

SULLIVAN COUNTY PUBLIC HEALTH SERVICES

<p><u>POLICY:</u> EXPOSURE CONTROL PLAN: BLOODBORNE PATHOGENS: ALL STAFF WILL COMPLY WITH THE COUNTY'S EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS (BBP)</p> <p><u>PURPOSE:</u> To prevent the transmission of Bloodborne Pathogens</p> <p><u>RESPONSIBLE PARTY:</u> All staff with potential contact to Bloodborne Pathogens.</p>	<p>Original Approval: 12/92</p> <p>Reviewed: 9/99</p> <p>Revised:</p> <p>Revised:</p>
--	---

EQUIPMENT:

- Personal protective equipment
- Sharps container
- Labels with signs

PROCEDURE:

1. The county Exposure Control Plan will be accessible to all staff. It is kept in the Epidemiology Program office in the bookcase.
2. Attached is the Table of Contents illustrating areas covered in the plan.
3. Sullivan County Public Health Nursing staff will adhere to all procedures as outlined in the County Exposure Control Plan.



County of SULLIVAN

EXPOSURE CONTROL PLAN

for
OSHA

BLOODBORNE PATHOGENS

STANDARD (1910.1030)



COUNTY OF SULLIVAN EXPOSURE CONTROL PLAN

TABLE OF CONTENTS

<u>SECTION I</u>	<u>OSHA BLOODBORNE PATHOGEN STANDARD</u>
P. 1	Introduction
P. 2	Policy
P. 3	Effective Dates of Standard
P. 4	Key Definitions
P. 7	Bloodborne Pathogen Committee & Program Administration
	APPENDIX I-A (Q1-Q9) - OSHA 29 CFR 1910.1030
<u>SECTION II</u>	<u>EXPOSURE DETERMINATION</u>
P. 8	Availability of the Exposure Control Plan
P. 9	Employee Exposure Determination
P. 10	Employee Determination Appeal
P. 11	APPENDIX II-A - Exposure Determination
<u>SECTION III</u>	<u>METHODS OF COMPLIANCE</u>
P. 15	Engineering & Work Practice Controls
P. 17	Universal Precautions for the Prevention of Transmission of Bloodborne Pathogens
P. 18	Personal Protective Equipment
P. 20	Handling Specimens
P. 21	Management of Blood & Body Fluids
P. 23	Regulated Medical Waste
P. 25	Disposal of Regulated Medical Waste
P. 26	Housekeeping Procedures
P. 28	Laundry Handling
P. 29	Labels & Signs
P. 31	Training
P. 32	APPENDIX III-A: Site Specific Precautions: Adult Care Center
P. 34	APPENDIX III-B: Site Specific Precautions: Public Health Nursing
P. 36	APPENDIX III-C: Site Specific Precautions: Sullivan County Jail/Sheriff
P. 38	APPENDIX III-D: Site Specific Precautions: Department of Community Services
P. 39	APPENDIX III-E: Biohazard Symbol
P. 40	APPENDIX III-F: Employee Training Record
P. 42	APPENDIX III-G: Bloodborne Facts: Personal Protective Equipment.

P. 43	APPENDIX III-H: Bloodborne Facts: Holding the Line on Contamination
P. 44	APPENDIX III-I: Bloodborne Facts: Reporting Exposure Incidents
P. 45	APPENDIX III-J: Bloodborne Facts: Handling Sharps
P. 46	APPENDIX III-K: Bloodborne Facts: HBV Vaccination

SECTION IV PROPHYLAXIS & EVALUATION OF EXPOSURE

P. 47	Hepatitis B Vaccination
P. 50	Occupational Exposure to Blood &/or Body Fluids
P. 51	Purpose & Responsibility of Post Exposure Treatment
P. 54	Procedure for Treatment of Exposure of Exposures
P. 62	Guidelines Related to HIV Exposure
P. 63	APPENDIX IV-A31: Consent for ZDV
P. 64	APPENDIX IV-A32: Information on HIV Testing
P. 65	APPENDIX IV A32: Who can Receive HIV Information
P. 66	APPENDIX IV-A33: Authorization for Release of Confidential Information
P. 67	APPENDIX IV-A34: Flow Chart Reaction
P. 68	APPENDIX IV-B : HBV Employee Vaccination consent Declaration, and verification forms
P. 71	APPENDIX IV-C : County of Sullivan Directors of Nursing
P. 72	APPENDIX IV-D : Exposure Incident Report
P. 74	APPENDIX IV-E : Documentation & Identification of Source Individual/Request for Evaluation

SECTION V RECORD KEEPING

P. 75	Record Keeping
-------	----------------

EXPOSURE QUICK REFERENCE GUIDE

P. 77	Employee Exposure Flow Chart
P. 78	Exposure Evaluation & Follow up
P. 79	Recommendation HBV Prophylaxis Post Employee Exposure

County of Sullivan
EXPOSURE CONTROL PLAN

APPENDIX IV-D

Page 1 of 2

EXPOSURE INCIDENT REPORT
(Routes and circumstances of exposure incident)

Please print

Needlestick ____ Yes ____ No

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: _____

Nature of incident (auto accident, trauma, medical emergency) - 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 the PPE fail? Yes _____ No _____

If yes, explain how: _____

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

What parts of your body became exposed? Be specific: _____

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

For how long? _____

Did a foreign body (needle, nail, auto part, dental wires, etc..) penetrate your body?

___ Yes ___ No

If yes, what was the object? _____

Type & Brand of device involved: _____

Where did it penetrate your body? _____

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

If yes, what fluid? _____ How much? _____

Did you receive medical attention? _____ Yes _____ No

If yes, where? _____

When? _____

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: _____

Other pertinent information: _____
