EXPOSURE CONTROL PLAN

1. PURPOSE: One of the major goals of the Occupational Safety and Health Administration (OSHA) is to promote safe work practices in an effort to minimize the incidence of illness and injury experienced by employees. Relative to this goal, OSHA has enacted the Bloodborne Pathogens Standard, 29 CFR 1910.1030, and Occupational Exposure to Bloodborne Pathogen Compliance Instruction, CPL2-2.44 D. The purpose of the Bloodborne Pathogens Standard is to "reduce occupational exposure to Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), and other bloodborne pathogens" that employees may encounter in their workplace.

a. **The general principles** that should be followed when working with bloodborne pathogens include:

(1) Minimizing all exposure to bloodborne pathogens.

(2) Instituting as many engineering and work-practice controls to eliminate or minimize employee exposure to bloodborne pathogens.

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

(1) To protect our employees from the health hazards associated with bloodborne pathogens.

(2) To provide appropriate treatment and counseling should an employee be exposed to bloodborne pathogens.

2. POLICY:

a. **The VA Maryland Health Care System (VAMHCS)** will comply with all aspects of OSHA's "Bloodborne Pathogen Standard", and latest revision Occupational Exposure to Bloodborne Pathogen Compliance Instruction, CPL2-2.44 D.

b. **The Exposure Control Plan** will be accessible to all employees in Veterans Health Information Systems and Technology Architecture (VistA) and VAMHCS Employee Intranet site under policies. A hard copy will be included in the Infection Control Policy Manual.

c. **An Exposure Control Review Panel** of the following which includes: Infection Control Committee members, Director, Employee Health Program/designee, Safety and Occupational Health Manager, Chief, Acquisition & Material Management (A&MM), Chief, Environmental Management Services (EMS), Chief, Facilities and Engineering will review the policy and update it annually.

d. **All employees at occupational risk of exposure** are identified in the "Exposure Determination List" (Attachment "A").

e. **"Standard Precautions and Isolation Guidelines"** will be practiced as outlined in this memorandum.

f. **Management of Occupational Exposures**, evaluation, and follow-up is outlined in VAMHCS Policy Memorandum 512-101/MC-005, subject: Management of Occupational Exposures to Bloodborne Pathogens.

g. **Engineering and work-practice controls** are in place throughout the VAMHCS as described in Section 4b and 4c of this policy.

h. **Personal protective equipment (PPE)** is readily available and accessible to all employees, when needed, as described in Section 4.f. of this policy.

3. RESPONSIBILITIES:

a. **The Exposure Control Review Panel** will be responsible for:

(1) Overall implementation of the Exposure Control Plan.

(2) The review, revision, and updating of the Exposure Control Plan annually by the 31st of August of each year.

(3) Conducting periodic facility monitors to maintain an up-to-date Exposure Control Plan.

b. **The Infection Control Practitioner (ICP)** is designated as the Exposure Control Officer and Education/Training Coordinator. **All subsequent references in this policy of "Exposure Control Officer" or "Education/Training Coordinator" are noted as the ICP unless otherwise indicated.** The ICP will be responsible for providing orientation and annual education on bloodborne pathogens for each of their respective facilities. The ICP will be responsible for:

(1) Maintaining an up-to-date list of personnel requiring training.

(2) Developing suitable educational training programs.

(3) Scheduling periodic training sessions for employees' initial training and annual review.

(4) Maintaining appropriate training documentation.

(5) Periodically reviewing the training programs to include appropriate new information.

(6) Training key supervisory personnel from other clinical centers as needed, who will be responsible for conducting the necessary training in each respective clinical center and sending the documentation of training to the Education/Training Coordinator.

c. **The Coordinator of VAMHCS Employee Health Program /designee** is responsible for:

(1) Administration of the Hepatitis B Vaccine Program.

(2) Maintaining employee medical records regarding HBV vaccine.

(3) Post exposure evaluation and follow-up.

(4) Reporting to ICC regarding the above aspects of the Employee Health Program.

d. **The Chief, Facilities and Engineering Service** is responsible for installation and maintenance of handwashing facilities (sinks) and HVAC

e. **The Chief, Environmental Management Service** (EMS) is responsible for soap, soap dispensers, sharps container holders, and glove dispensers.

f. **Service Chiefs, Clinical Center Directors, Nurse Managers and/or Supervisors** are responsible for exposure control in their respective areas. They work directly with the Exposure Control Officer, the Infection Control Committee, and employees to ensure that proper exposure control procedures are followed.

g. **The employees have the most important role in compliance with the program,** for the execution of much of the Exposure Control Plan is dependent upon them. All employees having direct patient contact or potential contact with blood and body fluids will:

(1) Be aware of what tasks they are performing and potential risk for an occupational exposure.

(2) Attend the bloodborne pathogens training sessions.

(3) Plan and conduct all tasks in accordance with established work practice controls.

(4) Develop good personal hygiene habits.

(5) Follow the procedure as outlined in the VAMHCS Policy Memorandum 512-101/MC-05, subject: Management of Occupational Exposure to Bloodborne Pathogens. Employees are responsible for wearing appropriate PPE at all times.

4. ACTIONS:

a. **Standard Precautions/ (formerly Universal Precautions and Body Substance Isolation)**

(1) All VAMHCS personnel and volunteers will practice Standard Precautions as outlined by the VAMHCS Policy Memorandum 512-11/COS-IC-006, subject: Guidelines for Hand Hygiene and 512-11/COS-IC-012, subject: Guidelines for Standard and Transmission Based Precautions (Formerly Isolation). VAMHCS employees are identified according to categories at risk for potential occupational exposure. Therefore, appropriate barriers are used for anticipated contact with any moist body substance, mucous membrane, and/or non-intact skin. This action is "interaction driven" and does not depend upon patient diagnosis. Standard Precautions/Universal Precautions will include all human blood and the following body fluids that may be infectious for HBV, HCV, HIV and other bloodborne pathogens:

(a) *Semen*

(b) *Vaginal secretions*

(c) *Cerebrospinal fluid*

(d) *Synovial fluid*

(e) *Pericardial fluid*

(f) *Peritoneal fluid*

(g) *Amniotic fluid*

(h) *Pleural fluid*

(i) *Saliva in dental procedures or bloody saliva*

(2) All employees who handle soiled items will observe appropriate barrier precautions and will use appropriate receptacles and measures for cleaning, disinfection, and/or disposal.

b. **Engineering Controls**: The Chief, Facilities and Engineering Service shall ensure that an ongoing program including preventative maintenance, repair, and replacement is in place. All preventative maintenance will be conducted in accordance with manufacturers' recommendations or acceptable work practices, which are subject to change or modification due to VA policy or guidelines.

c. **Work Practice Controls**: The VAMHCS has outlined a number of work-practice controls as part of the Infection Control Program. Refer to VAMHCS Policy Memorandum 512-11/COS-IC-006, subject: Guidelines for Handwashing and VAMHCS Policy Memorandum 512-11/COS-IC-012 subject: Guidelines for Standard and Transmission Based Precautions (Formerly Isolation).

(1) In addition to the Handwashing and Isolation Guidelines, the following work-practice controls are used throughout this facility:

(a) *Handwashing facilities* are readily accessible throughout the VAMHCS where handwashing is required. Areas include, but not limited to, all rest rooms, examining/clinic rooms, utility rooms, procedure/therapy rooms, and resident rooms. If sinks are not available, waterless soap products may be used as an alternative.

(b) *Employees shall follow* the proper technique on handwashing as outlined by VAMHCS Policy Memorandum 512-11/COS-IC-006, subject: Guidelines for Handwashing.

(c) *Following any contact* with blood or any other potentially infectious materials, employees wash their hands and any other exposed skin with soap and water as soon as possible. They also flush exposed mucous membranes with water as outlined in the VAMHCS Policy Memorandum 512-101/MC-05, subject: Management of Occupational Exposure to Bloodborne Pathogens.

(d) *Contaminated needles* and other contaminated sharps are not bent, recapped, or removed unless:

1. It can be demonstrated that there is no feasible alternative.

2. The action is required by specific medical/dental procedures.

3. In the two situations above, the recapping or needle removal are accomplished through the use of a medical device or one-handed technique.

*NOTE: **One-handed technique**: The cap is placed on a flat surface where it will not roll. The employee holds the syringe in one hand and places the other hand behind their back. The syringe is slid into the cap. Once accomplished the other hand can be used to secure the cap in place.*

(e) *Eating, drinking, a*pplying cosmetics or lip balm, and handling contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens.

(f) *Food and drink* are not kept in refrigerators, freezers, on countertops, or in other storage areas where blood or other potentially infectious materials are present.

(g) *Mouth pipetting/suctioning of blood* or other infectious materials is prohibited.

(h) *All procedures involving blood* or other infectious materials should minimize splashing, spraying, or other actions generating droplets of these materials.

(i) *Specimen containers* used within the VAMHCS are leak-proof and puncture-resistant. Specimens sent off site to another facility are placed in special zip-locked bags with the Biohazard symbol for further protection and transport.

(j) *The use of a magnetic pad* or of a Neutral Zone (Safe Zone) in which sharps may be placed in a puncture resistant container and retrieved during surgical or invasive procedures in lieu of hand-to-hand transfer of sharps.

d. **Reusable Sharps**:

(1) The use of reusable sharps is limited to instrument trays and instruments used in the Surgical Operating Room, Dental Care Service, floor procedure trays and podiatry clinic throughout the medical center.

(2) Dental instruments are transported to Sterile Processing and Decontamination (SPD) using a leak-proof, puncture-resistant tray.

(3) Contaminated instruments are placed immediately in a puncture-resistant, leak-proof container or a special heavy autoclavable plastic bag, labeled with a biohazard warning, and then transported to Supply, Processing and Decontamination (SPD).

(4) Secondary containers (used primarily for delivery to offsite Managed Care Clinical Sites) are leak-proof, puncture-resistant, and labeled with biohazard warning label.

e. **Disposable Sharps Containers**

(1) SPD personnel will distribute rigid puncture-resistant and leak proof on the sides and bottom of the containers used for sharp disposal on patient-care units.

(2) Nurse Managers/ Departmental Supervisors in cooperation with Infection Control will determine if wall or floor units are needed. If floor units are used they must be secured.

(3) Engineering Service will secure the sharp containers to the wall or other surface and if placed on the wall they should be 52-56 inches from the floor (NIOSH recommendation)

(4) EMS personnel will check all wall units periodically replace filled containers and deliver filled containers to secured area for medical waste transport.

(5) During administrative hours EMS will pick-up containers on a periodic basis for Red Bags Solution – medical waste treatment and disposal.

(6) Contractor for off-site incineration will pick-up all sharps containers in secured areas. In research, personnel transport sharps containers to designated pick-up areas.

(7) All healthcare personnel disposing of sharps are responsible to ensure that sharps containers do not become overfilled. Accidental injuries can be avoided if all healthcare workers participate in maintaining a safe environment. Replace with "are not filled to a level above the fill line marked on the container."

f. **Personal Protective Equipment**:

(1) The VAMHCS provides (at no cost to our employees) the personal protective equipment (PPE) that is needed to protect them against exposures to bloodborne pathogens. PPE must be used by employees who can reasonably anticipate exposure to blood or body fluid during the course of their work. Those employees that are of high risk or some risk of exposure to bloodborne pathogens and therefore require PPE in designated circumstances are summarized in Attachment A. Other references outlining the type and circumstances in which PPE is required include the Standard Precautions of the VAMHCS Policy Memorandum 512-11/COS-IC012, subject: Guidelines Standard and Transmission Based Precautions (Formerly Isolation). This equipment includes, but is not limited to:

(a) *Gloves are worn* for anticipated contact with blood, pus, feces, urine, or oral secretions. Employees with dermatitis, cuts, open areas, etc., should wear gloves, when there is risk of drainage. Hands must be washed after gloves are removed.

(b) *Gowns are worn* to protect clothing from potential contact with blood or body fluids. Fluid proof gown should be worn when spray or splatter is anticipated.

(c) *Laboratory coats* are worn when it is likely that personnel's clothing will be soiled with blood, body fluids, or microorganisms.

(d) *Face shields/masks are worn* for anticipated contact with respiratory droplet secretions or splashes as outlined in VAMHCS Policy Memorandum 512-11/ECOS-032, subject: Guidelines for Isolation. They should also be worn when the risk exists of aerosol or splatter with blood or other body fluids when performing certain procedures, such as suctioning.

(e) *Safety glasses/goggles* are worn for anticipated eye contact with aerosols or splatter with blood and body fluids when performing procedures.

(f) Mouthpieces/one-way valve resuscitation devices are used as a barrier when performing cardiopulmonary resuscitation.

(g) *Caps provide head covering* when there is risk of splash or aerolization to head or hair.

(2) Alternative gloves are readily available to employees who are allergic to the gloves normally used from Employee Health.

(3) The Infection Control Committees as well as Safety and Occupational and Health in collaboration with the clinical centers, supervisors and nurse managers are responsible for ensuring that all employees and work areas have appropriate personal protective equipment available to them.

(4) VAMHCS employees are trained in the use of the appropriate personal protective equipment (PPE) for their job classifications and tasks/procedures they perform. Training will be provided at time of New Employee Orientation and at Unit Orientation. If an employee takes a new position or new functions are added to his/her current position. Refresher training will be provided on an annual basis via online Talent Management System (TMS). Infection Control and the Industrial Hygienist will also be available via email or telephone to address any questions or concerns.

(5) To ensure that PPE is not contaminated and is in the appropriate condition to protect employees from potential exposure, the VAMHCS adheres to the following practices:

(a) *All reusable PPE will be* inspected periodically by the user. If defective the equipment should be referred to Engineering Service to repair or replace.

(b) *Reusable PPE is* cleaned, laundered, and decontaminated as needed.

(6) Single-use PPE (or equipment that cannot, for whatever reason, be decontaminated) is disposed of in a biohazardous waste container.

(7) To make sure that this equipment is used safely, and as effectively as possible, VAMHCS employees adhere to the following practices when using their PPE:

(a) *Any garments penetrated* by blood or other infectious materials are removed immediately or as soon as feasible.

(b) *All PPE is removed* prior to leaving a work area.

(c) *Gloves are worn* in the following circumstances:

1. Whenever hand contact with potentially infectious materials is anticipated.

2. When performing vascular access procedures.

3. When handling or touching contaminated items or surfaces.

(d) *Disposable gloves* are replaced as soon as practical after contamination or if they are torn, punctured, or otherwise lose their ability to function as an "exposure barrier."

(e) *Utility gloves* are decontaminated for reuse unless they are cracked, peeling, torn, or exhibit other signs of deterioration, at which time they are disposed.

(f) *Masks and eye protection* (such as goggles, face shields, etc.) are used whenever splashes or sprays may occur that can generate droplets of infectious materials.

(g) *It will be the responsibility* of the department using the PPE to clean or arrange for cleaning of reusable PPE.

g. **Housekeeping:**

(1) Maintaining the VAMHCS in a clean and sanitary condition is an important part of the Exposure Control Plan. The schedules and procedures are outlined in the EMS Policy and Procedure Manual for environmental cleaning.

(2) Practices for cleaning and decontamination of equipment and areas are described in the policies and procedures of services, such as Dental Care, Facilities and Engineering, Pathology and Laboratory Medicine, Physical Medicine and Rehabilitation, and the SPD Section, and A&MM. Principles followed include:

(a) *All equipment* and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials:

1. After completion of medical/dental procedures.

2. After any spill of blood or infectious materials.

3. Immediately (or as soon as feasible) when surfaces are contaminated.

a. All spills will be absorbed with disposable absorbent material or paper towels. Personnel should always wear gloves and may need a gown if there is risk of contamination. All disposable material should be discarded in designated trash containers lined with red bags. The area would then be thoroughly disinfected with an EPA hospital-approved disinfectant that is active against Hepatitis B Virus and HIV.

b. Small spills are wiped with absorbent material and then the area is cleaned with sodium hypochlorited towelette or an EPA hospital approved disinfectant active against Hepatitis B and HIV.

4. At the end of the work shift, if the surface *may* have been contaminated during that shift.

(b) *Protective coverings* (such as plastic wrap and aluminum foil) are removed and replaced:

1. As soon as it is feasible, when overtly contaminated.

2. At the end of the work shift if they *may* have been contaminated during the shift.

(3) Waste management is handled by EMS with current policy and procedure written in the Service Manual. The practices summarized are:

(a) *All Infectious waste as defined by the Maryland Department of Health and Mental Hygiene (MDHMH)* is placed in trash receptacles that are closeable, puncture-resistant, and leak-proof. Non-infectious waste is placed in regular trash receptacles.

1. **Definitions.**

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

b. Bloodborne Pathogens.

c. "Bloodborne pathogens" means pathogenic microorganisms that:

d. Are present in human blood; and

e. Can cause disease in humans.

f. "Bloodborne pathogens" includes, but is not limited to:

g. Human immunodeficiency virus;

h. Hepatitis B virus; and

i. Hepatitis C virus.

j. "Occupational exposure" means skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

k. "Sharps" means an object contaminated by blood or other potentially infectious material that can cut or penetrate the skin, including but not limited to:

l. A broken capillary tube;

m. Broken glass;

n. An exposed end of dental wire;

o. A needle;

p. A surgical instrument

(b) *Special medical waste,"* as defined by MDHMH means:

1. A liquid or semi-liquid blood or another potentially infectious material;

2. A contaminated article that releases liquid or semi-liquid blood or another potentially infectious material if compressed;

3. An article that contains dried blood or another potentially infectious material and is capable of releasing the blood or material during handling.

4. Special medical waste "designated by Maryland State Law need not be incinerated if properly inactivated. Blood or body fluids with visible blood or certain fluids that contain bloodborne pathogens contaminate this waste. This waste is collected in receptacles lined with red plastic bags.

(c) *Waste receptacles are located* throughout the facility within easy access to employees and as close as possible to sources of waste.

(d) *Medical or Biohazard* waste receptacles are maintained covered with a lid, upright, routinely collected, and replaced before overflowing and cleaned with a hospital approved disinfectant.

(4) *Laundry is processed at the Perry Point Division.* Laundry is handled according to policy and procedures from EMS and Standard Precaution Attachment A of the VAMHCS Policy Memorandum 512-11/COS-IC-012, subject: Guidelines for Standard and Transmission Based Precautions (Formerly Isolation). The following practices are summarized:

(a) *Most soiled/contaminated* linen is collected in nylon, moisture-resistant bags at point of use.

(b) *It is handled as little as possible*, and is not sorted or rinsed where it is used.

(c) *If contaminated linen* is wet to the risk of leakage, it is placed in clear plastic bags, then double bagged and then put in laundry bags.

5. PROCEDURES:

a. **Hepatitis B Vaccine Program:** The Hepatitis B Vaccine is offered to all employees whose job classification is identified on the "Exposure Determination List" (see Attachment "A"). This meets the requirements of the OSHA Standard for Bloodborne Pathogens.

(1) All new employees whose job classification is identified in Attachment A on the Exposure Determination List will be offered the vaccine within ten working days from the EOD (entry on duty) date.

(2) Employees who accept the vaccine must sign the consent form--VA Form 10-5549c (see Attachment "B").

(3) Any designated employee who refuses to receive the vaccine will sign a declination statement VA Form 10-5549d, dated April 1993 (see Attachment "C"). This statement will be placed in the Employee Medical File (EMF). If the employee wishes to be vaccinated at a future date, he/she may do so.

(4) Trainees and/or students whose job classifications are identified in the Exposure Determination List will be eligible to receive the vaccine and will be processed the same as employees.

(5) The vaccine will be provided at no cost to the employee.

(6) Any employee who has exposure to blood and/or blood contaminated body fluids via percutaneous and/or mucosal exposure will be offered the vaccine, if not previously immunized.

b. **Employee Health Procedure:**

(1) Personnel Health Physician/designee:

(a) *Will initiate appropriate* laboratory screening (Hepatitis B Antibody) and evaluate results.

(b) *Will give Hepatitis B Vaccine* by protocol, if Hepatitis B Antibody is negative.

(c) *Will report any adverse reactions* as outlined on Form VAERS (Vaccine Adverse Reporting System) and will document in employee's health record.

(d) *Will order post-vaccination testing* for reaction to vaccine within one to six months after third dose.

(2) Employee Health Program:

(a) *Will administer vaccine* and document in the Employee Health Record in CPRS.

(b) *Will notify employee* of clinic appointment for subsequent doses of vaccine and post-testing.

c. **Management of Occupational Exposure to Bloodborne Pathogens Procedures:** Refer to VAMHCS Memorandum 512-101/MC-05, subject: Management of Occupational Exposure to Bloodborne Pathogens Policy.

d. **Information and Training**:

(1) All employees, who are classified as occupational exposure to bloodborne pathogens, will receive training.

(2) New employees, as well as employees changing jobs or job functions, will be given the necessary training in orientation.

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

(a) *The OSHA Standard* for Bloodborne Pathogens.

(b) *The epidemiology* and symptomatology of bloodborne pathogens.

(c) *The modes of transmission* of bloodborne pathogens.

(d) *The VAMHCS Exposure Control Plan*; i.e., points of the plan, how the plan is implemented.

(e) *A review* of the use and limitations of methods to prevent or reduce exposure include:

1. Engineering Controls,

2. Work-Practice Controls,

3. PPE,

(f) *Selection and use of personal* protective equipment available at the VAMHCS:

1. Types available,

2. Proper use,

3. Placement and storage on a unit,

4. Removal and handling,

(g) *Visual warnings of biohazard* including signs and labels.

(h) *Information on the Hepatitis B Vaccine Program* including vaccine efficacy, safety, method of administration, and benefits.

(i) *The procedures* to follow if an exposure incident occur, including reporting of the incident.

(j) *Information on the post-exposure evaluation* and follow-up that is provided by Employee Health Service.

e. **Training Methods**:

(1) The training presentations include a variety of methods, such as: videotapes, web-based training, training manuals, and employee handouts.

(2) A knowledgeable trainer--either the ICP or persons trained by the Coordinator.

(3) Training sessions are scheduled periodically to meet the needs of VAMCHS personnel.

f. **Record Keeping**:

(1) Instructors will maintain classroom records. Records will be maintained on TMS a computerized database by the service line. The Education/Training Coordinators are responsible for planning the content and materials and for reviewing and updating, as necessary.

(2) ICP will maintain a master file of all training given.

(3) The training record shall include names, job titles, and social security numbers of employees; date, time, and name of instructor.

(4) Records will be available for examination and inspection at anytime.

g. **Labels and Signs:**

(1) The most obvious warning of possible exposure to bloodborne pathogens is a biohazard label. The VAMHCS uses labels and/or red "color-coded" containers or bags to indicate the potential presence of bloodborne pathogens.

(2) The VAMHCS uses the labeling program, and presently has the following items labeled with the biohazard label:

(a) *Refrigerators/freezers containing* blood or other potentially infectious material.

(b) *Sharps disposal containers*

(c) *Other containers used* to store, transport, or ship blood and other infectious materials.

(3) Red "color coded" containers, bags or Biohazard Labels are used for the following items:

(a) *Sharps disposal containers*

(b) *"Special Medical Waste"* trash containers lined with red bags.

(c) *Contaminated equipment*

6. REFERENCES:

Williams WW, Strikas RA, Alter MJ. Immunization of Health-Care Workers – Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HIPAC). MMWR. 1997; 46(RR-18):1-35.

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Morbidity and Mortality Weekly Report, "CDC Guidelines for Prevention of Transmission of Human Immunodeficiency Virus (HIV)

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Advanced Precautions for Today's OR, Mark S. Davis, Editor 2001
DHMH COMAR 10.06.06 Communicable Disease Prevention, Handling Treatment and Disposal of Medical Waste, September 9, 2004
VAMHCS Policy Memorandum 512-101/MC-05, subject: Management of Occupational Exposures to Bloodborne Pathogens
VAMHCS Policy Memorandum 512-11/ECOS-001, subject: Guidelines for Handwashing and Isolation
DHNS (NIOSH) Publication No. 97-111, January 1998
http://www.dsd.state.md.us/comar/comarhtml/10/10.06.06.02.htm

7. RESPONSIBLE OFFICE: The Hospital Epidemiology Program (111/MD) and Employee Health Services are responsible for the contents of this Memorandum.

8. RESCISSIONS: VAMHCS Policy Memorandum 512-11/COS-IC-002, subject: Exposure Control Plan, dated December 2010.

9. RECERTIFICATION: This document is scheduled for recertification on/before the last working day of April 2015.

DENNIS H. SMITH
Director, VA Maryland Health Care System

ATTACHMENTS: A – Exposure Determination List
B – Exposure Determination List
C – Hepatitis B Vaccine Consent Declination Form
D – Protective Safety Devices

EXPOSURE DETERMINATION

Below is a list of all job classifications in which all employees in those job classifications with reasonably anticipated occupational exposure to Bloodborne Pathogens.

JOB CLASSIFICATION	POSITION DESCRIPTION
DENTAL	Dentists, Dental Assistants, Lab Technicians, Dental Hygienist
ENVIRONMENT MANAGEMENT SERVICE	Housekeeping Aids, Laundry Workers
FACILITIES and ENGINEERING	Firefighters, Pipefitters
LABORATORY	Medical Technologist, Medical Technician, Pathologist, Medical Laboratory Aides, Pathology Residents, Histology Technicians, Autopsy Assistant, Students, Blood Bank Workers, Phlebotomists
MEDICINE, MANAGED CARE, GERIATRICS LONG TERM CARE, NEUROLOGY, RESPIRATORY CARE	Attendings, Residents, Interns, Physician Assistants, Certified Respiratory Therapy Technician, Registered Respiratory Therapist Technician, Medical Students, or Cardiac Cath Technician directly providing clinical patient care activities or handling and blood or body fluids.
ALL CLINICAL CARE CENTERS	RN, NP, LPN, Nursing Assistant, PCA, GNT, Clinical Specialist, or Nurse Anesthetist directly providing clinical patient care activities, or handling any blood or body fluids.
PHYSICAL THERAPY	Chief, Physical Therapy, Staff Physical Therapist, Physical Therapist Aide, Students
POLICE/SECURITY	Police Officer
MENTAL HEALTH	Physicians, Residents, Interns, Medical Students
RADIOLOGY	Radiology Nurse, Diagnostic Radiologic Technician

RESEARCH	Research Investigators, Biological Laboratory Technicians, Animal Care Personnel, Students
IMAGING	Supervisory Diagnostic, Radiological Technician, Nuclear Medicine Technician
SPD	Medical Supply Technician
SURGERY	Attendings, Residents, Interns, Medical Students, Physician Assistants, Anesthesiologist, Technicians

EXPOSURE DETERMINATION

Below is a list of job classifications in which have been determined by Departmental Supervisors to have tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs and that are performed by employees.

JOB CLASSIFICATION	POSITION DESCRIPTION
CHIEF OF STAFF	Chief of Staff
NUTRITION AND FOOD SERVICE	Chief, Food Production and Service, Dietetic Technician, Food Service Supervisor, Head Food Service Supervisor, Food Service Workers, Dietitians
EMS	Supervisors
FACILITIES AND ENGINEERING	Bio-medical Engineer Technician, Medical Equipment Repairer, Electrician, Electronic Repairer, Maintenance Mechanic, Air Conditioning Mechanic, Maintenance, Controller, Motor Vehicle Operator, Electrical Helper, Electronics Mechanic, Mechanical Helper, Industrial Hygienist, Health Physicist, Utility Systems Repair Operator, Safety and Occupational Health Specialist, Safety and Occupational Health Technician
PATHOLOGY AND LABORATORY MEDICINE	Secretary, Clerk Typist, Administrative Officer
MAS	Ward Administration Coordinators, Supervisors, Ward Administrators
MEDICINE	Pulmonary Function Tech, MIT Ultrasound, Medical Technician/EKG/EEG
ALL CLINICAL CENTERS	Administrative positions; ACON, Nurse Managers, Nursing Education, Nurse Officer of the Day, Nurse Recruiter, Nursing Performance Improvement, Risk Management
PHARMACY	Clinical Pharmacist, Pharmacy Technician
PHYSICAL MEDICINE AND REHABILITATION	Chief, Physical Therapy, Staff Physical Therapist, Aides, Students

POLICE/SECURITY	Chief, Security Service, Officer
MENTAL HEALTH	Chief, Psychology Service, Staff Psychologist, Addiction Therapist, Vocational Rehabilitation,
SOCIAL WORK	Social Worker
SPD	Supervisor
VOLUNTARY	Volunteer

INFORMATION ABOUT HEPATITIS B VACCINE

☐ BALTIMORE DIVISION
☐ FT. HOWARD DIVISION
☐ PERRY POINT DIVISION
☐ BRECC
☐ CBOC _____

GENERAL INFORMATION

Employee Health is offering recombinant Hepatitis B vaccine, a non-infectious subunit viral vaccine, to all at risk employees free of charge. Immunization against Hepatitis B can prevent acute Hepatitis B as well as reduce illness and death from chronic active Hepatitis B, Cirrhosis, and Liver Cancer

If you have any questions regarding Hepatitis B or the recombinant vaccine or the disease it prevents, please contact the Employee Health Office, (Perry Point, **410-642-2411 ext. 5892**) (Baltimore, **410-605-7000 ext. 5026**) (Ft. Howard, **410-477-1800 ext. 2246**).

The Disease

Hepatitis B is a viral infection caused by the Hepatitis B virus. Most people with Hepatitis B recover completely, but approximately 5% to 10% of infected adults and most infected newborns become chronic carriers of the virus. Many of these people have no symptoms, but can continue to transmit the disease to others. Some develop Chronic Active Hepatitis and Cirrhosis. Hepatitis B virus also appears to be a causative factor in the development of Liver Cancer. It is estimated that about 5,000 persons in the U.S. die each year of causes related to Hepatitis B virus. Thus, immunization against Hepatitis B can prevent acute Hepatitis and also reduce sickness and death from chronic active Hepatitis, Cirrhosis, and Liver Cancer.

The Vaccine

Recombivax-HB or Engerix B is a non-infectious subunit viral vaccine derived from Hepatitis B surface antigen (HBsAg) produced in yeast cells using recombinant DNA technology. It is free of any association with human blood or blood products. It has been found to be safe and effective. A high percentage of healthy people, who receive three doses of vaccine, achieve high levels of protective antibody. Full immunization requires three doses of the vaccine over a six-month period, although about 5% of persons may not develop immunity even after three doses. The duration of the immunity is indefinite per Center for Disease Control 6/98.

Contraindications

Hypersensitivity to yeast proteins, formalin, aluminum hydroxide or (mercury derivative) thimerosal.

Possible Side Effects

The incidence of side effects is 10% at the injection site (soreness, tenderness, erythema, swelling, and bruising). Systemic complaints occur in 15% and include fatigue, weakness, headache, fever, and malaise.

INSTRUCTIONS

Please complete the information below.

By my signature, I acknowledge that I have read the information about the Hepatitis B vaccine noted below and understand the risk of acquiring Hepatitis B in the workplace. I have had the opportunity to ask questions about Hepatitis B and the vaccine, and understand the benefits and risks of Hepatitis B vaccine.

CHECK ONE & SIGN

☐ **YES** I am interested in receiving the vaccine.

Signature:_____ Date:_____

☐ I have already received all three doses of the Hepatitis B vaccine. Year_____
Where_____

Signature:_____ Date:_____

☐ **NO** I will NOT take the Hepatitis B vaccine. Sign below.

HEPATITIS B DECLINATION STATEMENT

I understand that due to my occupational exposure to blood or other potentially infectious material I may be at risk for acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, free of charge to me. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I would like to receive the vaccine, I understand I may do so by contacting the Employee Health Office.

Employee Name: _____ SSN: _____ Date:_____

Approved: April 2000

PROTECTIVE SAFETY DEVICES

1. The Environment of Care Committee has reviewed the Employee incidents occurring from bloodborne pathogen exposures for the FY10. Our three highest risk of needlesticks:

a. Suture needles

b. Needles on Syringes (safety and non-safety)

c. Non safety butterfly's

2. The VAMHCS Commodities Committee reviews literature and products targeted at reducing employee exposures to blood and body fluids and has approved and has purchased following products:

a. LifeScan Unistik Retractable lancets for glucometer testing

b. Bard Closed System Foley catheters with splash guard

c. B-D Insyte Autogard Intravenous Therapy

d. B-D Eclipse and Vacutainer for blood draws

e. B-D Safety Lok butterfly for blood draws

f. Terumo Surguard2 for injections

g. B-D Safety glide for Mental Health (injections of Prolixin)

h. B-D Safety Intima intravenous butterfly

i. IV System contains the following safety Alaris Needleless port, IVAC tubing

j. Acacia (needleless adapter for multi-dose vials)

k. Alaris extension sets

l. Alaris needleless valve

m. Alaris blood sets

n. Alaris Nitro IV set

o. Alaris 2Y gravity set

p. Alaris female cap

q. B-D Bard Parker protected disposable scalpel

r. Tyco Health Care/Sage 4-Gallon Needlebox

s. Arrow Central Line Kits with safety needle and stat lock device

t. Plastic blood tubes

u. Saline flush syringes

v. Marquest Gaslyte Heparin ABG syringes

w. Arrow Multi-lumen Central Line Kit

x. Stat-lock for PICC lines

y. 5 Gallon Needlesboxes for Inpatient Care/Radiology/ECS

z. Lab/ECS urine specimen tubes/dispensers

aa. BD-q-SITE

3. FY10 the following safety products were reviewed:

A. B-D needle boxes – Emergency Department