

**CFR 1910. 1030
Bloodborne Pathogen Exposure Control Plan**

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**Bloodborne Pathogen Exposure Control Plan
For
Mid-West New Mexico Community Action Program**

I. Objective

The Objective of the Mid-West New Mexico CAP Bloodborne Pathogen Exposure Control Plan is to comply with the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030, and to eliminate or minimize employee occupational exposure to blood, certain other body fluids, or other potentially infectious materials as defined below:

- A. Blood means human blood, human blood components, and products made from human blood.**
- B. Bodily fluids means 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.**
- C. Other potentially infectious materials means any unfixed tissue or Organ (other than intact skin) from a human (living or dead), and human immunodeficiency virus (HIV)-containing cell or tissue cultures, and HIV- or hepatitis B Virus (HBV)-containing culture medium or other solutions, and blood, organs, or other tissues from experimental animals infected with HIV or HBV.**

II. BACKGROUND

OSHA requires employers to identify situations and job classifications in which employees may be exposed to blood or other potentially infectious materials, and to provide protection to these employees in the form of engineering controls, personal protective equipment, training, and risk reduction.

III. ASSIGNMENT OF RESPONSIBILITY

A. Program Administrator

The Health SpecialistCoordinator shall manage the Bloodborne Pathogen Exposure Control Plan for MWNMCAP- and maintain all records pertaining to the plan.

B. Management

MWNMCAP- will provide adequate controls and equipment that, when used properly will minimize or eliminate risk of occupational exposure to blood or other potentially infectious materials. These shall be provided at no cost to the employees. MWNMCAP- management will ensure proper adherence to this plan through periodic audits.

C. Supervisors

Supervisors shall themselves follow and ensure that their employees are trained in and use proper work practices, universal precautions, the use of personal protective equipment, and proper cleanup and disposal techniques.

D. Employees

Employees are responsible for employing proper work practices, universal precautions, personal protective equipment and cleanup/disposal techniques as described in this plan. Employees are also responsible for reporting all exposure incidents to the Health Specialist/Coordinator immediately.

E. Contractors

Contract employees shall be responsible for complying with this plan, and shall be provided the training described herein by the Health Specialist/Coordinator.

IV. EXPOSURE DETERMINATION

All job classifications and locations in which employees may be expected to incur occupational exposure to blood or other potentially infectious materials, based on the nature of the job or collateral duties, regardless of frequency, shall be identified and evaluated by the Health Specialist/Coordinator. This list shall be updated as job classifications or work situations change. Exposure determination shall be made without regard to the use of personal protective equipment (**employees are considered to be exposed even if they wear personal protective equipment**).

A. Category I

Job classifications in which employees are exposed to blood or other potentially infectious materials on a regular basis, and in which such exposures are considered normal course of work, fall into Category I. Health Specialist/Coordinator shall maintain a list of these types of jobs and the locations in which the work will be performed (see Appendix A).

B. Category II

Job classifications in which employees may have an occasional exposure to blood or other potentially infectious materials, and in which such exposures occur only during certain tasks or procedures that are collateral to the normal job duties, fall into Category II. The Health Specialist/Coordinator shall maintain a list of these types of jobs and the locations in which the work may be performed (see Appendix B). These lists shall be updated as job classifications or work situations change.

V. IMPLEMENTATION SCHEDULE AND METHODOLOGY

A. Compliance Methods

1. Universal Precautions

Universal precautions shall be used at MWNMCAP- to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials shall be considered infectious, regardless of the perceived status of the source individual.

2. Engineering/Work Practice Controls

The engineering and work practice controls listed below shall be used to minimize or eliminate exposure to employees at MWNMCAP-.

a. Education and training should be considered the first line of defense in preventing infections from blood borne pathogens and in creating a work environment, which permits employees to do their jobs safely and effectively. All employees will receive a basic understanding of information in the following areas.

- 1. OSHA Bloodborne Pathogens Standard**
- 2. All components of the Exposure Control Plan to include: Descriptions of the HBV, HCV and HIV Viruses and their resulting diseases Hepatitis B, Hepatitis C & Aids.
How HBV, HCV and HIV are transmitted.
Recognition of tasks and situations that involve exposure
Preventions Strategies
Handling of potentially infectious materials
Post Exposure Procedures.**
- 3. Closeable, leak proof containers with the appropriate color-coding or labeling are available and used for storage of all Regulated Waste.**
- 4. Food and drink are not stored in areas that have been identified as high risk.**
- 5. Eating, drinking, applying cosmetics and handling lenses are prohibited in this program/site in work areas where there is a risk of occupational exposure.**
- 6. Equipment supplied to Dispose of Waste:

Sharps containers, Bio Hazard trash bags, gloves, Bio Hazard trash can, Aprons, Face Masks, disposable cleaning cloths, bleach, pails etc.**

As part of the employee orientation process, Universal Precautions Training will be provided to staff within 10 working days of the start of employment. All training materials are tailored to the

education level and language level of the employee, and are offered during the normal working hours and at a convenient location. All employees receive annual Universal Precautions Training updates as a part of this organization's commitment to maintaining a safe work environment.

Monitor Schedule:

- A. Sharps container shall be inspected to determine if it needs to be replaced once a week. The Health Specialist/Coordinator will make arrangements for proper disposal of all regulated waste.
- B. All new equipment and technologies will be reviewed by the Health Specialist/Coordinator to determine training needed for staff using new equipment. Determination will also be made as to whether any changes need to be made to exposure plan in regard to new equipment or technologies. This will be done when the new equipment arrives.
- C. The Health Specialist/Coordinator will be responsible to review the effectiveness of each control and will recommend changes if needed.
- D. Monitoring of staff as to use of gloves, aprons, masks, disinfectant wipes, and other PPE equipment will be done on a daily basis by the Health Specialist or Aide. (See Appendix D).
- E. Decontaminations of Toys, Tables, classroom and kitchen equipment is done on regular basis using recommended bleach solutions (See Appendix E).

Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

3. Needles

Except as noted below, contaminated needles and other sharps shall not be bent, recapped, removed, sheared, or purposely broken. Contaminated sharps shall be placed immediately, or as soon as possible, after use into appropriate sharps containers. All disposable sharps containers shall be puncture resistant, labeled with a biohazard label, and leak-proof.

At MWNMCAP- the following procedures may require a contaminated needle to be recapped or removed with a mechanical device or one-handed technique if no alternative is feasible.

- A. Medication of a child with Diabetes, who uses a pre-measured insulin pen.

4. Containers for Reusable Sharps

Contaminated sharps that are reusable shall be placed immediately, or as soon as possible, after use into appropriate sharps containers. All reusable sharps containers shall be puncture resistant, labeled with a biohazard label, and leak-proof.

- a. Sharps container will be kept in Health Office and will be monitored by the Health Specialist/Coordinator on weekly basis to determine if sharps need to be removed.

Name of Company used to Dispose of Contaminated Waste: _____

5. Sharps Injury Log

A needle stick or sharps injury log (see Appendix C) shall be maintained (for employers that keep records under 29 CFR 1904) and shall include the following information for each incident:

- a. Period of time the log covers
- b. Date incident is entered on the log;
- c. Date of incident
- d. Type and brand of device involved;
- e. Department of area of incident; and
- f. Description of incident

The log shall be retained for five years after the end of the log year.

6. Hand Washing Facilities

Hand washing has been identified by medical professionals as one of the most cost-effective work practices available for preventing infection by HBV, HIV, and other blood borne pathogens.

Hand washing is required at this program/site. Employees have been instructed in this procedure and know where facilities are located.

Hand washing facilities are available for staff use at the following locations:

- a. Bathrooms
- b. Cafeteria Kitchen & Bathrooms
- c. Classrooms
- d. Utility Room.

Hand washing facilities shall be made available and readily accessible to all employees who may incur exposure to blood or other potentially infectious materials. Where hand-washing facilities are not feasible, MWNMCAP- will provide an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. Such areas include:

- e. First-Aid Kits in each classroom and office
- f. First-Aid Kits in Kitchen and Cafeteria
- g. First-Aid Kits in Buses
- h. Aprons

When these alternatives are used, employees shall wash their hands with soap and running water as soon as feasible.

7. Work Area Restrictions

In work areas where there is a reasonable risk of exposure to blood or other potentially infectious materials, employees shall not eat or drink, apply cosmetics or lip balm, smoke or handle contact lenses. Food and beverages shall not be kept in refrigerators, freezers, shelves, and cabinets or on counter tops or bench tops where blood or other potentially infectious materials may be present.

All process and procedures shall be conducted in a manner that will minimize splashing, spraying, splattering and generation of droplets of blood or other potentially infectious materials.

- A. Facemasks, gloves, and aprons will be used to minimize exposure while cleaning equipment.**

9. Contaminated Equipment

Health Specialist/Coordinator shall ensure that equipment that has become contaminated with blood or other potentially infectious materials is examined prior to servicing or shipping. Contaminated equipment shall be decontaminated, unless decontamination is not feasible. Contaminated equipment shall be tagged and labeled as such.

10. Personal Protective Equipment (PPE)

A. PPE Provision

Health Specialist/Coordinator shall ensure that the provisions regarding personal protective equipment described in this plan are met and maintained.

Personal protective equipment shall be chosen based on the anticipated exposure to blood or other potentially infectious materials. Protective equipment shall be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach an employees' clothing, skin, eyes, mouth, or other mucous membranes under normal and proper conditions of use and for the duration of time that the equipment will be used.

B. PPE Use

Health Specialist/Coordinator and supervisors shall ensure that employees use appropriate PPE. In cases where an employee temporarily and briefly declines to use PPE because, in the employee's professional judgment, its use may prevent delivery of healthcare or pose an increased hazard to the safety of the worker or co-worker, then the supervisor shall investigate and document the situation to determine whether changes can be instituted to prevent such occurrences in the future.

C. PPE Accessibility

Health Specialist/Coordinator shall ensure that appropriate PPE in the necessary sizes is readily accessible at the work site or is issued at no cost to employees. Hypoallergenic gloves, glove liners, powder less gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

D. PPE Cleaning, Laundering and Disposal

All PPE shall be cleaned, laundered and disposed of by Mid-West New Mexico CAP at no cost to the employees. Mid-West New Mexico CAP will also make all necessary repairs and replacements at no cost to employees.

All garments penetrated by blood or other potentially infectious materials shall be removed immediately or as soon as feasible. All PPE shall be removed before leaving the work area.

When PPE is removed, it shall be placed in appropriately designated areas or containers for storage, washing, decontamination or disposal.

E. Types of PPE

I. Gloves

Disposable gloves are not to be washed or decontaminated for reuse, and are to be replaced as soon as possible when they become contaminated. Gloves that become torn or punctured (or their ability to function as a barrier is otherwise compromised) shall be replaced immediately or as soon as feasible.

Utility gloves may be decontaminated for re-use if the integrity of the glove is uncompromised. Utility gloves shall be disposed of properly if they are cracked, peeling, torn, punctured, or they exhibit other signs of deterioration or inability to function as a barrier without compromise.

II. Eye and Face Protection

Masks worn in combinations with eye protection devices (such as goggles or glasses with solid side shield, or chin-length face shields) are required when the occurrence of splashes, splatters, or droplets of blood or other potentially infectious materials can reasonably be anticipated to contaminate an employee's eye, nose or mouth. Situations at MWNMCAP- where eye and face protection is required include:

- A. Cleaning of tables, floors etc, where blood has been spilled.**

III. Other PPE

Additional protective clothing (such as lab coats, gowns, bib aprons, clinic jackets, or similar outer garments) shall be worn in instances when gross contamination can reasonably be expected. The following situations require additional protective clothing:

- A. Cleaning of gross contamination of any accidents on playground, cafeteria, classrooms etc. PPE to be used is apron, gloves, facemask, and antiseptic wipes. Hands are to be washed as soon as cleanup is complete and equipment disposed of.**

B. Housekeeping

This facility shall be cleaned and decontaminated regularly and as needed in the event of a gross contamination. See Appendix E for cleaning schedule and required cleaning materials. All contaminated work surfaces, bin pails, cans, and similar receptacles shall be inspected and decontaminated regularly as described in Appendix E.

Any potentially contaminated glassware shall not be picked up directly with the hands. Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where sharps are placed.

C. Regulated Waste Disposal

Disposal of all regulated waste shall be in accordance with applicable federal, state, and local regulations.

1. Sharps

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closeable, puncture resistant, leak proof on sides and bottom, and labeled or color-coded.

During use, containers for contaminated sharps shall remain upright throughout use, shall be easily accessible to employees, and shall be located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (including laundry areas). Health Specialist/Coordinator shall replace sharps containers routinely and not allow them to overfill.

When moving sharps containers from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. Sharps containers shall be placed in a secondary container if leakage of the primary container is possible. The second container shall be closeable, constructed to contain all contents, and shall prevent leakage during handling, storage, transport, or shipping. The secondary container shall be labeled or color-coded to identify its contents.

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous injury.

2. Other Regulated Waste

Other regulated waste shall be placed in containers that are closeable, constructed to contain all contents, and will prevent leakage of fluids during handling, storage, transportation, or shipping.

All waste containers shall be labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

D. Laundry

Laundry contaminated with blood or other potentially infectious materials shall be handled as little as possible. Such laundry shall be placed in appropriately marked bags (biohazard labeled or color-coded bags) at the location where it was contaminated. Contaminated laundry shall not be sorted or rinsed in the area of contamination.

The Laundry at Mid-West New Mexico CAP- shall be cleaned by on site.

VI. Hepatitis B Vaccines and Post-Exposure Evaluation and Follow up

A. General

Mid-West New Mexico CAP- will make the Hepatitis B Vaccine and vaccination series available to all employees who have the potential for occupational exposure, as well as post-exposure follow up to employees who have experienced an exposure incident.

Health Specialist/Coordinator shall ensure that all medical evaluations and procedures involved in the Hepatitis B vaccine and vaccination series and post-exposure follow up, including prophylaxis are:

- 1. Made available at no cost to the employee;**
- 2. Made available to the employee at a reasonable time and place.**
- 3. Performed by or under the supervision of a licensed physician or other licensed healthcare professional; and**
- 4. Provided in accordance with the recommendations of the United States Public Health Services.**

An accredited laboratory shall conduct all laboratory tests at no cost to the employee.

B. Hepatitis B Vaccination

Health Specialist/Coordinator shall manage the Hepatitis B Vaccination program. Mid-West New Mexico CAP has contracted with Socorro County Public Health Dept. to provide this service.

1. Category I Employees

The Hepatitis B vaccination shall be made available to an affected Category I employee after he or she has received training in occupational exposure and within 10 working days of initial assignment to job duties that involve exposure. Exceptions to the administration of the Hepatitis B Vaccination include situations where an employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

Participation in a pre-screening program shall not be a prerequisite for an affected employee to receive the Hepatitis B vaccination. If an employee initially declines the Hepatitis B Vaccination, but later decides to accept the vaccination and is still covered under the OSHA standard, the vaccination shall then be made available.

All employees who decline the Hepatitis B vaccination shall sign a waiver indicating their refusal (Appendix F), as required by OSHA. If the United States Public

Health Service recommends a routine booster dose of Hepatitis B vaccine, this shall also be made available free of charge to affected employees.

2. Category II Employees

The Hepatitis B vaccination series shall be made available and administered to Category II employees no later than 24 hours after an exposure incident (as per OSHA letter of Interpretation, November 1, 2000). All employees who decline the Hepatitis B vaccination shall sign a waiver indicating their refusal (Appendix F).

C. Post-Exposure Evaluation and Follow up

All employees must report all exposure incidents to the Health Specialist/Coordinator\ or Center Director immediately. Health Specialist/Coordinator shall investigate and document each exposure incident. Following a report of an exposure incident, the exposed employee shall immediately receive a confidential post-exposure evaluation and follow up, to be provided by his or her own Health Care Provider or the Socorro County Public Health Office. The post-exposure evaluation and follow up shall include the following elements.

- 1. Documentation of the route of exposure, and the circumstances under which the exposure occurred.**
- 2. Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.**
- 3. The source individual's blood shall be tested and documented as soon as feasible and after consent is obtained (if consent is required) in order to determine HBV and HIV infectivity. If consent cannot be obtained, Health Specialist/Coordinator shall establish and document that legally required consent cannot be obtained.**
- 4. When the source individual is already infected with the Hepatitis B virus (HBV) or human immunodeficiency virus (HIV), testing for the source individual's known HBV or HIV status need not be repeated.**
- 5. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.**
- 6. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.**
- 7. The exposed employee shall be offered the option of having their blood tested for HBV and HIV serological status. The blood sample shall be stored for up to 90 days to allow the employee to decide if their blood should be tested for HBV and HIV serological status.**

Name of employees that contract HIV, Hepatitis, or tuberculosis shall not be recorded on the OSHA 300 log.

D. Information Provided to the Healthcare Professional

After an exposure incident occurs, the Health Spec. shall ensure that the healthcare professional responsible for the exposed employee's Hepatitis B Vaccination, as well as the healthcare provider providing the post-exposure evaluation, if different, are provided with the following.

- 1. A copy of 29 CFR 1910.1030, OSHA's Bloodborne Pathogen Standard, with emphasis on the confidentiality requirements contained therein.**
- 2. A written description of the exposed employee's duties as they relate to the exposure incident.**
- 3. Written documentation of the route of exposure and circumstances under which the exposure occurred.**
- 4. Results of the source individual's blood testing, if available and**
- 5. All medical records relevant to the appropriate treatment of the employee, including vaccination status.**

E. Healthcare Professional's Written Opinion

The Health Specialist/Coordinator shall obtain and provide the exposed employee a copy of the evaluating healthcare professional's written opinion within 15 days of completion of the evaluation.

The healthcare professional's written opinion for HBV vaccination shall be limited to whether HBV vaccinations is indicated for the employees, and if the employee has received said vaccination.

The healthcare professional's written opinion for post-exposure follow up shall be limited to **ONLY** the following information.

- 1. A statement that the employee has been informed of the results of the evaluation; and**
- 2. A statement that the employee has been told about any medical conditions resulting from exposure to blood to other potentially infectious materials that require further evaluation or treatment.**

Other findings or diagnosis resulting from the post-exposure follow up shall remain confidential and shall not be included in the written report.

VII. Labels and Signs

Health Specialist/Coordinator shall ensure that biohazard labels are affixed to containers of regulated waste, or other potentially infectious materials. Labels shall also be affixed to any other containers used to store, transport or ship potentially infectious materials.

The labels shall be fluorescent orange or orange red, and shall include the universal biohazard symbol. Red bags or containers with the universal biohazard symbol may be substituted for labels. However, regulated wastes must be handled in accordance with the rules and regulations of the entity with jurisdiction.

VIII. Training

Health Specialist/Coordinator shall ensure that training is provided at the time of initial assignment to tasks where occupational exposure to blood or other potentially infectious materials may occur. Training shall be repeated every 12 months, or when there are any changes to tasks or procedures affecting an employee's occupational exposure. Training shall be tailored to the education level and language of the affected employees, and offered during the normal work shift. Training shall be interactive and shall include:

- A. A copy of 29 CFR 1910.1030, OSHA's Blood borne Pathogen Standard;**
- B. A discussion of the epidemiology and symptoms of blood borne disease;**
- C. An explanation of the modes of transmission of blood borne pathogens;**
- D. An explanation of Mid-West New Mexico CAP-'s Blood borne Pathogen Control Plan, and how employees can obtain a copy of the plan.**
- E. A description and recognition of tasks that may involve exposure;**
- F. An explanation of the use and limitations of the methods employed by MWNMCAP- to reduce exposure (such as engineering controls, work practices, and personal equipment);**
- G. Information about types, use, locations, removal, handling, decontamination, and disposal of personal protective equipment.**
- H. An explanation of the basis of selection of personal protective equipment;**
- I. Information about the Hepatitis B vaccination (including efficacy, safety, method of administration, and benefits), as well as an explanation that the vaccination will be provided at no charge to the employee;**
- J. Instruction on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;**
- K. An explanation of the procedures to follow if an exposure incident occurs, including the method of follow up;**
- L. Information on the post-incident evaluation and follow up required for all exposure incidents; and**
- M. An explanation of signs, labels, and color-coding systems.**

The person conducting the training shall be knowledgeable in the subject matter.

IX. Record keeping

- A. Medical Records**

Health Specialist/Coordinator shall maintain medical records as required by 29 CFR 1910.1020 in a locked filing Cabinet in the Office. All records shall be kept confidential and shall be retained for at least the duration of employment plus 30 years.

Health Specialist/Coordinator shall also ensure that all contracts with County Health Clinic for Hepatitis B Vaccinations and post-exposure evaluations and follow-ups stipulate any OSHA record keeping and retention requirements.

Medical records shall include:

1. Name and social security number of the employee;
2. A copy of the employee's HBV vaccination status, including the dates of vaccination;
3. A copy of all results of examinations, medical testing, and follows-up procedures
4. A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to an exposure incident, and documentation of the routes and circumstances of an exposure.

B. Training Records

Health Specialist/Coordinator shall maintain training records for three years from the date of training. Records shall be kept in the Health Spec./Area Coordinator's Office and shall include:

1. Dates of the training sessions;
2. An outline describing the material presented;
3. The names and qualifications of persons conducting the training; and
4. The names and job titles of all persons attending the training sessions.

C. Availability of Records

Whenever an employee (or designated representative) requests access to a record, MWNMCAP- shall provide access to said employee's records in a reasonable time, place and manner in accordance with 29 CFR 1910.1020 (e). An employee (or designated representative) will only be given access to his or her own records.

D. Transfer of Records

If MWNMCAP- ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the Health Specialist/Coordinator shall contact the Director of the National Institute for Occupational Safety and Health (NIOSH) three months prior to cessation of business for instruction on final disposition of the records.

E. Evaluation of Review

Health Specialist/Coordinator shall review this Blood borne Exposure Control Plan for effectiveness at least annually and as needed to incorporate changes to the standard or changes in the work place.

**MID-WEST NEW MEXICO COMMUNITY ACTION
PROGRAM**

Hepatitis B. Vaccine Declination

I understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, which will be administered in a series of three (3) injections, at no cost to me.

If I do not, become protected from receiving the vaccine. (Sometimes more than one (1) series is needed, if 1st series does not result in immunity) or if I choose not to receive the vaccine at this time, I understand I will need treatment if I have direct contact with blood or other blood-containing body fluids at work.

- I have read and I understand the above information and wish to receive the Hepatitis B Vaccine series (3 doses).**

- I have read and I understand the above information and do not wish to receive the Hepatitis B Vaccine at this time.**

Employee Signature Date Social Security Number

Health Specialist/Coordinator Date _____

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APPENDIX A

Category I Job Classification/Expected Exposure List

At Mid-West New Mexico CAP, , the following job classifications are expected to incur occupational exposure to blood or other possibly infectious materials:		
Job Classification	Task/Procedure	Name
Teacher	Works daily, directly with children	
Teacher-aide	Assist Teacher with children daily.	
Bus Monitor	Works daily, assisting driver with children, assist staff & Volunteers in case of an emergency.	
Custodian	Cleans/sanitizes all school properties, building, equipment, etc.	
Health Specialist	Assists Teacher with children when needed (i.e. First Aid or when a child is ill).	
Cook	Cooks meals, cleans and sanitizes the kitchen and all kitchen utensils.	
Cook Aide	Assists cook with meals, cleaning and sanitizing of work area.	

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APPENDIX B

Category II Job Classification/Expected Exposure List

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At Mid-West New Mexico CAP, , the following job Classifications may incur occupational exposure to blood or other possibly infectious materials during certain tasks or procedures.		
Job Classification	Task/Procedure	Name
Center Director	Overview of all Center/Office Activities	
Administration Assistants	Assist with Center activities in the absence of Coordinator	
PFCE staff	Assist children, staff and parents when and where needed.	
Bus Driver	Drive and assist children and staff in case of an emergency.	
Substitutes/Volunteers/Parents	Participate in all areas of the program. Assist with children	
Administration Staff	Overview of Center	
Professional Development Staff	Assist at centers when needed classroom observations	
Transportation Coordinator	Train & assist Bus Drivers and Bus Monitors.	

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APPENDIX C

Sharps Injury Log

For Period Ending:

Date Entered	Date & Time of Incident	Type & Brand of Device	Department or Work Area Where Incident Occurred	Description of Incident

Retain Until _____(five years after end of log year)

MID-WEST NEW MEXICO CAP

APPENDIX D

Personal Protective Equipment/Task List

Job Classification	Task/Procedure	Type of PPE to be used	PPE to be Issued By
Teachers	Supervise the children, assist and teach good hygiene practices	Aprons, latex gloves, antiseptic wipes, disposable facemasks	Health Specialist/Coordinator
Teacher Aides	Assist teacher in supervising the children	Aprons, latex gloves, antiseptic wipes, disposable facemasks	Health Specialist/Coordinator
Custodian	Cleans and disinfects all school properties	Latex Gloves, Utility gloves, disposable facemask, apron,	Custodian orders and inventories his own supplies. Health Specialist/Coordinator will monitor use.
Cook	Cleans and disinfects kitchen	Utility glove, serving gloves, aprons, antiseptic wipes	Health Specialist/Coordinator
Cook Aide	Assist with kitchen duties	Utility gloves, serving gloves, aprons, antiseptic wipes	Health Specialist/Coordinator
Bus Monitor	Supervise children while on bus, or during emergency	Apron, latex glove, antiseptic wipes. Disposable facemasks	Health Specialist/Coordinator
Administrative Staff	Assistance with children when needed	Latex gloves, Aprons, antiseptic wipes, disposable facemask	Health Specialist/Coordinator

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APPENDIX E

Cleaning and Decontamination Schedule

Date: _____

The following schedule describes work areas at that should be decontaminated, decontamination frequency and method, and required types of cleaning.				
Work Area/Equipment	Cleaning and Decontamination Frequency	Type of Cleaners or Supplies to be Used	Method of Cleaning to be Used	Responsible Person

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EXPOSURE INCIDENT FORM

Part 1. Exposed Individual

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 (school, street, classroom, 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 the PPE fail? Yes _____ No _____

If yes, explain how: _____

Part II. Exposure Incident

What body fluids were you exposed to (blood or other potentially infectious material)? Be specific. _____

What parts of your body became exposed? Be Specific.

Estimate the area of your body that was exposed:

For how long? _____

Did a foreign body, needle, etc., penetrate your body? 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? _____ How Much _____

Did you receive medical attention? Yes _____ No _____

If yes, Where? _____

When? _____

By Whom? _____

Part III. Source Individual

Identification of Source Individual(s) _____

Name _____

Address _____

Did you treat the patient directly? Yes _____ **No** _____

If yes, what treatment did you provide, be specific:

Has the source individual consented to blood testing? Yes _____ **No** _____

Other pertinent information:

Signature of person completing this form

Print Name and Title

Date form completed