Melbourne Beach Volunteer Fire Department
Exposure Control Plan
2023

Review and Revision

Review Date	Reviewer(s)
10 Oct 2011	David Micka
10 Jan 2012	David Micka
07 Dec 2012	David Micka
10 Jan 2014	David Micka
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PURPOSE: To provide a comprehensive infection control system which maximizes protection against communicable diseases for all Fire Department personnel and for the public that we serve.

SCOPE: This policy applies to all personnel within the Melbourne Beach Volunteer Fire Department, volunteer/employee, who are involved in fire fighting, hazardous material incident control, rescue, or emergency medical services which involve occupational exposure to blood or other potentially infectious materials.
The Department recognizes the potential for transmission of certain bloodborne infections to firefighters through contact with blood and body fluids and requires that specific precautions to minimize the risk of exposures. Universal precautions will be used where there is blood or body fluids to protect firefighters, patients, and citizens against the spread of infectious diseases.
This plan will be reviewed annually beginning on September 15, 2010 and as needed to reflect changes in procedures, policies or work rules.

POLICY: The Department recognizes that communicable disease exposure is an occupational health hazard. Communicable disease transmission is possible during any aspect of operations including emergency response, training and while in the station.
It is the Department's policy to,

A. Provide services to all persons requiring them without regard to known or suspected diseases in any patient.

B. Regard all patient contacts as potentially infectious and to take universal precautions at all times.

C. Provide Department personnel with the necessary training, immunizations and protective equipment to reduce the risk to firefighters and members of the public.

D. Recognize the need for infection controls in the workplace.

E. Prohibit discrimination of any Department member based on infection with HIV or HBV virus.

F. Regard all medical information on Department personnel as confidential.

DEFINITIONS:

Blood - Human blood, human blood components and products made from human blood.

Bloodborne Pathogens - Pathogenic microorganisms that are present in human blood that can cause disease in humans. These pathogens include, but are not

limited to Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV).

Contaminated - The presence or the reasonably anticipated presence of blood or other potentially infectious material on an item.

Contaminated Laundry - Laundry which has been soiled with blood or other potentially infectious materials or that may contain 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 longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

Engineering Controls - Controls (e.g., sharps disposal containers, self sheathing needles) that isolate or remove the bloodborne pathogens hazard from the work place.

Exposure Incident - A specific eye, mouth, other mucus membrane, non-intact skin, or other contact with blood or potentially infectious materials that result from the performance of volunteer/employee job tasks.

Firefighter – A volunteer /employee of the Melbourne Beach Volunteer Fire Department, of any rank or job title, who is involved in fire fighting, hazardous material incident control, rescue, or emergency medical services.

Hand Washing Facilities **–** facilities providing adequate supply of running potable water, soap and single use towels or hot air drying machines.

HBV - Hepatitis B Virus

HCV - Hepatitis C Virus

HIV - Human Immunodeficiency Virus

Licensed Health Care Professionals **-** Persons whose legally permitted scope of practice allows them to independently perform Hepatitis B Vaccination and Post-exposure Evaluation and Follow-ups.

Occupational Exposure - Reasonably anticipated skin, eye, mucus membrane or parenteral contact with blood or other potentially infectious materials that may result from performance of an employee's duties.
Other Potentially Infectious Materials (OPIM) –

A. The following human fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids where it is difficult or impossible to differentiate between body fluids.

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

C. HIV containing cell or tissue cultures, organ cultures, and HIV or HBV containing medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral - Piercing mucus membranes or the skin barrier through needlesticks, human bites, cuts, abrasions, etc.

Personal Protective Equipment - Specialized clothing or equipment worn for protection against a communicable disease.

Regulated Waste - means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Seroconversion – the time which a person’s antibody status changes from negative to positive.

Sharps - means any object which can penetrate skin including, but not limited to, needles, scalpels, broken glass, and broken capillary tubes.

Source Individual - An individual, living or dead, whose blood or other potentially infectious materials may be a source of exposure.

Sterile - The use of a physical or chemical procedure to destroy all micro-organisms including highly resistant bacteria.

Universal Precautions - An approach to infection control which calls for all human blood and certain body fluids to be treated as if they are known to be infectious for HIV, HBV, HCV and other bloodborne pathogens.

Work Place Controls - Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

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I. Exposure Determination - All personnel within the Melbourne Beach Volunteer Fire Department, volunteer/employee, who are involved in fire fighting, hazardous material incident control, rescue, or emergency medical services may be exposed to blood and other potentially infectious materials. Positions affected include

Firefighter
Driver Engineer
Lieutenant
Captain
Battalion Chief
Assistant Chief
Deputy Chief
Chief of Department
Fire Marshal
Training Officer
Safety Officer
Support

II. Methods of Compliance

A. Universal precautions shall be observed to prevent contact with blood and other potentially infectious materials. All body fluids shall be considered potentially infectious materials.

B. Work Practices

1. Gloves will be worn for all patient/victim contact. Gloves will be worn for touching blood and body fluids, mucus membranes or non-intact skin of all patients, for handling items soiled with blood or body fluids, and for performing all cleaning of soiled surfaces. Gloves are to removed and hands washed after contact with each patient or each use for cleaning or handling potentially infectious materials.

2. All firefighters will wash hands and exposed skin with soap and water when feasible, or flush mucus membranes with water as soon as practical following contact with potentially infectious materials.

3. Hands must be washed for a minimum of 15 seconds after doffing gloves, before eating or preparing food, and after contact with body fluids, mucus membranes or broken skin.

4. When hand washing is not possible, firefighters will clean their hands with an antiseptic towelette or hand cleanser, and then wash their hands with soap and water at the earliest possible time.

5. Any other skin, mucus membrane, or body area that has come in contact with potentially infectious material must be washed as soon as possible.

6. Immediately after use, sharp items such as needles and lancets shall be placed in a leak-proof, puncture-resistant container. Contaminated sharps shall not be recapped or otherwise manipulated by hand. Whenever possible firefighters will leave handling and disposal of sharps to EMS. When firefighters must dispose of sharps or contaminated broken glassware, all handling will be with tongs or forceps. Also glass can be cleaned up with a brush and dustpan.

7. All procedures involving blood or OPIM shall be performed to minimize splashing and spattering.

8. Infectious waste, any disposable item which comes in contact with body fluids, shall be handled with gloves and shall be placed in an impermeable red bag.

9. Any disposable item which comes in contact with body fluids, shall be handled with gloves and shall be placed in an impermeable yellow bag to be decontaminated.

10. No potentially infectious waste will be left at the scene of an incident.

C. Personal Protective Equipment (PPE)

1. When PPE is removed it shall be, decontaminated or disposed of in an appropriate container.

2. Personnel in contact with patients/victims will have examination gloves and goggles with them at all times.

a. These are available on each department vehicle.

b. Gloves will be worn for all patient/victim contact. Gloves must be worn for touching blood and body fluids, mucus membranes or non-intact skin of all patients/victims, and for cleaning of soiled surfaces.

c. Gloves are to be removed and hands washed after contact with each patient or each use for cleaning or handling potentially infectious items.

d. Structural fire fighting protective clothing will be worn for all incidents requiring this protection. Additionally latex gloves will be worn under the firefighters gloves when infectious materials may be encountered such as during vehicle extrication. Because of the potential for burns, latex gloves should not be worn under fire fighting gloves where there is exposure to extreme heat.

3. Masks shall be worn in combination with goggles or glasses with solid side shields whenever droplets of blood or OPIM may be splashed in the eyes, nose, or mouth. Face shields on structural fire fighting helmets shall not be used for exposure control; however, SCBA masks are acceptable when on air.

4. Gowns, waterproof aprons or structural fire fighting gear shall be worn during procedures that are likely to generate splashes of blood or other body fluids.

D. Equipment Cleaning

1. Routine cleaning of equipment will be done on a daily basis.

2. Vehicles, tools and other equipment that is exposed to body fluids will be cleaned with an antiseptic cleaner followed by soap and water.

E. Contaminated Sharps

1. A sharps container is carried in each engine, the squad and utility.

2. The sharps container must be kept in an upright position when used and shall be replaced immediately after the first use, not used until full.

3. Sharps will only be picked up with pliers or tongs, never by hand.

4. Sharps containers should be closed to prevent spillage, placed in a second container if leaking, and handled with care.

5. Used sharps containers shall be capped, taped, and dated for disposal.

6. Used sharps containers will be given to Brevard County EMS for disposal.

F. Contaminated materials shall be handled as little as possible. When handling contaminated materials, firefighters will wear latex gloves and other appropriate PPE. All soiled linen shall be placed in red bags that prevent leakage.

G. Disposal of Waste

1. All waste will be placed in red plastic bags or labeled sharps containers.

2. Whenever possible, contaminated waste will be given to an on-scene EMS crew for disposal.

3. Waste not given to an on-scene EMS crew will be transported back to the fire station in a non-passenger area of the vehicle. No more than 50 lbs of waste material may be transported.

4. The waste will then be double bagged, the bags sealed and placed in the Bio-Hazard Storage Container to await pickup.

5. Heavily soiled waste materials, those with unabsorbed body fluids, will be double bagged, placed in the Bio-Hazard Storage Container to await pickup.

H. Hepatitis B Vaccination

1. All personnel who are at risk to occupational exposure will have the Hepatitis B vaccination, post exposure evaluation and follow up made available at no cost.

2. The Hepatitis B vaccination will be available after the firefighter receives training on the Hepatitis B vaccine, its safety, method of administration, the benefits of being vaccinated, and within ten working days of initial shift assignment (career personnel) or station acceptance (volunteer personnel). The vaccination will not be given to anyone who has received the complete Hepatitis B vaccination series, or if antibody testing shows that the firefighter is immune. If the individual is allergic to yeast, an alternate Hepatitis B vaccine will be offered.

3. Each firefighter must sign a consent/refusal form verifying that this vaccination was offered to him/her (See Appendix A).

4. Hepatitis B Vaccine Schedule.

    a. The first dose will be given within 10 days of initial assignment to a position where there is potential for exposure.

    b. The second dose will be given one month following the first injection.

    c. The third dose will be given six months following first injection.

5. All injections are to be given into the upper arm muscle (deltoid) using a Hepatitis B recombinant vaccine unless otherwise specified by a physician.

I. Post-Exposure Evaluation and Follow-up

1. Following exposure, an exposure report will be completed to include the routes of exposure, the circumstances under which the exposure occurred, and, if known, identification of the source individual.

2. The source individual's blood shall be tested for HBV and HIV as soon as possible. When the source individual is already known to be infected with HBV or HIV testing need not be repeated.

3. Results of the source individual's testing will be made available to the exposed firefighter. The firefighter shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

4. The firefighters's blood shall be collected as soon as possible after consent is obtained. If the firefighter does not desire immediate baseline testing, his/her blood will be maintained for a period of 90 days for the purpose of baseline HIV testing.

5. See the Post-Exposure Protocol in this plan for the complete procedure.

J. Communication of Hazards to Personnel

1. Warning labels shall be affixed to containers of regulated waste containing blood or OPIMs.

2. Potentially infectious waste will be placed in red plastic bags.

K. Information and Training

1. All personnel with the potential for occupational exposure shall participate in an exposure control training program.

2. The training will be provided on initial assignment to a position that has potential for exposure and annually after that.

3. Training will be provided when changes occur, such as modifications of procedures, and with the use of new products that may affect occupational exposure.

4. The training program shall contain at least the following elements.

a. Information on the location of 29 CFR 1910.1030 This is available for review in the Chief’s office located at the Fire Station.

b. A general explanation of the symptoms of bloodborne diseases.

c. An explanation of the modes of transmission of bloodborne pathogens.

d. An explanation of this exposure control plan and fact that a copy of the policy will be located at the fire station.

e. Training in recognizing activities that may involve exposure to blood or OPIMs.

f. An explanation of methods and their limitations for reducing exposure including appropriate engineering controls, work practices, and PPE.

g. Information on the types, proper use, location, removal, handling, decontamination and disposal of PPE.

h. Instruction on how to select PPE for different situations.

i. Information on the Hepatitis B vaccine, including its effectiveness, safety, method of administration, the benefits of being vaccinated, and the fact that the vaccination is offered at no charge to firefighters.

j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIMs.

k. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.

l. Information on the post-exposure evaluation and follow up provided for the firefighter following an exposure.
m. An explanation of the labels and color coding required by the exposure control plan.
n. An opportunity for interactive questions and answers with the person conducting the training session.

L. Record keeping

1. The Melbourne Beach Volunteer Fire Department maintains a record for each employee who has occupational exposure in accordance with 29 CFR 1910.20. The record includes,

a. The name and social security number of the firefighter, a copy of the firefighter's Hepatitis B vaccination status including the dates of all hepatitis vaccinations and any medical records relative to the firefighter's ability to receive the vaccination.

b. A copy of all results of examinations, medical testing, and follow up procedures as required.

c. The employer's copy of the health care professional's written opinion.

d. A copy of the information provided to the health care professional.

2. Medical records shall be kept confidential and shall not be disclosed to any person within or outside the Department, except as required by law, without the employee's written consent.

3. The records shall be maintained for the duration of employment plus 30 years in accordance with 29 CFR 1910.20.

M. Training Records

1. Training records shall include the following information:

a. The dates of the training.

b. A summary of the training.

c. The names and qualifications of the persons conducting the training.

d. The names and job titles of all persons attending the training.

2. Training records shall be maintained for three years from the date on which the training occurred.

3. Firefighter training records will be provided upon request to the individual firefighter, and to anyone having written consent of the individual in accordance with 29 CFR 1910.20.

III. Responsibilities

A. The Chief of Department has overall responsibility for the operation of the Fire Department and for the Exposure Control Plan.

B. The Safety Coordinator has responsibility for reviewing and updating this plan, for reviewing administration of the infection control program and for making recommendations to the Chief of Department for improvements in procedures, equipment and training that will minimize the risk of occupational exposure.

C. The Safety Coordinator is the Department's Infection Control Officer, and is responsible for overseeing the Department's Safety programs and for ensuring that the Exposure Control Plan is current. Review the records of all personnel with the potential for exposure to see that they are trained and understand the plan, and that training records are being maintained properly. For ensuring that Hepatitis B vaccinations are offered to volunteers/employees who have potential for exposure, for coordinating post exposure protocols for department personnel and for administering exposure records.

D. The Training Officer is responsible for coordinating the initial phase of training and the annual on bloodborne pathogens for department personnel, all personnel with the potential for exposure are trained and understand the plan, and that training records are maintained properly.

E. Officers are responsible within the chain of command for following and enforcing infection control procedures in all phases of their areas of control.

F. All other personnel are responsible for complying with the infection control plan and with the training received.

POST EXPOSURE PROTOCOL

When a firefighter has an exposure to blood or OPIM, and when there is an indication that broken skin was exposed, or that he/she received a splash to the eye or another route for transmission of a bloodborne pathogen, the individual will receive treatment as recommended by the U.S. Public Health Service.

I. Hepatitis B Vaccination (HBV) Precautions

A. Conduct an HBV screening.

B. If the screen is positive (the patient has immunity), there is no need to give the Hepatitis B Immunodeficiency Globulin (HBIG), but the remainder of the protocol must be followed.

C. If the screen is negative, administer the HBIG as soon as possible. This must be done within 10 days of exposure.

D. Administer the Hepatitis A, Non-A, Non-B, and C Globulin.

II. Human Immunodeficiency Vaccination Precautions

A. Conduct a HIV screening

1. Do an Elisa test. If reactive, perform a Western Blot test to confirm the Elisa results.

2. Repeat the test six weeks, 12 weeks and six months after the exposure.

B. Keep HIV antibody testing confidential.

C. Initiate counseling.

1. Fear of AIDS can have a psychological impact on the firefighter and his/her family. All involved must be sensitive to individual's concerns.

2. Counseling should be initiated before the HIV testing and should be continued as needed throughout the testing period.

3. In addition to support and reassurance, counseling helps to prevent transmission to others if the disease is present.

4. HIV Facts

a. Hepatitis B and HIV are transmitted in the same manner and precautions are the same.

b. The rate of transmission of HIV from a needlestick exposure to blood from an unknown source is extremely low. The concentration of AIDS virus in the blood of infected persons is much lower than the concentration of Hepatitis B virus.

c. Individuals who become infected with the AIDS virus show changes in their blood tests in 6-12 weeks following exposure.

D. To protect others, the following information should be given to exposed employees by the treating physician.

a. The potential risk is extremely low.

b. Do not make blood donations.

c. Use appropriate protection during sexual intercourse.

d. Seek medical attention for any acute fever that occurs within 12 weeks of the exposure.

e. Reports will be handled confidentially.

f. The individual may already be immune to Hepatitis B due to a prior illness or a previous vaccine series. If screening tests show immunity, there is no need for the immunization series to be given, or in the case of exposure, no need for the Hepatitis B Immunodeficiency Globulin to be given. However, the remainder of the exposure protocol must be carried out.

APPENDIX A

HEPATITIS B VACCINATION RECORD

Name:____

SS#____

I have been informed of the benefits and risks of the Hepatitis B Vaccine. I understand these benefits and risks and have had the opportunity to ask questions.

I realize that:

1. If I receive the vaccine, I have a 90-95% chance of developing antibodies to the Hepatitis B surface antigen and therefore immunity to the Hepatitis B virus.
2. The duration of immunity is uncertain at this time, and I may have low or undetectable antibody levels 7 years after the vaccination series. A booster may be needed at that time.
3. The vaccine only protects against the Hepatitis B virus and does not confer immunity against the Hepatitis A or non A/non B agents.

☐ I agree to receive the HB Vaccine

____ ___________________________

Signature Date

Date Vaccinated Lot # Vaccination Performed By

(1)____

(2)____

(3)____

Declination of Hepatitis B Vaccination

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, at no 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 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.

____ ___________________________

Employee Signature Date

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APPENDIX B

Post Exposure Testing
Consent Form for **Source Individual**

As part of the evaluation of my involvement in an exposure to potentially infectious material by another employee, I have been requested by MBVFD Safety Coordinator to provide a blood sample for testing of HIV and Hepatitis B infectivity.

MBVFD is concerned about the potential risk to the employee from exposure to human immunodeficiency virus (HIV), the virus that causes acquired immunodeficiency syndrome (AIDS); HBV, the virus that causes Hepatitis B; and HCV, the virus that causes Hepatitis C.

If the HIV, HBV and/or HCV antibody test results are positive, I will be contacted by the Safety Coordinator. If I do not hear from the Safety Coordinator within three weeks, I should not assume that the test results were negative, but should contact the Safety Coordinator to get the results.

I have read the information on the back of this form. If I have any questions or requests for additional information I may contact the Safety Coordinator.

☐ I CONSENT TO HAVE BLOOD DRAWN FOR HBV/HCV ANTIBODY TESTING
☐ I CONSENT TO HAVE BLOOD DRAWN FOR HIV ANTIBODY TESTING
☐ I DO NOT CONSENT TO HAVE BLOOD DRAWN FOR HBV/HCV ANTIBODY TESTING
☐ I DO NOT CONSENT TO HAVE BLOOD DRAWN FOR HIV ANTIBODY TESTING

Records of the HIV-antibody test results WILL NOT be filed in my regular employee medical record but will be retained in confidential locked files in the Chief's Office consistent with the statutes to protect this information.

____________________	__________	____________________
Employee Name	Date	Employee Signature
____________________	__________	____________________
Safety Coordinator	Date	Signature

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APPENDIX C

Post Exposure Testing
Consent Form for **Exposed Individual**

As part of the evaluation of my involvement in an exposure to potentially infectious materials, I have been informed of my opportunity to have blood drawn and tested. I understand that if my blood is drawn, I may consent to Hepatitis B and/or Hepatitis C and/or HIV testing, or none of them.

I understand that if I do not consent to HIV testing within 90 days, the blood sample shall be destroyed without being tested.

The likelihood of infection with HIV from a needlestick or other puncture injury is estimated by the Centers for Disease Control to be less than one chance in 200. The risk from other types of exposure is much less. But, since there is a small risk of infection, I wish to be entered into the post-exposure management program.

As part of the management for this exposure, I consent to have blood drawn now, in three months, in six months, and in one year. The vast majority of people who become HIV positive will do so within three to six months of exposure. If I am not HIV-antibody positive at the end of this one-year period, it is unlikely that this exposure resulted in HIV infection.

Records of test results for the HIV-antibody test WILL NOT become part of my regular employee medical records but will be retained in confidential locked files in the Chief's office consistent with statutes to protect this information.

I have read the information on the back of this form.

- ☐ I CONSENT TO HAVE BLOOD DRAWN FOR HBV/HCV ANTIBODY TESTING
- ☐ I CONSENT TO HAVE BLOOD DRAWN NOW AND AT THREE MONTHS, SIX MONTHS, AND ONE YEAR AFTER EXPOSURE FOR HIV TESTING
- ☐ I DO NOT CONSENT TO HAVE BLOOD DRAWN FOR HBV/HCV ANTIBODY TESTING
- ☐ I DO NOT CONSENT TO HAVE BLOOD DRAWN FOR HIV ANTIBODY TESTING

______________________________	______________	___________________________
Employee Name (Print)	Date	Employee Signature
______________________________	______________	___________________________
Safety Coordinator (Print)	Date	Signature

I understand that I need to telephone Safety Coordinator to arrange an appointment to have blood drawn for further testing on approximately the following dates (month/day/year):

Baseline (today)	______/______/______	Six months	______/______/______
Three Months	______/______/______	One year	______/______/______

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APPENDIX D

INFORMATION TO THE HEALTHCARE PROFESSIONAL
PROVIDINGEVALUATION FOR BLOODBORNE
PATHOGEN EXPOSURE INCIDENT

To: Physicians or other healthcare professionals evaluating employees exposed to blood or other potentially infectious materials

* EXPOSED EMPLOYEE:____

  SS#:____

* EMPLOYER CONTACT:____________________TITLE:____________________

* ADDRESS:_________________________CITY:__________________________

* STATE:_________ZIP:_______________TELEPHONE:_____________

Enclosed you will find documents related to regulatory requirements regarding required evaluation, follow-up, and testing for individuals that may have been exposed to blood or other potentially infectious materials through an exposure incident during work activity. You should have the following documents:

* BLOODBORNE PATHOGEN EXPOSURE INITIAL MEDICAL EVALUATION

* BLOODBORNE PATHOGEN EXPOSURE MEDICAL FOLLOW-UP

* A copy of OSHA Regulations 29 CFR 1910.1030 Bloodborne Pathogens Rule for all locations except SLC-6

* Copies of relevant available medical records for the exposed employee

Please follow the Post-Exposure Evaluation and Follow-up Guidelines described in the attached and fill out the BLOODBORNE PATHOGEN EXPOSURE INITIAL MEDICAL EVALUATION - the completed original should be returned according to the above <u>and a copy should be given to the patient</u>. If medical follow-up is indicated, please use the BLOODBORNE PATHOGEN EXPOSURE MEDICAL FOLLOW-UP for all follow-up visits.

Your report(s) should be limited to your opinion as to whether Hepatitis B vaccination is indicated, if the employee has received such vaccination, documenting that the employee has been told about medical conditions resulting from exposure to blood or other infectious materials which require further evaluation or treatment. All other findings or diagnoses shall remain confidential and shall not be included in the written report. Please consider indicated evaluation, treatment, and follow-up modalities and offer these to the exposed employee according to the most recent recommendations for the U.S. Public Health Service or CDC. The CDC general information telephone # is (800) 311-3435 and the CDC Info-line is (800) 232-4636.

APPENDIX D (Continued)

BLOODBORNE PATHOGEN EXPOSURE
INITIAL MEDICAL EVALUATION

* Employee Name:____

* SS#:______________________

* Occurrence date:______________

* Reported date:_______________

* Description circumstances exposure incident (include route(s) of exposure):

____

____

* Description of the employee's duties as they relate to the exposure incident:

____

____

The following information should be determined and documented and provided to the exposed individual UNLESS PROHIBITED BY STATE OR LOCAL LAW or unless it is infeasible to do so. If the information is given to the exposed individual, applicable State or Local laws regarding the confidentiality of such information should also be described.

* Applicable State or Local law(s) regarding identification and testing of **source individual** AND feasibility of such identification and testing:

____

____

____

* Name of **source individual**:__________________________________

* Status of **source individual**, if known or tested:

HBV_______ HIV_______ HCV _________

APPENDIX D (Continued)

BLOODBORNE PATHOGEN EXPOSURE
INITIAL MEDICAL EVALUATION

* Exposed employee____

- Previous HBV vaccination: ____Yes ____No If yes, give dates of doses:

  Dose 1:________Dose 2:_______Dose 3:_______

- Other information:____

- Antigen or antibody testing results of exposed employee:

  HIV:_______________ HBV:___________________ HCV: ___________

HEALTHCARE PROFESSIONAL RECOMMENDATIONS

Healthcare Professional Examination Date:_______________________________

Indicated : Administered:

____________ ______________ Hepatitis B vaccination

This patient has been informed of the results of medical evaluation and told of any medical conditions which result from exposure to blood or other potentially infectious materials which require further evaluation or treatment. A copy of this document has been provided to the patient.

Follow-up required: _______Yes _______No If Yes, date of next visit:_________

____ ___________________________

Healthcare Professional (Name/Signature) Date

These records shall be maintained in a confidential medical file for the duration of the employee's employment plus 30 years and will not be disclosed or reported to any person within or outside the workplace except as required by OSHA Regulations 29 CFR 1910.1020 or applicable law. The employee medical records will be provided upon request for examination or copying to the employee or to anyone having written consent of the employee, and to the Director in accordance with OSHA Regulations 29 CFR 1910.1020 or applicable law.

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APPENDIX D (Continued)

BLOODBORNE PATHOGEN EXPOSURE
MEDICAL FOLLOW-UP

* Employee Name:____

* SS#:_________________________________

HEALTHCARE PROFESSIONAL RECOMMENDATIONS

Healthcare Professional Examination Date:_______________________________

Indicated	Administered:	
____________	______________	Hepatitis B vaccination

This patient has been informed of the results of medical evaluation and told of any medical conditions which result from exposure to blood or other potentially infectious materials which require further evaluation or treatment. A copy of this document has been provided to the patient.

Follow-up required: _______Yes _______No If Yes, date of next visit:_________

____ ___________________________

Healthcare Professional (Name/Signature) Date

These records shall be maintained in a confidential medical file for the duration of the employee's employment plus 30 years and will not be disclosed or reported to any person within or outside the workplace except as required by OSHA Regulations 29 CFR 1910.1020 or applicable law. The employee medical records will be provided upon request for examination or copying to the employee or to anyone having written consent of the employee, and to the Director in accordance with OSHA Regulations 29 CFR 1910.1020 or applicable law.