

Bloodborne Pathogens (BBP) Policy	Department: <i>General Operations</i>	
Origination Date: 07/21/2021	Effective Date: 08/31/2021	Next Review Date: 08/31/2024
Policy contact: Rebecca Kruse-Jarres, rkj@wacbd.org	Version: #1	
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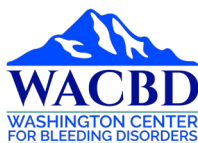
PURPOSE: The purpose of the policy is to help ensure occupational health and safety and meet compliance with Washington State Bloodborne Pathogens, WAC 296-823. This applies to all occupational exposure to human blood or other potentially infectious materials. It requires WACBD to identify potential for occupational exposures and implement methods to mitigate and respond to these exposures through a variety of methods.

SCOPE: The scope of this policy applies to all WACBD employees

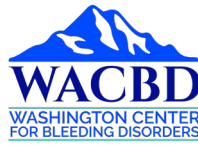
POLICY STATEMENT: WACBD is responsible for identifying employees whose work exposes them to Bloodborne Pathogens, human blood, or other potentially infectious materials; and to implement a set of procedures and safe work practices to protect themselves from exposure. Information included below discusses personal protective equipment required for tasks, decontamination procedures, and first aid and medical response in case of exposure.

DEFINITIONS:

<u>Term</u>	<u>Definition</u>
Alcohol Based Hand Sanitizer	An alcohol-based hand sanitizer that contains at least 60% alcohol as recommended by the CDC.
Blood	Human blood, human blood components, and products made from human blood. Also included are medications derived from blood, such as immune globulins, albumin, and factors 8 and 9.
Bloodborne Pathogens (BBP)	Pathogenic microorganisms that are present in human blood and can cause disease in humans. Examples of these pathogens include: (a) Human immunodeficiency virus (HIV); (b) Hepatitis B virus (HBV); (c) Hepatitis C virus, malaria; (d) Syphilis; (e) Babesiosis; (f) Brucellosis; (g) Leptospirosis; (h) Arboviral infections; (i) Relapsing fever; (j) Creutzfeld-Jakob Disease; (k) Human T-lymphotrophic virus Type I; (l) Viral Hemorrhagic Fever
Clinical Laboratory	A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials (OPIM)
Contaminated	The presence or the reasonably anticipated presence of blood or other potentially infectious materials (OPIM) on an item or surface
Contaminated	Laundry that has been soiled with blood or other potentially infectious materials (OPIM) or



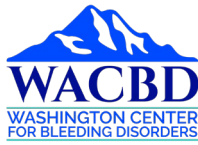
Laundry	may contain contaminated sharps
Contaminated Sharps	Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires
Decontamination	The use of physical or chemical means to remove, inactivate, 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.
Exposure Incident	A specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials (OPIM) that results from the performance of an employee's duties. Examples of non-intact skin include skin with dermatitis, hangnails, cuts, abrasions, chafing, or acne
Handwashing Facilities	A facility providing an adequate supply of running potable water, soap and single-use towels or air-drying machines
Licensed Health Care Professional	A person whose legally permitted scope of practice allows him or her to independently perform the activities required by this rule.
Needleless Systems	A device that does not use needles for any of the following: <ul style="list-style-type: none"> a) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; b) The administration of medication or fluids; c) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps
Occupational Exposure.	Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of an employee's duties
Other Potentially Infectious Materials (OPIM)	Includes all of the following: <ul style="list-style-type: none"> a) Human body fluids: Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, anybody 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). 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. d) Blood and tissues of experimental animals infected with bloodborne pathogens
Parenteral Contact	When mucous membranes or skin is pierced by needle sticks, human bites, cuts, or abrasions
Personal Protective Equipment (PPE)	Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (for example, uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be PPE
Production Facility	A facility engaged in industrial-scale, large-volume or high-concentration production of HIV or HBV.
Regulated Waste	Regulated waste is any of the following: <ul style="list-style-type: none"> a) Liquid or semiliquid blood or other potentially infectious materials (OPIM); b) Contaminated items that would release blood or OPIM in a liquid or semiliquid state, if compressed; c) Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; d) Contaminated sharps; e) Pathological and microbiological wastes containing blood or OPIM



Research Laboratory	A laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.
Safer Medical Devices	Medical devices that have been engineered to reduce the risk of needle sticks and other contaminated sharps injuries. These include not only sharps with engineered sharps injury protections and needleless systems, but also other medical devices designed to reduce the risk of sharps injury exposures to bloodborne pathogens. Examples include blunt suture needles and plastic or Mylar-wrapped glass capillary tubes.
Secondary Duty	Any job expectation outside the primary job duties assigned to that position
Sharps With Engineered Sharps Injury Protections (SESIP)	A non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident
Source Person	A person, living or dead, whose blood or other potentially infectious materials may be a source (OPIM) of occupational exposure to the employee. Examples include: <ul style="list-style-type: none"> a) Hospital and clinic patients; b) Clients in institutions for the developmentally disabled; c) Trauma victims; d) Clients of drug and alcohol treatment facilities; e) Residents of hospices and nursing homes; f) Human remains; g) Individuals who donate or sell blood or blood components.
Standard Microbiological Practices	Standard microbiological practices refer to procedures comparable to those outlined in the current edition of the Center for Disease Control “Biosafety in Microbiological and Biomedical Laboratories.”
Standard Precautions	Standard precautions includes the use of: hand washing, appropriate personal protective equipment such as gloves, gowns, masks, whenever touching or exposure to patients' body fluids is anticipated
Sterilize	The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
Universal Precautions	An approach to protecting humans through infection prevention activities. This approach requires that all human blood and body fluids be treated as if they are known to be infectious for Bloodborne Pathogens. Engineering controls, work practices, and PPE shall be used to prevent contact with human blood and OPIM. When differentiation between body fluid types are difficult or impossible, all human body fluids should be considered as Bloodborne Pathogens.

PROCEDURES:

Procedure 1- Employee Responsibility	
Employee Responsibilities	The employee is responsible for following the bloodborne pathogens policy and procedures. All practices must be adhered to, including wearing required PPE. The employee is responsible to ask questions if needed and to make suggestions to their supervisor for safer work practices and procedures. The employee is responsible for following universal and standard precautions and are required to complete annual BBP training.



Procedure 2- Exposure Determination

Exposure Determination

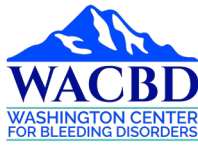
All clinical employees with reasonably anticipated potential for exposure to human blood and its components, human tissue, all human cell lines, human source materials, as well as medications derived from blood, or other potentially infectious materials are required to comply with this policy.

Bloodborne Pathogens can be contained the following:

- Human cells (including all primary and established human cell lines), human tissue or
- human organ cultures
- Culture supernatant
- Pericardial fluid
- Synovial fluid
- Pleural fluid
- Any solutions containing HIV, HBV, HCV, or other Bloodborne Pathogens
- Any bodily fluids visibly contaminated with blood or OPIM
- Saliva
- Peritoneal fluid
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead)
- Blood, organs, or tissues infected with HIV, HBV, HCV, or other Bloodborne Pathogens
- Any fluid where it is difficult to identify the presence or absence of blood, urine, feces, vomit, sweat, tears, and saliva are not regulated under the Bloodborne Pathogens policy because they are not considered to present a risk for Bloodborne Pathogens transmission unless there is visible blood in them. However, they should still be approached with caution; personnel should use protective gloves and/or other PPE as needed when handling.

Supervisors are responsible for assessing activities in the workplace, determining if employees have a potential for occupational exposure, and documenting the risk of Bloodborne Pathogens. Individual exposure determinations must be made for existing workers on an on-going basis and prior to assigning or reassigning workers to job classifications with potential for exposure. The exposure determination must be made without regard to the use of PPE. Listed below are examples of tasks that involve potential exposure to blood.

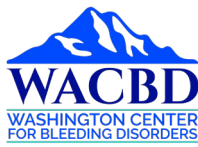
- Cleaning up a blood/body fluid spill or handling contaminated waste or laundry
- Culturing and/or propagating human cells, viruses, including all human and



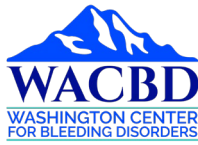
	<p>primate retroviruses in laboratory.</p> <ul style="list-style-type: none"> • Removing, preparing, and/or storing any unfixed tissue or organ from a human. • Providing patient care in a clinical or research setting. <p>Biohazards include the following:</p> <ul style="list-style-type: none"> • Pathogenic agents (bacteria, rickettsia, fungi, viruses, protozoa, parasites, prions, and select agents). • Derived waste which contains or may contain pathogenic hazards (including xenotransplantation tissue). • Human and nonhuman primate tissue, body fluid, and cell culture (primary or continuous). • Other tissues and body fluids.
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Procedure 3- Post Exposure Procedures

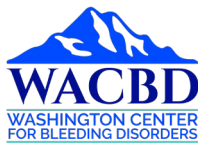
<p>Post-Exposure Evaluation and Follow-Up</p>	<p>Should an exposure incident occur:</p> <ul style="list-style-type: none"> • Notification of exposure should be reported immediately to the supervisor • Document the routes of exposure and how the exposure occurred. • Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law). • If exposure without breakage to skin, wash with warm water and soap for 15 minutes. • If eye exposure, wash open eyes in eyewash station for 15 minutes. • It is recommended to seek medical attention within one hour of exposure- either by ambulance, assistance, or if able, by driving to the closest emergency medical center. • If blood or bodily fluids are only on clothing, remove clothing and place in the soiled linen basket to get cleaned and sanitized by contracted laundry company. Change into clean, unsoiled clothing. <p>If employee seeks recommended medical treatment after exposure- this should be done within 24 hours.</p>
<p>Testing</p>	<p>Obtain and document consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care</p>



	<p>provider.</p> <p>If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.</p> <p>Assure that the exposed employee is provided with the source individual’s test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).</p> <p>After obtaining consent, collect exposed employee’s blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status</p> <p>If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.</p>
<p>Administration Of Post-Exposure Evaluation and Follow-Up</p>	<p>Exposed employee ensures that the health care professional evaluating an employee after an exposure incident receives the following:</p> <ul style="list-style-type: none"> • A description of the employee’s job duties relevant to the exposure incident • Route(s) of exposure • Circumstances of exposure • If possible, results of the source individual’s blood test • Relevant employee medical records, including vaccination status <p>Exposed employee provides the supervisor with a copy of the evaluating health care professional’s written opinion.</p>
<p>Procedures For Evaluating the Circumstances Surrounding an Exposure Incident</p>	<p>Supervisor will review the circumstances of all exposure incidents to determine:</p> <ul style="list-style-type: none"> • Work practices followed • A description of the device being used (including type and brand) • Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.) • Location of the incident • Procedure being performed when the incident occurred • Employee’s training <p>Each Supervisor will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.</p>

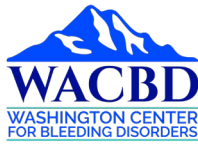


Procedure 4- Workplace Controls	
Workplace Practice Controls	<p>Workplace practice controls serve to reduce worker exposure either by removing the hazard or by isolating/ shielding the worker from exposure. Examples are:</p> <ul style="list-style-type: none"> • PPE • Needles with safety features (e.g., self-sheathing needles, retractable needles) • Sharps disposal containers
Hand Hygiene	<p>Hand hygiene facilities must be available. If a sink with warm running water is not immediately available, an alcohol-based gel hand sanitizer should be used until the employee can wash hands in a sink. Employees should immediately wash hands with soap and water upon glove removal and on completion of tasks involving contact with human blood or body fluids. More information on hand hygiene can be found in WACBD Infection Control Policy.</p>
Sharps	<p>Bloodborne Pathogens exposures occur readily from needlestick or sharps injury to the skin. Sharps are devices, such as needles, scalpels, and lancets, which are used to cut or pierce skin, blood vessels or tissue.</p> <p>Preventative sharps safety practices are listed below:</p> <ul style="list-style-type: none"> • Avoid using a sharps device when it is not necessary, or use tools to minimize the hazard, such as a safety device or needle syringe holder • Needles must not be recapped, purposely bent, or broken, removed from disposable syringes, or otherwise manipulated. If recapping a syringe is unavoidable, then a safe procedure for doing this, for example., the one-hand scoop method is preferable when recapping • Ideally syringe preparation and injection should occur at the same location. • Point the needle away from yourself. • Always keep visual contact with the needle while uncapped. • Do not use excessive force when using sharps. • Sharps are not to be placed in the regular trash. • Needles with safety features should be used whenever possible • Needles or sharps of any kind shall not be left on the work surface. Instead, a syringe holder or magnetic strip can be used to hold razor blades. • After use, needles and disposable scalpel blades, lancets, and other

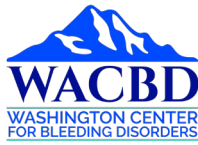


	<p>contaminated sharp items (i.e., broken glass, razor blades, fragile glass items, glass slides and cover slips) must be placed in puncture-resistant sharps containers for disposal.</p> <ul style="list-style-type: none"> • Dispose of contaminated reusable sharps immediately, or as soon as possible after use, in appropriate sharps containers until properly decontaminated.
Eating and Drinking	<p>Eating, drinking, and other activities, including applying cosmetics or lip balm, handling contact lenses, placing any article in the mouth, eyes, or nose, or other contact with mucous membranes are prohibited in work areas where there is a likelihood of occupational exposure to bloodborne pathogens.</p> <p>Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or bodily fluids are stored or used.</p>
Mouth Pipetting/Suctioning	<p>To prevent accidental ingestion of potentially infectious materials, mouth pipetting or suctioning is strictly prohibited.</p>
Centrifuging	<p>Containment devices such as centrifuge safety cups and sealed rotors are recommended to protect the worker from exposure to microbial aerosols and droplets. Safety characteristics of centrifuges are only effective if the equipment is operated properly, thus training in the correct use of the equipment and routine inspections, with regular re-certification of the centrifuge are essential.</p>
Transporting and Shipping Biohazardous Materials	<p>Specimen containers used for blood or bodily fluids must be leak-proof. They also need to be red in color or labeled with the biohazard symbol. Anytime specimens of blood or bodily fluids are transported within the building or between buildings, the specimen container must be placed inside a secondary container that is also leak-proof, providing a double barrier. All specimens of blood or bodily fluids must be properly packaged for shipment by mail or courier service.</p>
Equipment Servicing and Maintenance	<p>Equipment that may be contaminated with blood or bodily fluids must be decontaminated prior to servicing. Equipment being repaired or disposed of must be decontaminated. If a portion of the equipment cannot be decontaminated, the equipment must be labeled with the biohazard label as well as stating which portion of the equipment remains contaminated. This information must be conveyed to all repair workers and servicing representatives and/or the manufacturer as necessary prior to handling, servicing, or shipping so that appropriate precautions will be taken.</p>

Procedure 5- PPE	
Personal Protective Equipment (PPE)	<p>Requirements</p> <ul style="list-style-type: none"> • Supervisors must ensure PPE for identified biohazards is readily available in

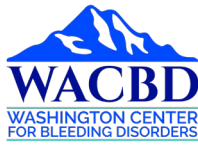


	<p>appropriate sizes at the worksite or is issued to the worker. The supervisor is responsible for ensuring a PPE biohazard assessment is completed and required PPE is documented and on hand for employees to use.</p> <ul style="list-style-type: none"> • Supervisors must ensure PPE is worn correctly by staff. • Required PPE is provided at no cost to employees. • PPE includes but is not limited to gloves, gowns, laboratory coats, face shields or masks, eye protection (goggles, safety glasses with side shields) mouthpieces, resuscitation bags, and pocket masks or other ventilation devices. • To be effective, PPE must prevent blood or bodily fluids from soaking through to the employees clothing, undergarments, skin, eyes, mouth, or other mucous membrane under normal conditions of use and for the duration of time for which the PPE will be used. • PPE must be properly cleaned or disposed of and repaired or replaced as needed to maintain its effectiveness. <p>More PPE information can be found in WACBD Infection Control Policy</p>
Gloves	<p>Appropriate gloves (latex or nitrile) must be provided to and worn by workers when handling blood or bodily fluids. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives are recommended to prevent allergies to latex. Double gloves may appropriately be used by persons with dermatitis, skin breaks, or as needed when working directly with biohazardous agents.</p> <p>Replace disposable gloves when contaminated, torn, punctured, or when their ability to function as a barrier is compromised.</p> <p>Do not wash or decontaminate disposable gloves for reuse.</p> <p>Wear nitrile or other chemically resistant gloves when working with chemicals.</p>
Face Protection	<p>Moisture resistant surgical face masks in combination with eye protection devices such as goggles, close fitting glasses with solid side shields, or chin-length face shields must be worn whenever splashes, spray, splatter, droplets of blood, or bodily fluids may be generated and where eye, nose, or mouth contamination can be anticipated.</p> <p>A table-top plexi-glass shield can provide additional protection from splash/splatter when work is performed behind the shield</p>
Use and Removal	<p>Supervisors must ensure that employees use appropriate PPE when performing tasks with identified biohazards. The types of PPE worn will depend upon the work being done and the exposure anticipated. PPE must be removed and discarded carefully to</p>



	prevent cross contamination. Hands must be washed after removal of PPE and any time they may be contaminated.
Cleaning, Laundering or Disposal	<p>Single use PPE must be properly disposed of immediately after use. WACBD ensures that laundry service for personal protective clothing is provided. Workers must not launder any personal protective clothing in their homes; the employer provides this service.</p> <p>All laundry shall be handled using contracted laundry services. If the contaminated laundry is wet and presents a reasonable likelihood of leakage, it must be double bagged in plastic or other leakproof bag.</p>

Procedure 6- Sanitation Practices	
Worksite Conditions	It is the responsibility of WACBD to ensure the worksite is maintained in a clean and sanitary condition.
Spill Clean-up	<p>All clinical workers must be familiar with procedures for clean-up of spills of blood and potentially infectious materials. It is recommended that the use of glass be avoided whenever possible when working with biohazards since sharp broken glass can add another hazard.</p> <p>Each department shall have a specific procedure for dealing with spill cleanup based on the type and quantity of blood or bodily fluids handled, as well as the surfaces to be decontaminated. In addition to the procedure, cleanup supplies must be readily available.</p> <p>Supplies for clean-up should include suitable disinfectants, gloves, paper towels or other absorbent material, forceps or tongs for broken glass or other sharps, an autoclavable squeegee and dustpan, and autoclave bags or other disposal containers.</p>
Biohazardous Waste	<p>All biohazardous waste removal must be handled by Stericycle and disposable sharps containers must not be reused. Broken contaminated glassware too large to fit into the appropriate containers shall be picked up and transported by Stericycle to be disposed of.</p> <p>Other biohazardous waste that does not pose the threat of skin puncture shall be placed in biohazard bags.</p> <p>The Biohazard Warning Sign must be used to restrict access when work with biohazardous materials is taking place. (See more in Procedure 9)</p> <p>The sign includes the universal biohazard symbol which is required to have the fluorescent orange background with the symbol and lettering in a contrasting color.</p> <p>Biohazard warning labels shall either be an integral part of the container or shall be affixed as close as feasible to the container by adhesive or other method that prevents label loss or unintentional removal.</p> <p>Warning labels must be affixed to containers of biohazardous waste, refrigerators, and</p>



	freezers containing blood, bodily fluids, and other containers used to store, transport, mail, or ship.
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Procedure 7- HBV Vaccine

<p>Hepatitis B virus (HBV) vaccinations</p>	<p>WACBD offers the vaccination available to all employees, so they are protected from the hepatitis B virus (HBV) following the WAC 296-823-13005</p> <p>Though the risk of exposure to HBV is low, the hepatitis B vaccination series is available to all employees who have occupational exposure and that it is:</p> <ul style="list-style-type: none"> a) Available at no cost to the employee; b) available to the employee at a reasonable time c) administered by or under the supervision of a licensed physician or administered by another licensed health care professional; d) provided according to recommendations of the United States Public Health Service that are current at the time these evaluations and procedures take place; Chapter 296-823 WAC Occupational Exposure to Bloodborne Pathogens e) available to any employee after the employee has received training and within ten working days.
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<p>Exceptions & Right to Decline</p>	<p>The hepatitis B vaccination will not be needed if:</p> <ul style="list-style-type: none"> a) The employee has previously received the complete hepatitis B vaccination series; b) an antibody test has revealed that the employee is immune to hepatitis B; c) there are medical reasons not to give the vaccine; d) the employee is not in direct contact with patients. <p>WACBD will provide and obtain employee’s written opinion for hepatitis B vaccination within 10 working days.</p> <p>Employees do have the option to decline HBV vaccination.</p>
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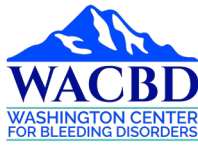
Procedure 8- Labels

<p>Labels</p>	<p>You must attach appropriate labels to:</p> <ul style="list-style-type: none"> a) Containers used to store, transport, or ship blood or other potentially infectious materials (OPIM) including refrigerators and Freezers. b) Sharps containers; c) Contaminated equipment; d) Laundry bags and containers;
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	<p>e) Specimen containers; Chapter 296-823 WAC Occupational Exposure to Bloodborne Pathogens</p> <p>f) Regulated waste containers.</p> <p>You must make sure that labels:</p> <p>a) Include the following symbol:</p> <div style="text-align: center;">  </div> <p>b) Are all or mostly fluorescent orange or orange-red with lettering and symbol in a contrasting color</p> <p>c) Are attached to the container by string, wire, adhesive, or other method so they cannot become lost or accidentally removed.</p>
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Procedure 9- Training	
Employee Training	<p>All employees who have occupational exposure to bloodborne pathogens receive initial and annual training. All employees will have training on BBP online through OASIS.</p> <p>All employees will take Bloodborne Pathogen Awareness 2.0 annually.</p> <p>In addition, upon hire Clinical, Pharmacy, and Research employees will take:</p> <ul style="list-style-type: none"> • Bloodborne Pathogens Impact: Controls That Reduce or Eliminate Transmission • Bloodborne Pathogens Impact: Decontamination Procedures • Bloodborne Pathogens Impact: Measures to Take for Skin or Eye Exposures • Bloodborne Pathogens Impact: Modes of Transmission • Bloodborne Pathogens Impact: Procedures to Follow if an Exposure Occurs • Bloodborne Pathogens Impact: Proper Use and Handling of PPE

Procedure 10- Record Keeping	
Training Records	<p>Training records are completed for each employee upon completion of training. These documents will be kept for at least three years within the Compliance Officer's office.</p> <p>The training records include:</p> <ul style="list-style-type: none"> • Dates of the training sessions • Contents or a summary of the training sessions



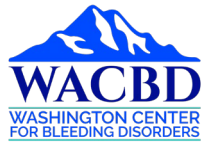
	<ul style="list-style-type: none"> • Names and qualifications of persons conducting the training • Names and job titles of all persons attending the training sessions <p>Employee training records are provided upon request to the employee or the employee’s authorized representative.</p>
<p>Medical Records</p>	<p>Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, “Access to Employee Exposure and Medical Records.”</p> <p>Each supervisor is responsible for maintenance of the required medical records. These confidential records are kept in the compliance officer’s office for at least the duration of employment plus 30 years.</p> <p>Employee medical records are provided upon request of the employee or to anyone having written consent of the employee. Such requests should be sent to the supervisor</p>
<p>OSHA Recordkeeping</p>	<p>An exposure incident is evaluated to determine if the case meets OSHA’s Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the compliance officer. WACBD utilizes OSHA’s form 300 and 301, each will be kept for 5 years following the year in which the injury occurs.</p>
<p>Sharps Injury Log</p>	<p>In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:</p> <ul style="list-style-type: none"> • Date of the injury • Type and brand of the device involved (syringe, suture needle) • Department or work area where the incident occurred • Explanation of how the incident occurred. <p>This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report</p>

RELEVANT REFERENCES:

- WAC 296-823 was used as a guide for this Policy
- [Bloodborne Pathogens \(osha.gov\)](http://www.osha.gov)

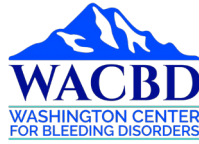
APPROVING COMMITTEE(S):

Policy and Compliance Committee



REVISION HISTORY

	Final Approval by	Date	Brief description of change/revision
Revision			
Revision			



Post Exposure Log

OSHA's Form 300
Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20__
U.S. Department of Labor
Occupational Safety and Health Administration

Please Record:

- Information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.
Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.
Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.

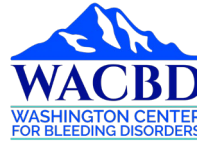
Reminders:

- Complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.
Feel free to use two lines for a single case if you need to.
Complete the 5 steps for each case.

Form approved OMB no. 1218-0176

Step 1. Identify the person (A-F)
Step 2. Describe the case (A-F)
Step 3. Classify the case (G-J)
Step 4. Enter the number of days the injured or ill worker was: (K-L)
Step 5. Select one column: (M) Injury, Skin disorder, Respiratory condition, Poisoning, Hearing loss, All other illnesses.

Page totals



OSHA's Form 301 Injury and Illness Incident Report

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy the printout or insert additional form pages in the PDF, and then use as many as you need.

Completed by _____
Title _____
Phone _____ Date _____
Month Day Year

Information about the employee

- 1) Full name _____
- 2) Street _____
City _____ State _____ ZIP _____
- 3) Date of birth _____
Month Day Year
- 4) Date hired _____
Month Day Year
- 5) Male Female

Information about the physician or other health care professional

- 6) Name of physician or other health care professional _____
- 7) If treatment was given away from the worksite, where was it given?
Facility _____
Street _____
City _____ State _____ ZIP _____

- 8) Was employee treated in an emergency room?
 Yes
 No
- 9) Was employee hospitalized overnight as an in-patient?
 Yes
 No

Information about the case

- 10) Case number from the Log _____ (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness _____
Month Day Year
- 12) Time employee began work (HH:MM) _____ AM PM
- 13) Time of event (HH:MM) _____ AM PM Check if time cannot be determined

* Re fields 14 to 17: Please do not include any personally identifiable information (PII) pertaining to worker(s) involved in the incident (e.g., no names, phone numbers, or Social Security numbers).

- 14) * What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

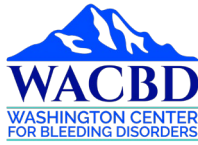
- 15) * What Happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

- 16) * What was the injury or illness? Tell us the part of the body that was affected and how it was affected. Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

- 17) * What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

- 18) If the employee died, when did death occur? Date of death _____
Month Day Year

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.



Post Exposure Attestation Form

Date of Injury/Exposure: _____

Today's Date: _____

Employee Name: _____

Employee DOB: _____

Recommendation:

Employee was encouraged by WACBD to present the injury/exposure to nearest medical treatment facility for proper evaluation and treatment within 24 hours after event.

Body part(s) injured/exposed: _____

Brief description the injury/exposure that took place on date above:

I attest I have received and understand the Bloodborne Pathogens (BBP) Policy as part of my employment. I understand it is recommended I seek medical treatment after a work-related injury/exposure. I understand I have the right to decline medical treatment, and if so, will complete the Employee Waiver of Medical Treatment form.

Employee's Name

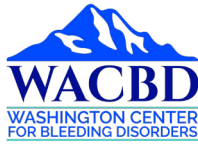
Employee's Signature

Supervisor's Name

Supervisor's Signature

This form has been completed by: _____

In the event of supervisor not being present in office, the supervisor can sign the form the following day.



Employee Waiver of Medical Treatment

Date of Injury/Exposure: _____

Today's Date: _____

Employee Name: _____

Department: _____

My supervisor did not receive notification of this injury/ incident.

My supervisor did receive notification of this injury/ incident.

Brief description the injury/exposure that took place on date above:

Body part(s) injured/exposed:

I have been advised of the Washington Center for Bleeding Disorders procedures for seeking medical treatment for my work-related injury/illness. By signing below, I am choosing to decline medical treatment for the above referenced injury. I acknowledge that Washington Center for Bleeding Disorders and my supervisor, in good faith, have offered and made available to me the opportunity to seek necessary medical treatment. I am aware that by declining medical treatment at this time my employer will not be responsible for any medical expenses or lost wages. I understand that I am solely and completely responsible for seeking medical attention on my own and will be solely and completely responsible for any, and all, subsequent bills associated with the decision to decline medical treatment for the above referenced injury. I further understand that my signature on this waiver form may result in the loss of benefits under Washington State's Worker's Compensation Program and/or Washington State Labor and Industries' Compensation Programs.

Employee's Name

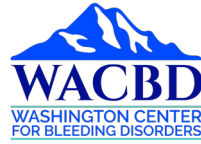
Employee's Signature

Supervisor's Name

Supervisor's Signature

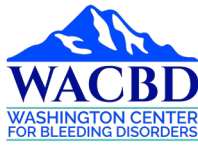
Compliance Officer's Name

Compliance Officer's Signature



Sharps Injury Log 2021

<i>Date of Injury</i>	<i>Employee Job Title/ Category</i>	<i>Location of Incident/ Work Area</i>	<i>Brand/ Type of Sharps</i>	<i>Description of Incident</i>



Hepatitis B Vaccination Consent Form

Acceptance

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk for being infected by bloodborne pathogens, including Hepatitis B (HBV). This is to certify that I have been informed of the symptoms and hazards associated with these viruses, as well as the modes of transmission of Bloodborne Pathogens. I have been given the opportunity to be vaccinated with the Hepatitis B Vaccine, at no charge to myself. Based on the information and training I have received; I am making an informed consent to accept the Hepatitis B vaccine.

I understand that participation is voluntary, and my consent or refusal of vaccination does not waive any rights under my employment. In addition, I can withdraw from the vaccination regimen at any time.

Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. 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 continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

CHECK ONE:

_____ I ACCEPT Hepatitis B Vaccine inoculation; OR

_____ I DECLINE Hepatitis B Vaccine inoculation

_____ I ATTEST that I have already received Hepatitis B Vaccine

Employee Name

Employee Signature

Date

HEPATITIS B

General Information

What is hepatitis?

"Hepatitis" means inflammation of the liver. The liver is a vital organ that processes nutrients, filters the blood, and fights infections. When the liver is inflamed or damaged, its function can be affected. Heavy alcohol use, toxins, some medications, and certain medical conditions can cause hepatitis. However, hepatitis is most often caused by a virus. In the United States, the most common types of viral hepatitis are Hepatitis A, Hepatitis B, and Hepatitis C.



The only way to know if you have Hepatitis B is to get tested.

What is Hepatitis B?

Hepatitis B can be a serious liver disease that results from infection with the Hepatitis B virus. **Acute Hepatitis B** refers to a short-term infection that occurs within the first 6 months after someone is infected with the virus. The infection can range in severity from a mild illness with few or no symptoms to a serious condition requiring hospitalization. Some people, especially adults, are able to clear, or get rid of, the virus without treatment. People who clear the virus become immune and cannot get infected with the Hepatitis B virus again.

Chronic Hepatitis B refers to a lifelong infection with the Hepatitis B virus. The likelihood that a person develops a chronic infection depends on the age at which someone becomes infected. Up to 90% of infants infected with the Hepatitis B virus will develop a chronic infection. In contrast, about 5% of adults will develop chronic Hepatitis B. Over time, chronic Hepatitis B can cause serious health problems, including liver damage, cirrhosis, liver cancer, and even death.

How is Hepatitis B spread?

The Hepatitis B virus is spread when blood, semen, or other body fluids from an infected person enters the body of someone who is not infected. The virus can be spread through:

- **Sex with an infected person.** Among adults, Hepatitis B is often spread through sexual contact.
- **Injection drug use.** Sharing needles, syringes, and any other equipment to inject drugs with someone infected with Hepatitis B can spread the virus.
- **Outbreaks.** While uncommon, poor infection control has resulted in outbreaks of Hepatitis B in healthcare settings.
- **Birth.** Hepatitis B can be passed from an infected mother to her baby at birth. Worldwide, most people with Hepatitis B were infected with the virus as an infant.

Hepatitis B is **not** spread through breastfeeding, sharing eating utensils, hugging, kissing, holding hands, coughing, or sneezing. Unlike some forms of hepatitis, Hepatitis B is also not spread by contaminated food or water.

What are the symptoms of Hepatitis B?

Many people with Hepatitis B do not have symptoms and do not know they are infected. If symptoms occur, they can include: fever, feeling tired, not wanting to eat, upset stomach, throwing up, dark urine, grey-colored stool, joint pain, and yellow skin and eyes.

When do symptoms occur?

If symptoms occur with an acute infection, they usually appear within 3 months of exposure and can last up to 6 months. If symptoms occur with chronic Hepatitis B, they can take years to develop and can be a sign of advanced liver disease.

Continued on next page



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

How would you know if you have Hepatitis B?

The only way to know if you have Hepatitis B is to get tested. Blood tests can determine if a person has been infected and cleared the virus, is currently infected, or has never been infected.

Who should get tested for Hepatitis B and why?

CDC develops recommendations for testing based upon a variety of different factors. Here is a list of people who should get tested. The results will help determine the next best steps for vaccination or medical care.

All pregnant women are routinely tested for Hepatitis B. If a woman has Hepatitis B, timely vaccination can help prevent the spread of the virus to her baby.

Household and sexual contacts of people with Hepatitis B are at risk for getting Hepatitis B. Those who have never had Hepatitis B can benefit from vaccination.

People born in certain parts of the world that have increased rates of Hepatitis B. Testing helps identify those who are infected so that they can receive timely medical care.

People with certain medical conditions should be tested, and get vaccinated if needed. This includes people with HIV infection, people who receive chemotherapy and people on hemodialysis.

People who inject drugs are at increased risk for Hepatitis B but testing can tell if someone is infected or could benefit from vaccination to prevent getting infected with the virus.

Men who have sex with men have higher rates of Hepatitis B. Testing can identify unknown infections or let a person know that they can benefit from vaccination.

How is Hepatitis B treated?

For those with acute Hepatitis B, doctors usually recommend rest, adequate nutrition, fluids, and close medical monitoring. Some people may need to be hospitalized. People living with chronic Hepatitis B should be evaluated for liver problems and monitored on a regular basis. Treatments are available that can slow down or prevent the effects of liver disease.

Can Hepatitis B be prevented?

Yes. The best way to prevent Hepatitis B is by getting vaccinated. The Hepatitis B vaccine is typically given as a series of 3 shots over a period of 6 months. The entire series is needed for long-term protection.

Who should get vaccinated against Hepatitis B?

All infants are routinely vaccinated for Hepatitis B at birth, which has led to dramatic declines of new Hepatitis B cases in the US and many parts of the world. The vaccine is also recommended for people living with someone infected with Hepatitis B, travelers to certain countries, and healthcare and public safety workers exposed to blood. People with high-risk sexual behaviors, men who have sex with men, people who inject drugs, and people who have certain medical conditions, including diabetes, should talk to their doctor about getting vaccinated.

For more information

Talk to your doctor, call your health department, or visit www.cdc.gov/hepatitis.