UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE

MEDICAL HEALTH ADMINISTRATION

|  |  |
| --- | --- |
| **Policy and Procedures**Infection Prevention/Control Manual | IC-Medical Health Administration- Medical Health Administration |
| Approvals:Medical Director, Medical Health AdministrationDirector, Quality and SafetyDirector, Infectious Disease & International Medicine  | Section: College of Medicine Department of Quality, Safety and Risk ManagementSubject: **BLOODBORNE PATHOGEN**  **EXPOSURE CONTROL PLAN** |
| Reviewed/Revised: Revised July 2016 |

**PURPOSE:** This Exposure Control Plan has been established by USF HEALTH to provide guidelines and document the procedures intended to minimize and to prevent, when possible, the occupational exposure of USF HEALTH employees and students to disease-causing pathogens that may be transmitted through human blood and certain body fluids and to identify procedures and processes for exposure management.

**POLICY:**  USF HEALTHis committed to providing a safe and healthful work environment that is conducive to education, patient care, and research. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to Bloodborne Pathogens (BBP) in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens." The ECP is a key document to assist our facility in implementing and ensuring compliance with the standard, thereby protecting our employees and students.

The USF HEALTH ECP includes:

- Determination of employee exposure

- Implementation of various methods of exposure control, including:

Standard precautions

Engineering and work practice controls

Personal protective equipment

Housekeeping

- Hepatitis B vaccination program

- Post-exposure evaluation and follow-up

- Communication of hazards to employees and training

- Recordkeeping

- Procedures for evaluating circumstances surrounding an exposure incident

**SCOPE:**

This policy applies to all Health Care Personnel (HCP), employees, volunteers and students at USF HEALTH. It includes all health care clinics and facilities at all locations operated by USF HEALTH. This Exposure Control Plan will be reviewed and updated on an annual basis, or whenever necessary by Medical Health Administration in consultation with the Division of Infectious Diseases, the Infection Prevention and Control Committee and the USFPG Quality and Safety Committee.

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

**DEFINITIONS:**

Bloodborne Pathogens - Infectious materials in blood that can cause disease in humans including, but not limited to, hepatitis B and C and human immunodeficiency virus (HIV).

Other Potentially-Infectious Materials (OPIM) – Human body fluids to include semen, vaginal secretions, cerebrospinal fluid (CSF), synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluids where it is difficult to distinguish site of origin. Any Unfixed tissue or organ (other than intact skin) from human (living or dead), and Cell or tissue cultures, organ cultures and culture medium or other solutions

“Standard Precautions” – measures designed to minimize or eliminate the exposure to blood borne pathogens and OPIM’s by treating all blood and body fluids as if they are infectious, by practicing hand hygiene before and after patient contact and using personal protective equipment (gloves, gown, mask, eye protection) when splashes or sprays with blood and body fluids are anticipated.

“Engineering controls”- are those measures designed to minimize or eliminate the exposure to bloodborne pathogens in the workplace (e.g., sharps containers, needle-free intravenous systems, safety design devices, and Personal Protective Equipment).

“Work Practice controls”- are practices that reduce the possibility of exposure by changing the way a task is performed, such as appropriate practices for handling and disposing of contaminated sharps, handling specimens, handling laundry, and cleaning contaminated surfaces and items.

“Exposure incident” (Occupational Exposure)- refers to a contact with blood or body fluids that occurs in the workplace. In addition to parenteral exposures these incidents may involve skin, eye, or mucous membranes.

**PROGRAM ADMINISTRATION**

The Medical Health Administration (MHA) Office will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. In addition, MHA will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.

Contact location/phone number:

Associate Director Medical Health Administration

MDH (USF Morsani Center) – Room 6108

(813) 974-3163 (Phone)

(813) 974-3415 (Fax)

(813) 216-0153 (Pager)

**Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP**.

The USF Physician’s Group will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard.

The Morsani Clinic Purchasing Department will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

**EMPLOYEE EXPOSURE DETERMINATION**

The table below identifies employees at risk for exposure to blood or body fluids.

Employees (Full, Part-time and Per Diem), students, temporary employees, contracted personnel including Waste Disposal, Linen, Emergency Medical Technicians (EMTs), and volunteers exposed to blood and body fluids are affected by this plan and they will don appropriate PPE for Standard Precautions, meet educational requirements, and participate in the Hepatitis B vaccination program.

USF HEALTH and USFPG employees will receive appropriate screening, immunization and training through the Medical Health Administration Office. USF employees such as environmental services staff assigned to work in clinical facilities will receive screening and training through USF Environmental Health and Safety (EH&S).

Due to the nature of their duties, the following employees are considered to be at greater risk of occupational exposure to blood, body fluids and other hazardous materials through splashes or penetrating contacts:

**Employees at Risk of Exposure to Blood or Body Fluid Include, but is not limited to:**

|  |  |
| --- | --- |
| **Job Category** | **Job Category** |
| RESEARCH PERSONNEL (SELECT Protocols) | PHYSICIANS |
| BIOMEDICAL EQUIPMENT | PHYSICIAN ASSISTANT |
| MENTAL HEALTH  | AUDIOLOGIST |
| RESPIRATORY THERAPY | PSYCHOLOGIST |
| PHYSICAL THERAPY | SPEECH THERAPIST |
| PHYSICAL THERAPY AIDE | NURSES |
| MEDICAL TECHNICIANS | NURSE ANESTHETIST |
| LABORATORY/PHLEBOTOMIST | NURSE PRACTITIONERS |
| RADIOLOGY TECHNICIANS | MEDICAL ASSISTANTS |
| ORTHOTIC | NUTRITIONISTS |
| ENVIRONMENTAL SERVICES (Clinical Areas) | PHARMACISTS |
| PHLEBOTOMISTS | SURGICAL TECHNICIAN |
| ULTRASOUND TECHNOLOGIST | STERILE PROCESSING PERSONNEL |

**METHODS OF IMPLEMENTATION AND CONTROL:**

**Employees covered by the bloodborne pathoges standard receive an explanation of this ECP during their new employee orientation. The ECP is available on-line for review by all employees at** [**www.usfmha-idexposure.com**](http://www.usfmha-idexposure.com)**. If requested, an employee will be provided a copy of the ECP within 15 days of the request (no cost).**

**Standard Precautions**. “All patients and patient specimens are considered to be potentially infected with a bloodborne pathogen or other potentially infectious materials (OPIM)”; and therefore, are treated the same.

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is reasonable likelihood of occupational exposure.

Likewise, food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.

Food and drink is prohibited in any work area where medication is prepared or administered except as required to administer the medication to the patient.

**Personal Protective Equipment (PPE):** is made readily available to all workers who may be potentially exposed to blood or other body fluids at no cost to them. The wearing of PPE is mandatory in all instances when exposure to blood or body fluids can be reasonably anticipated.

Initial and Annual training in the use of the appropriate PPE is provided by MHA in the “Back to Basics” on-line training program available on the **USF LEARN** website: <https://learn.health.usf.edu/login/index.php>

PPE is located in each clinical area at USF Health and may be obtained through the USFPG Purchasing Manager. Location of PPE is department/clinic specific. Each clinic manager/supervisor is responsible for ensuring that it is available.

Guidelines for use of PPE:

Gloves will be donned prior to any patient care event in which blood or body fluid exposure to the hands can be anticipated, such as drawing blood and giving injections. Wear the appropriate glove for the task being performed. Examples of the various types of gloves are: powder-free examination or "Surgical" cuffed gloves. If latex sensitivity or allergy is documented, other FDA approved gloves may be substituted (Nitrile). Other gloves available include the reusable rubber gloves worn for decontamination activities.

Gloves are changed between patients and when the integrity of the barrier is compromised.

Gloves worn for patient care will not be washed.

After removing gloves, employees will immediately wash their hands.

Protective eye wear will be worn for any invasive procedure or activity that produces aerosolization of blood or body fluids in which exposure to the eyes can be anticipated;

Examples include suctioning patients, dental treatment with any rotary or ultrasonic instruments, or cleaning contaminated instruments.

Protective eye wear provides peripheral as well as direct protection from exposure.

Employees will use either personally issued goggles, glasses with side shields, complete face shields which extend to the chin, or masks with attached eye protection.

If goggles are shared, they will be disinfected between users with an approved disinfectant.

Personal prescription glasses are not considered PPE because they do not protect from peripheral splash exposures.

All masks procured by the facility must meet the minimal standards required for PPE. When worn for PPE, protective eyewear is worn.

Fluid resistant or impervious gowns, jumpsuits, or other body coverings with full length sleeves will be worn in every instance in which exposure of one's body or arms are anticipated, such as dressing changes.

Scrubs are not considered PPE because they are not fluid resistant.

Evaluation of PPE is an ongoing process within the facility.

Anytime an employee identifies a problem with PPE the clinic manager/supervisor will be notified.

**Engineering Controls and Work Practices (Attch 1: NIOSH Hierarchy of Controls):**

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens.

Unnecessary needles and sharps will be eliminated from use whenever possible. Approved safety devices should be used whenever possible

Documentation of the evaluation and implementation of safer medical devices will be done on an annual basis to reflect changes in sharps safety technology. Sharps safety devices to prevent percutaneous injuries must be considered for Blood-drawing, Vascular Access, IV Infusion, Injection, and Surgical procedures.

Input on the identification, evaluation and selection of safety-engineered sharp devices will be obtained from non-managerial (frontline) healthcare workers involved in direct patient care as well as from management officials.

Evaluation of safety devices will be coordinated through the Employee Health/Infection Prevention Department in collaboration with department/clinic managers and wherever possible clinical trials will be conducted by Health Care Workers who will be expected to use the devices. Anytime an employee identifies a problem with a safety device they will notify the Clinic Manager, Employee Health/Infection Prevention and Materials Management for follow up.

Immediately or as soon as possible after use, contaminated **non-reusable** sharps shall be placed in a sharps container provided by the facility. These containers are puncture resistant, labeled or color coded (RED), and leak proof on the sides and bottom and are to be maintained in an upright position as per OSHA BBP standard. Sharps disposal containers are to be placed as close as feasible to the immediate area where sharps are used.

Sharps disposal containers are inspected, maintained and/or replaced by designated clinic personnel on a daily basis or whenever necessary to prevent overfilling. Only “sharp” items are to be placed in the sharps container. Sharps containers are never to be more than ¾ full.

Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited.

Contaminated needles and other contaminated sharps are not recapped or removed unless no alternative is feasible or that such action is required by a specific medical procedure. If no alternative is available, recapping or needle removal is accomplished through the use of a mechanical device or one-handed scoop technique.

Broken glassware which may be contaminated is picked up using mechanical means, such as a brush and dust pan or tongs.

Immediately or as soon as possible after use, contaminated **reusable** sharps shall be placed in appropriate containers until properly reprocessed. These containers are puncture resistant, labeled or color-coded, and leak proof on the sides and bottom and have a tight fitting lid.

USF Health identifies the need for changes in engineering control and work practices through the

review of needlestick injuries (sharps injury log), employee, provider and trainee feedback, input from the purchasing manager and the Infection Prevention and Control Committee.

Each clinic manager will ensure effective implementation of these recommendations.

**Housekeeping:**

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled and color-coded RED, and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling regulated waste and sharps disposal containers (SAF 015 “Biohazardous Waste Plan” ) is available on the USFPG Sharepoint web site in the “Safety” folder under “POLICIES”: <https://my.usfhealth.usf.edu/usfpg/clinicalops/default.aspx>

Departments shall ensure that all clinical areas are maintained in a clean and sanitary condition. Equipment and work surfaces that are contaminated with blood and/or body fluids must be decontaminated with an appropriate disinfectant (EPA registered to kill BBP’s) prior to cleaning.

**Laundry:**

Laundering will be performed by: “**Designated** **Contractor”**

Contact person can be reached through the USF Health Purchasing Department.

The following laundering requirements must by met:

Handle contaminated laundry as little as possible, with minimal agitation

Wear appropriate PPE when handling and/or sorting contaminated laundry to prevent contact

Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport.

**HEPATITIS B VACCINATION:**

The Hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan.

Vaccination is encouraged unless:

 1) Documentation exists that the employee has previously received the series

 2) Antibody testing reveals that the employee is immune or

 3) Medical evaluation shows that the vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form (Attch #2). Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the employee’s immunization record maintained in the MHA office.

Vaccination will be provided by the MHA Office located in the USF Carol and Frank Morsani Center for Advanced Health Care (MDH) in room 6108.

**POST-EXPOSURE REPORTING, EVALUATION, AND FOLLOW-UP**

**Refer to “Medical Health Administration Policy/Procedure on Post-Exposure Prophylaxis (PEP) For Healthcare Workers” for more detailed information.**

**Reporting an Occupational Exposure to Blood or Body Fluids.**

First Aid:

For exposure to blood or body fluid via needle stick injury or splash to skin, wash area thoroughly with soap and water. For splashes to eyes, nose or mouth, irrigate well with water at the nearest sink or eyewash station.

Notification:

Notify supervisor/clinic manager to assist with first aid, source patient labs, and completion of appropriate paper work.

Notify Employee Health during regular business hours and Infectious Diseases Fellow after hours so risk assessment can be performed to evaluate the need for PEP.

A Worker’s Compensation Accident Investigation Report and Bloodborne Pathogen Exposure Worksheet will be completed by the Health Care Worker’s supervisor and will be forwarded to the Employee Health Nurse as soon as possible after the incident.

Post-Exposure Prophylaxis (PEP):

All healthcare workers who sustain a blood borne pathogen exposure will be evaluated for the need for PEP using the latest USPHS Guidelines for Management of Occupational Exposure to HIV, HCV, and HBV and Recommendations for Post exposure Prophylaxis by either Employee Health if a USF employee or through the appropriate personnel designated per Exposure Control Plan for contracted healthcare workers. The Medical Director, Employee Health/Infection Prevention provides oversight for the management of the BBP Exposure Program at USF Health.

In an effort to meet the USPHS guidelines recommendation of starting PEP within 1-2 hrs, HCW’s will be referred immediately for evaluation and initiation of PEP if indicated.

Lab Work

Source patient blood specimen will be collected as soon after the exposure as possible to expedite appropriate treatment for HCW. Department/Clinic supervisor or designee will ensure appropriate lab work is collected. HIV testing will be performed on source patient after obtaining consent. Rapid HIV Testing of the “source” patient is available per CDC recommendation.

HCW will have lab work collected and Employee Health will obtain HCW lab reports for follow up.

Obtaining consent.

It is USF policy to get consent written or verbal for HIV testing on source patients who may have exposed a healthcare worker to HIV. Verbal consent is documented in the medical record.

Therefore, the Clinic supervisor/designee or the source patient’s provider should request permission for HIV antibody testing and counsel the patient on the test using the USF Patient Consent for HIV Antibody Testing, Hepatitis B and Hepatitis C Blood Tests (Healthcare Worker Exposure) Form. The source patient will also be told that the results will be maintained and kept in a manner consistent with law and will only be disclosed as authorized or required by the law. Consent must be obtained before HIV test is processed.

If the source patient is unable to give consent, permission may be requested from a family member.

If the source patient is not available or refuses HIV antibody testing, notify Employee Health. The exposed HCW will be treated based on risk of exposure to source patient with unknown HIV status.

Exposure Follow-up

Employee Health will notify the HCW of lab results.

Lab results of HCW and source patient will be used to determine the need for post exposure prophylaxis (PEP) and additional lab work and follow up.

Medical Director for Employee Health or Designee will provide recommendations for PEP as needed.

Follow up will be conducted as per USPHS guidelines.

Follow-up Lab work:

If a source patient tests negative for HIV-1/2 AG/AB, negative for HCV and HBsAg, the exposed Health Care Worker will have testing performed for HIV and HCV at 4 months.

If the source patient test negative for HIV-½ Scr w Reflex, HCV and HBsAg, the exposed Health Care Worker will have testing performed for HIV and HCV at 3 months and 6 months

If the source patient is HIV positive or the source was unknown; the HCW will be followed with a series of HIV tests at 6 weeks, 3 months and 6 months to monitor for seroconversion.

HCWs requiring Hepatitis B prophylaxis (HBIG, Hepatitis B vaccine booster, Hepatitis B vaccine series) will have repeat HbsAb test collected one month after prophylaxis or completion of vaccine series.

If source patient is hepatitis C positive, or source was unknown; the HCW will be followed with an HCV RNA by PCR and ALT at 6 weeks; HCV, HIV, and ALT at 3 months and 6 months to monitor for seroconversion.

Employee Health will be responsible for documenting, tracking, and maintaining records on HCWs who report an exposure to blood or body fluid that fall under the jurisdiction of USF Health.

Healthcare workers who fall under Occupational Health outside USF Health will be followed as per their employers Exposure Control Plan.

Health Care Workers receiving PEP will have additional laboratory work performed to include CBC and CMP at 2 weeks and 4 weeks during treatment.

If the HCW fails to complete follow-up testing after repeated attempts at obtaining follow up testing by Employee Health, documentation of failure to comply with the follow-up protocol will be documented in HCW’s BBP Exposure file.

**Management of Patient Exposures to Blood and Body Fluids**

Patients exposed to a Healthcare workers blood will be managed by the patient’s medical provider. Employee Health will be available as consultant to guide the provider in the exposure management process if needed. Patient exposure incidents should be reported to Risk Management through the USF reporting process.

**EMPLOYEE TRAINING**

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

* a copy and explanation of the standard
* an explanation of our ECP and how to obtain a copy
* an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
* an explanation of the use and limitations of engineering controls, work practices, and PPE
* an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
* an explanation of the basis for PPE selection
* information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
* information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
* 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
* information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
* an explanation of the signs and labels and/or color coding required by the standard and used at this facility
* an opportunity for interactive questions and answers with the person conducting the training session.

Training materials for this facility are available on the USF HEALTH LEARN website: <https://learn.health.usf.edu/login/index.php> under “SAFETY – BACK TO BASICS”.

**RECORDKEEPING**

**Training Records**

Training records are maintained for each employee upon completion of training. The verification of training will be housed in the Learn database. Training records are retained for 3 years from the date on which the training occurred.

The training records include:

* the dates of the training sessions
* the contents or a summary of the training sessions
* the names and qualifications of persons conducting the training and the names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to:

Associate Director, Medical Health Administration

Infection Prevention & Control

Employee/Student Health & Wellness

USF HEALTH Morsani Center

13330 USF Laurel Dr. – MDC 33

Tampa, FL 33612

Office: (813) 974-3163

Fax:      (813) 974-3415

**Medical Records**

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

The MHA office is responsible for maintenance of the required medical records. These **confidential** records are kept at the USF HEALTH Morsani Center, 13330 Laurel Dr. Room 6108, Tampa, Florida 33612 for at least the **duration of employment plus 30** years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to

Associate Director, Medical Health Administration

Infection Prevention & Control

Employee/Student Health & Wellness

USF HEALTH - Morsani Center

13330 USF Laurel Dr. – MDC 33

Tampa, FL 33612

Office: (813) 974-3163

Fax:      (813) 974-3415

**OSHA Recordkeeping**

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 Associate Director of Medical Health Administration.

**Sharps Injury Log**

In addition to the CFR 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidences must include at least:

* the date of the injury
* the type and brand of the device involved
* the department or work area where the incident occurred
* an explanation of how the incident occurred.

This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

***Reference:***

29 CFR 1910.1030, OSHA’s Bloodborne Pathogens Standard, in paragraph (h)(5), requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from contaminated sharps. The purpose of the Log is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention or review. This log must be kept in addition to the injury and illness log required by 29 CFR 1904. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The log must be retained for five years following the end of the year to which it relates. This Log must be kept in a manner that preserves the confidentiality of the affected employee.

PLEASE REFER TO THE EMPLOYEE HEALTH SECTION FOR ADDITIONAL POLICIES RELATING TO BLOODBORNE PATHOGENS INCLUDING:

Criteria for Determining Exposure to Communicable Diseases

Management of Accidental Exposure to Communicable Diseases

Hepatitis B Immunization Program

Hepatitis B Vaccine Information

Hepatitis B Vaccine Consent/Declination Form

Bloodborne Pathogens Post-Exposure Evaluation and Follow-Up

Healthcare Professional’s Written Opinion

Hepatitis B Exposure Prophylaxis

Potential HIV Exposure

Consent Form for HIV Testing

**REFERENCES:**

Immunization of Health-Care Personnel, Recommendations of the Advisory Committee on

Immunization Practices (ACIP) published on November 25, 2011 in the **MMWR.**

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6007a1.htm?s_cid=rr6007a1>

Centers for Disease Control and Prevention. Updated CDC Recommendations for the Management of Hepatitis B Virus–Infected Health-Care Providers and Students. MMWR 2012;61(No. RR-3).

<http://www.cdc.gov/mmwr/PDF/rr/rr6103.pdf>

<http://www.nursingworld.org/safeneedles>

CDC Updated US Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency virus and Recommendations for Postexposure Prophylaxis: *Infection Control and Hospital Epidemiology,* Vol. 34, No 9 (September 2013), pp. 875-892.

Centers for Disease Control and Prevention. Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis. MMWR; September 30, 2005 / Vol 54 / No. RR-9

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5409a1.htm>

29 CFR 1910.1030, OSHA’s Bloodborne Pathogens Standard

<http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051>

SHEA Guideline for Management of Healthcare Workers Who Are Infected with Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus; Infection Control and Hospital Epidemiology, March 2010, Vol. 31, No. 3

<http://www.shea-online.org/Assets/files/guidelines/BBPathogen_GL.pdf>

USF System Exposure Control Plan

[http://usfweb2.usf.edu/eh&s/riskmgmt/BBP.html](http://usfweb2.usf.edu/eh%26s/riskmgmt/BBP.html)

USF Medical Health Administration Protocol: “Post-Exposure Prophylaxis for Healthcare Workers Reporting an Occupational Exposure to HIV”, July 2016

**ADDENDUM: CONTACT INFORMATION**

**Associate Director, Medical Health Administration**

USF HEALTH Morsani Center – Room 6108

(813) 974-3163 (Phone)

(813) 974-3415 (Fax)

(813) 216-0153 (Pager)

mha@health.usf.edu

**Purchasing Manager, USF Health**

 (813) 974-2552 (Phone)

(813) 974-4323 (Fax)

**ATTACHMENT 1:**

**NIOSH Hierarcy of Controls:**

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| --- |
| Hierarchy of Controls**Most Effective**• Elimination of hazard—remove sharps and needles and eliminate all unnecessary injections. Examples include the elimination of unnecessary sharps like towel clips, and using needleless IV systems.• Engineering controls—examples include needles that retract, sheathe or blunt immediately after use.• Administrative controls—policies aimed to limit exposure to the hazard. Examples include allocation of resources demonstrating a commitment to health care worker safety, a needlestick prevention committee, an exposure control plan, removing all unsafe devices, and consistent training on the use of safe devices.• Work practice controls—examples include no re-capping, placing sharps containers at eye-level and at arms’ reach, emptying sharps containers before they’re full, and establishing the means for safe handling and disposing of sharps devices before beginning a procedure.• Personal Protective Equipment (PPE)—barriers and filters between the worker and the hazard. Examples include eye goggles, gloves, masks, and gowns.**Least Effective**NIOSH Alert. |

**Attachment 2**

**UNIVERSITY OF SOUTH FLORIDA**

**MORSANI COLLEGE OF MEDICINE**

**MEDICAL HEALTH ADMINISTRATION**

**Declination Form: Hepatitis-B Vaccine**

Name of Employee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I voluntarily decline the Hepatitis-B vaccine at this time. I understand that I may decide to receive the immunization series or booster(s) at any time during my employment with USF HEALTH or USFPG. If I decide to receive the immunization series while at USF HEALTH or USFPG, I will notify the Office of Medical Health Administration.

USF HEALTH /USFPG Employees who decline the Hepatitis B Vaccine must read and acknowledge understanding of the following statement by signing and dating this document as indicated below.

**“I understand that due to my occupational or educational exposure to blood or other potentially infectious material I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been advised by the USF HEALTH Office of Medical Health Administration that I should be vaccinated with Hepatitis B Vaccine. I voluntarily choose to decline the 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 or educational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I will notify the Office of Medical Health Administration and make arrangements to receive the vaccination series.” I am eighteen (18) years of age or older.**

Employee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

July, 2016

**EMPLOYEE INPUT ABOUT ENGINEERING AND WORK PRACTICE CONTROLS**

|  |  |
| --- | --- |
| **Meeting Date:** | **Conducted By:**  |
| **Attendance:** |
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|  |  |  |
| **Discussion:** |
| **Handwashing Practices and Products:** |
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| **Personal Protective Equipment:** |
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| **Housekeeping and Sanitation:** |
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| **Safer Needle and Sharps Devices:** |
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| **Needle Boxes and Containers:** |
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| **Actions Based on Input:** | **By:** | **Date:** |
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**SHARPS INJURY LOG TEMPLATE (Example)**

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| **Establishment/Facility Name:** | **Year:**  |
| **Date** | **Dept.** | **Occup** | **Code Name** | **Work Area where injury occurred** (e.g., Geriatrics, Lab) | **Type of Exp.** | **Brief description of how the incident occurred**  | **PPE** | **Type of Device** | **Safety Feature** | **Manufacturer** | **PEP** | **Comments** |
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29 CFR 1910.1030, OSHA’s Bloodborne Pathogens Standard, in paragraph (h)(5), requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from contaminated sharps. The purpose of the Log is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention or review. This log must be kept in addition to the injury and illness log required by 29 CFR 1904. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The log must be retained for five years following the end of the year to which it relates. This Log must be kept in a manner that preserves the confidentiality of the affected employee.