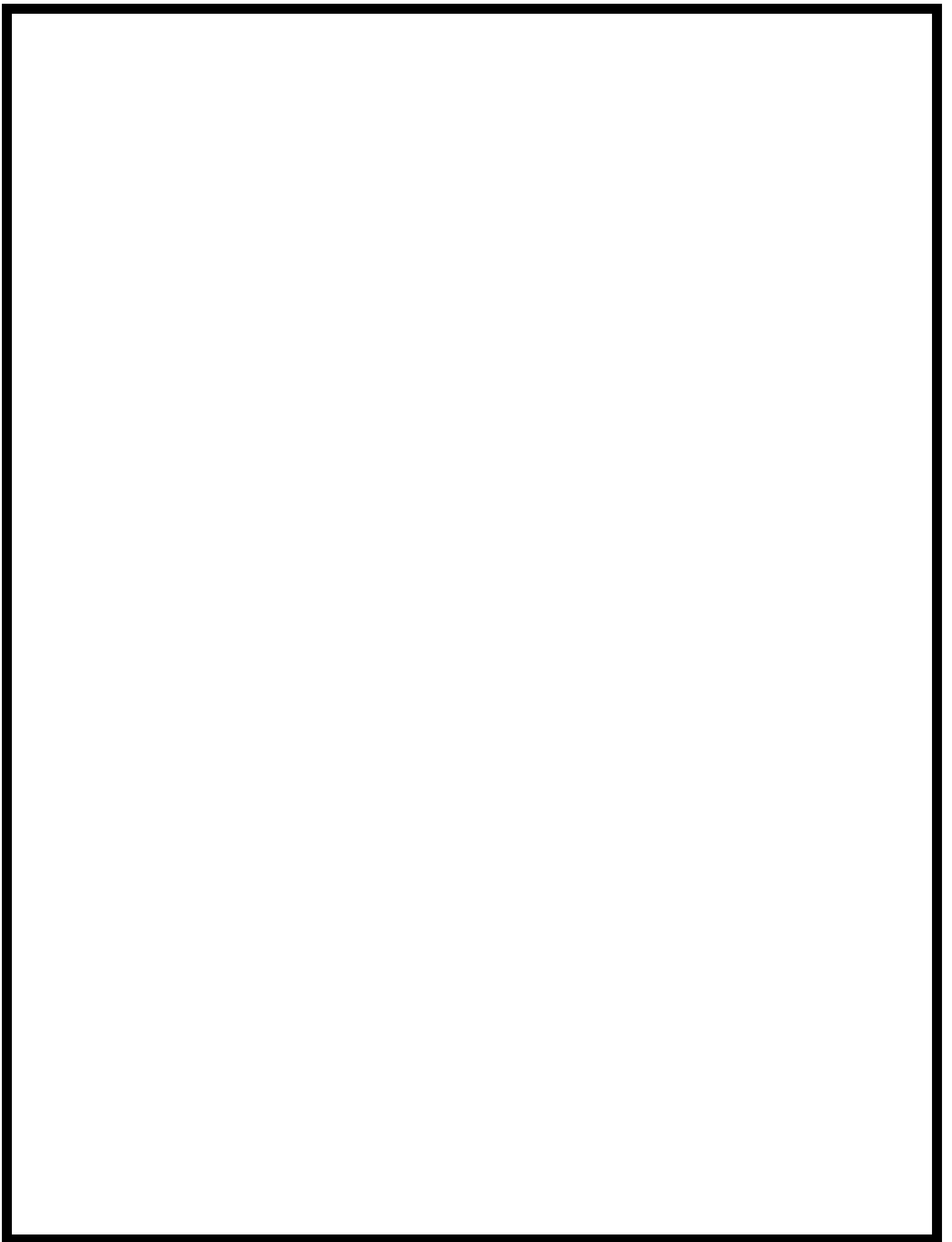
3. For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.
4. Annual training for all employees shall be provided within one year of their previous training.
5. Employers shall provide additional training when changes such as introduction of new engineering, administrative or work practice controls, 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.
6. Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.
7. The training program shall contain at a minimum the following elements:
 - a. Copy and Explanation of Standard. An accessible copy of the regulatory text of this standard and an explanation of its contents;
 - b. Epidemiology and Symptoms. A general explanation of the epidemiology and symptoms of bloodborne diseases;
 - c. Modes of Transmission. An explanation of the modes of transmission of bloodborne pathogens;
 - d. Employer's Exposure Control Plans. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;
 - e. Risk Identification. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM;
 - f. Method of Compliance. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, administrative or work practice controls and personal protective equipment;
 - g. Decontamination and Disposal. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
 - h. Personal Protective Equipment. An explanation of the basis for selection of personal protective equipment;

- i. Hepatitis, Rabies and TB Vaccinations. Information on the vaccines, including information on their efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
 - j. Emergency. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;
 - k. Exposure Incident. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident the medical follow-up that will be made available and the procedure for recording the incident on the Sharps Injury Log
 - l. Post-Exposure Evaluation and Follow-up. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
 - m. Signs and Labels. An explanation of the signs and labels and/or color coding of contaminated blood or fluids
 - n. Interactive Questions and Answers. An opportunity for interactive questions and answers with the person conducting the training session.
8. 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.

RECORDKEEPING

1. Training records shall be kept by the Department of Personnel and shall include the following:
 - a. Date of training;
 - b. Content of the session;
 - c. Names and qualifications of presenters; and
 - d. Name and job title of all persons attending.
3. Training records shall be retained in the Department of Personnel for three years from the date on which training occurred. Documentation of participation in a training program shall be kept in the personnel files of employees at risk for occupational or student academic exposure
4. Medical and training records shall be provided to the employee upon request.

5. Sharps Injury Log. The Sharps Injury Log shall be maintained 5 years from the date the exposure incident occurred.



CITY OF PROVIDENCE

DEPARTMENT OF PERSONNEL

BLOODBORNE PATHOGEN RISK APPRAISAL SURVEY

(To be completed annually by each City Department. Completed surveys should be returned by October 1 to the Department of Personnel.

RISK APPRAISAL SURVEY

Department _____

Date _____

Name and Phone Number of Supervisor Completing This Form:

Employee Exposure to Bloodborne Pathogens

Risk Appraisal Survey

The purpose of this survey is to identify job classifications in which employees within your Department are at risk for occupational exposure to bloodborne pathogens.

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 any employee's duties.

Other Potentially Infectious Materials means:

- A. 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.
- B. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and

- C. 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.

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(Attach additional pages if necessary)

Please list the **names of all employees** in your Department who are at risk for occupational exposure to bloodborne pathogens.

Name	Job Title	Procedures Placing Employee at Risk	Location of Employee

(Attach additional pages if necessary)

Please return this form by October 30 to the Department of Personnel.

ATTACHMENT B

CITY OF PROVIDENCE - DEPARTMENT OF PERSONNEL

SHARPS INJURY LOG

Complete a Log record for each exposure incident involving a sharp. The exposure incident shall be recorded on the log within 14 working days of the date the incident is reported.

Department: _____ Division: _____

Address: _____ Date Completed: _____

Completed by _____ Phone no. _____

As relates to the incident:

Name of person injured: _____

Job title: _____

Date of injury: _____ Time of injury: _____

Room where injured: _____

Type of sharp involved: _____

Brand of sharp involved: _____

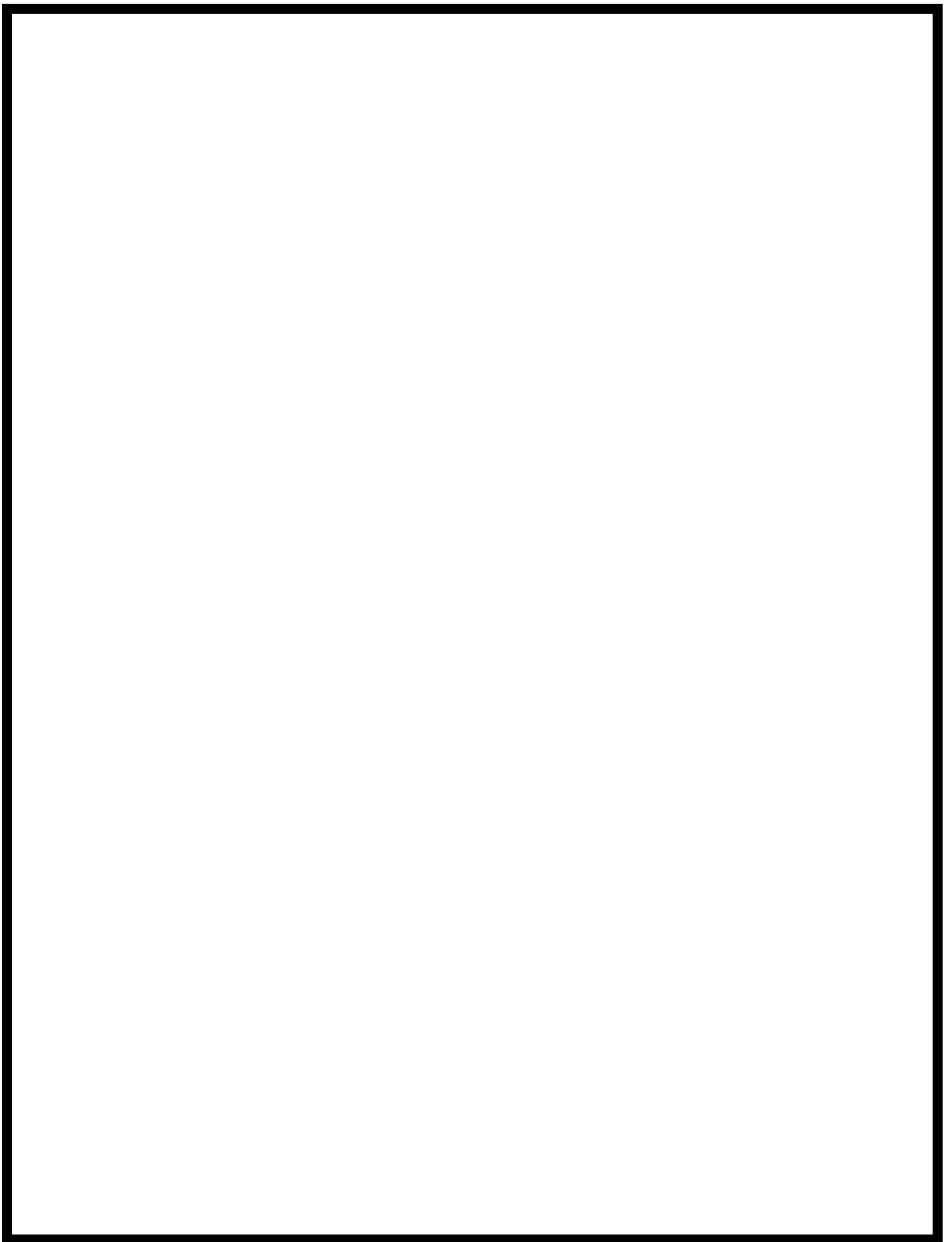
Model (if known): _____

(e.g. 18g needle/ABC Medical/"no stick" syringe)

Duties being performed at the time of incident:

How the incident occurred:

The body part involved in the exposure incident:



HEPATITIS B VACCINATION SERIES
INFORMATION SHEET AND CONSENT FORM

ATTACHMENT D

INFORMATION ON THE HEPATITIS B VACCINE

The Disease

Hepatitis means inflammation of the liver. Hepatitis B, which is a viral infection, is one of multiple causes of hepatitis. Most people with Hepatitis B recover completely, but approximately 5-50% become chronic carriers; 1-2% die of fulminant hepatitis. In the group of chronic carriers, many have no symptoms and appear well, yet can transmit the virus to others. Others may develop a variety of symptoms and liver problems varying from mild to severe (chronic persistent hepatitis, chronic active hepatitis, cirrhosis and liver failure). There is also an association between Hepatitis B virus and hepatoma (a form of liver cancer).

Hepatitis B virus can be transmitted by contact with body fluids including blood (including contaminated needles), semen, tears, saliva, urine, breast milk, and vaginal secretions. Health workers are at high risk of acquiring Hepatitis B because of frequent contact with blood or potentially contaminated body fluids and, therefore, vaccine is recommended to prevent the illness.

The Vaccine

"Engerix-B" (Hepatitis B Vaccine [Recombinant]) is a noninfectious Recombinant DNA Hepatitis B Vaccine. Clinical studies have shown that after three doses 96% of health adults have been seroprotected.

Persons with immune system abnormalities, such as dialysis patients, have less response to the vaccine, but over 67% of those receiving it do develop antibodies. If you have immune deficiency problems, you should obtain a written release from your physician.

Dosing Schedules

Three doses of Hepatitis B Vaccine are needed to confer protection. "Engerix-B" is administered at 0, 1, and 6 months or alternatively at a 0, 1, and 2 month regimen. This regimen is designated for protection of individuals at immediate risk of Hepatitis B infection -- those recently exposed to the virus (including needlestick exposure), certain travelers to high-risk areas, and neonates born of infected mothers. Studies have shown that 99% of subjects vaccinated with the 0, 1, 2 month dosing regimen have developed protective antibody titers by month 3.

Adverse Reactions

"Engerix-B" (Hepatitis B Vaccine {Recombinant}) is generally well tolerated. During clinical studies involving over 10,000 individuals distributed over all age groups, no serious adverse reactions attributable to vaccine administration were reported. As with any vaccine, however, it is possible that expanded commercial use of the vaccine could reveal rare adverse reactions not observed in clinical studies. The most frequently reported adverse reactions were injection-site soreness, fatigue, induration, erythema, swelling, fever, headache, and dizziness. Other more serious adverse reactions have occurred infrequently. If you have any questions about Hepatitis B or about "Engerix-B", please ask.

Contraindications

Hypersensitivity to yeast or any other component of the vaccine (e.g.: formalin or mercury derivatives) is a contraindication for use of the vaccine.

Warnings

Patients experiencing hypersensitivity after an "Engerix-B" (Hepatitis B Vaccine [Recombinant]) injection should not receive further injections of "Engerix-B" (see Contraindications).

Hepatitis B has a long incubation period. Hepatitis B Vaccination may not prevent Hepatitis B infection in individuals who have an unrecognized Hepatitis B infection at the time of vaccine administration. Additionally, small percentages of healthy people do not respond to the vaccine and do not develop an immunity to the HBV.

Pregnancy

Pregnancy Category C: Animal reproduction studies have not been conducted with "Engerix-B." It is also not known whether "Engerix-B" can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. "Engerix-B" should be given to a pregnant woman only if clearly needed.

Nursing Mothers

It is not known whether "Engerix-B" is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when "Engerix-B" is administered to a nursing woman.

Approval from Physician

Approved for Vaccination: _____ Yes _____ No

Physician's Signature

Date

ATTACHMENT G

Documentation of Participation in Training Program

ATTACHMENT F

Documentation of Student/Employee

Hepatitis B Vaccination Status

(To be maintained in personnel file or student record for all employees or students who are at risk for occupational or student academic exposure to Hepatitis B virus.)

Please check all that apply:

1. Hepatitis B Vaccination Series received _____

a. Date and Location of Administration of the Vaccine/Booster:

- (1) _____

- (2) _____

- (3) _____

- (4) _____

- (5) _____

- (6) _____

2. Antibody Testing indicates employee/student is immune to Hepatitis B

A. Date and Location of Testing

- (1) _____

- (2) _____

- (3) _____

- (4) _____

- (5) _____

(6) _____

3. Hepatitis B vaccine is contraindicated for medical reasons _____

4. Employee/student declines the vaccination series (attach signed statement)

Signature of Official from Student Health Center

Date

ATTACHMENT G

**DOCUMENTATION OF PARTICIPATION IN
BLOODBORNE PATHOGENS TRAINING PROGRAM**

On _____, I attended University-provided training on
Bloodborne Pathogens.

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Supervisor or Trainer Signature

Employee/Student Signature