

**Kansas Department of Health and Environment
Bloodborne Pathogens Exposure Control Plan**

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Kansas Department of Health and Environment Bloodborne Pathogens Exposure Control Plan

Introduction

In March 1992, Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogen Standard, 29 CFR 1910.1030 took effect. Revisions were published January 18, 2001 to the "Federal Register's Occupational Exposure to Bloodborne Pathogens; Needlestick and Other Sharps Injuries; Final Rule. - 66:5317-5325 (Appendix A). The standard was designed to reduce occupational exposure to blood and other potentially infectious materials (OPIM), resulting in the prevention of more than 200 deaths and 9,000 bloodborne infections every year. While the standard was primarily aimed at hospitals, funeral homes, nursing homes, clinics, law enforcement agencies, emergency responders, and HIV/HBV research laboratories, anyone who can "reasonably expect to come in contact with blood or other potentially infectious materials" as part of their job is covered by the standard. In Kansas, the Kansas Department of Labor, Division of Industrial Safety and Health administers the program requirements for compliance with OSHA Bloodborne Pathogen Standard. The **Exposure Control Plan** requires employers to identify, in writing, tasks and procedures as well as job classifications where occupational exposure to blood occurs--without regard to personal protective clothing and equipment. It must also set forth the schedule for implementing other provisions of the standard and specify the procedure for evaluating circumstances surrounding exposure incidents. The plan must be accessible to employees and available to OSHA. Employers must review and update it at least annually--more often if necessary to accommodate workplace changes.

PURPOSE & SCOPE

Purpose: Limit occupational exposure to blood and other potentially infectious materials since any exposure could result in transmission of bloodborne pathogens that could lead to disease or death.

Scope: Cover all employees who could be "reasonably anticipated" as the result of performing their job duties to face contact with blood and other potentially infectious materials (OPIM). A list all occupations where exposures could occur has not been developed by OSHA. Incidental "Good Samaritan" acts such as assisting a co-worker with

a nosebleed would not be considered occupational exposure and, therefore, such acts are not subject to the provisions of the Exposure Control Plan.

MANAGEMENT

The five groups involved in the management and maintenance of the Exposure Control Plan include the Exposure Control Plan Committee, the Safety Officer, the Division of Management and Budget (DMB), managers and/or supervisors of employees who can be “reasonably anticipated” to have exposure to blood and other potentially infectious materials, and employees functioning in those jobs and positions with duties that involve anticipated exposure to blood and other potentially infectious materials.

Exposure Control Plan Committee. The committee is composed of the following individuals or their designated representative:

- State Epidemiologist
- Director of the Division of Health
- Director of the Division of Environment
- Director of the Kansas Health and Environmental Laboratory
- Safety Officer, Kansas Health and Environmental Laboratory
- Director of Human Resources, Division of Management and Budget
- Organizational Development, Division of Management and Budget
- Kansas Department of Labor, Division of Industrial Safety and Health

Appointment of such a designee should take into consideration the need for continuity on the committee.

The Exposure Control Plan Committee responsibilities are to:

- Develop the plan and obtaining approval of all policies and procedures from the Secretary of Health and Environment
- Review and revise the Exposure Control Plan at least annually
- Update the plan as needed – when new OSHA regulations need to be added to the plan

- New positions are established, new tasks implemented that affect occupational exposure for employees, and/or when new departments are added that may involve procedures having occupational exposure to bloodborne pathogens
- Assist supervisors in auditing their employees for compliance with the plan
- Review evaluations of sharps injury protective devices, and exposure incidents for the development of engineering controls and work practices needed to reduce incidents
- The Secretary of Health and Environment will review, sign, and issue the plan to all divisions affected by the plan.

Safety Officer (SO), Kansas Department of Health and Environment. The SO responsibilities are to:

- Act in the capacity of the safety compliance officer ensuring the implementation of the Exposure Control Plan
- Will support the review of the plan for annual and intermittent revisions as indicated through changes in personnel, program duties and responsibilities, or Kansas occupational health and safety requirements
- Serve as the subject matter expert to assure compliance with occupational requirements

Division of Management & Budget's Human Resources and Organizational Development - Human Resources responsibilities are to:

- Provide oversight on plan development and maintenance
- Act as the agency liaison during Kansas Department of Labor, Division of Industrial Safety and Health administers inspections
- Assist supervisors as needed in classifying each of their employees regarding potential occupational exposure
- Assure that position descriptions reflect the exposure classification
- Maintain employee records for compliance with BBP exposure control plan, exposure incident reports and follow-up
- Compile and maintain a list of position numbers and titles by exposure classification
- Compile and maintain a list of job duties and/or skills that place the position into specified exposure classification

- Obtain and maintain relevant contracts with health care providers
- Provide access to the agency's most current exposure control plan

Organizational Development responsibilities are to:

- Coordinate review of methods and content of training program

Managers and Supervisors. The managers/supervisors responsibilities are to:

- Classify each of their employees in relation to their potential occupational exposure
- Implement the exposure control plan in sections for which they are responsible (See additional section on training):
 - Assist in educating and training employees about the OSHA standard and the Exposure Control Plan
 - Maintain an up-to-date list of employees requiring training
 - Assure that annual training updates are completed
 - Review department policies and procedures that place the employees at risk for exposure and submitting revisions to the HR
 - Monitor employees for compliance in following the exposure control plan, documenting noncompliance, and counseling employees appropriately
 - Report exposures to the Director of HR to be recorded on worker compensation forms, referring employees for immediate exposure follow-up, and coordinating 6-month follow-up exams
 - Report device evaluation activities according to the evaluation criteria
 - Informing candidates during the interview and at hiring of the potential for exposure

Employees. The employee's responsibilities are to:

- Attend the bloodborne pathogen in-service and passing a test prior to assignment to tasks
- Know how to access the Exposure Control Plan
- Follow the Exposure Control Plan
- Report any exposures promptly to his or her supervisor

- Follow department directives if/when personal protective equipment needs cleaning or replacement

EXPOSURE DETERMINATION

OSHA requires employers to perform an exposure determination to identify employees that may incur occupational exposure to blood or other potentially infectious materials as a consequence of the performance of their job duties. The exposure determination is made without regard to the use of personal protective equipment. Each Supervisor will be responsible for classifying each of their employees in relation to their potential occupational exposure. The supervisor may consult with HR, the appropriate Division Director, or the Office of Surveillance and Epidemiology (OSE) as needed in order to determine such classification. All job positions will be classified as one of the following (Appendix B):

- Class A. ALL employees have occupational exposure.
- Class B. SOME employees have occupational exposure.
- Class C. NO employees have occupational exposures.

This classification will be incorporated into each job description for which the employee is determined to be at risk of exposure. Supervisors will be responsible for notifying HR when changes in job duties result in a change in risk level, or when new positions are created that involve risk of exposure. Identification of the risk tasks associated with specific position titles can be found in Appendices B, C at the back of this document.

IMPLEMENTATION

Methods of Compliance

Effectively eliminating or minimizing exposure to bloodborne pathogens in this agency requires that several areas be addressed:

1. Using Universal Precautions
2. Emphasizing handwashing and handwashing facilities
3. Establishing engineering control including needle safety, sharps containers, use and evaluation of sharps with engineered sharps injury protections

4. Implementing appropriate work practice controls
5. Using necessary protective equipment
6. Implementing appropriate housekeeping procedures

Universal Precautions direct that body fluids/materials are treated as if infectious. The standard stresses Handwashing (Supplement 1) and requires employers to provide facilities and ensure that employees use them following exposure to blood. Engineering controls isolate or remove the bloodborne pathogens hazards from the workplace. Engineering controls include needle/sharps disposal containers, self-sheathing needles, safer medical devices such as sharps with engineered sharps injury protections and needleless systems. Work practice controls are those that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., the prohibition of recapping needles by a two-handed technique).

It sets forth procedures to minimize needle sticks, minimize splashing and spraying of blood, ensure appropriate packaging of specimens and regulated wastes, and decontaminate equipment or label it as contaminated before shipping to servicing facilities.

Employers must provide at no cost, and require employees to use appropriate personal protective equipment such as gloves, gowns, masks, mouthpieces and resuscitation bags which employers must clean, repair and replace when necessary.

The standard requires a written schedule for cleaning, identifying the method of decontamination to be used, in addition to cleaning following contact with blood or other potentially infectious materials. It specifies methods for disposing of contaminated sharps and sets forth standards for containers for these items and other regulated waste. Further, the standard includes provisions for handling contaminated laundry to minimize exposures.

1. Universal Precautions

All Class A and B employees (Appendix B) in the Kansas Department of Health and Environment (hereafter, “the department”) will observe universal precautions to prevent contact with blood or other potentially infectious materials. Universal Precautions is a term that relates to adopting a specific perspective toward other peoples’ blood or body fluids. These precautions are utilized to protect “at risk” employees from the unknown organisms

that may be present in the blood and body fluids of individuals to whom they are exposed. This perspective is directed by the following assumptions and behaviors:

- Assume that ALL blood is positive for HIV, HBV, and HCV
- Assume that ALL other human fluids/tissues are also positive
- When it is difficult to differentiate, treat ALL fluids as potentially infectious
- Assume that ALL individuals are carrying these disease organisms
- Avoid skin contact with blood and other potentially infectious materials
- Avoid eye, nose, and mouth contact with blood and other potentially infectious materials
- Avoid punctures/sticks with contaminated sharp objects

The following materials are considered to be potentially infectious materials:

- Blood and blood Products
- Body fluids:
 - Semen
 - Vaginal secretions
 - Pleural fluid
 - Pericardial fluid
 - Peritoneal fluid
 - Synovial Fluid
 - Amniotic Fluid
 - Saliva*
 - Breast milk**
- Any body fluid that contains blood (e.g., stool/emesis streaked with blood)
- Any unfixed organ or tissue (other than intact skin) from a human (living or dead).
- HIV containing cell or tissue cultures, organ cultures, and HIV, or HBV, or HCV containing culture medium or other solutions; and blood, organs, or other experimental animals infected with HIV, or HBV, or HCV.

- * Saliva is considered infectious by OSHA only in dental settings; however, the department recognizes the risk of transmission of hepatitis B, herpes simplex, and other pathogens in saliva and considers saliva as potentially infectious.
- ** Breast milk does contain small amounts of HBV and HIV and has been documented to transmit disease. The department considers breast milk as potentially infectious even though the risk is small and OSHA does not recognize it as a potentially infectious fluid.

Universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, and vomitus unless they contain visible blood. However, because of other harmful organisms that may be present, precautions should still be taken when dealing with these materials.

Universal precautions recommendations (based on Morbidity and Mortality Weekly Report 1988; 37(24):377-88):

- All health care workers should routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids of any patient is anticipated. These barriers include gloves, masks, protective eyewear, gowns or aprons according to risk of exposure for the employee.
- If clothing is contaminated it is to be removed as soon as possible.
- Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.
- All health care workers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures.
- Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use in areas in which there may be a need for resuscitation.
- Health care workers who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient-care equipment until the condition resolves.

- Pregnant health care workers are not known to be at greater risk of contracting HIV infection than health-care workers who are not pregnant; however, if a health-care worker develops HIV infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission. Because of this risk, pregnant health care workers should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission. Pregnant laboratory employees are to report a possible or confirmed pregnancy to their supervisor according to the laboratory policies and procedures.

2. Hand washing

The objective of hand washing is to decrease the number of microorganisms on hands to prevent and/or reduce the spread of infection. There are two primary methods used to accomplish this objective: 1) kill microorganisms with antiseptic hand cleansing products and 2) physical removal of organisms from hands – use of soap and running water (this is what is meant by the terms washing hands, or handwashing).

Employees should be familiar with the location of the nearest handwashing facilities.

Laboratory sinks, public restrooms, janitor closets, may be used for handwashing if they are normally supplied with soap. If the employee is working in an area without access to such facilities, an antiseptic cleanser may be used in conjunction with clean cloth/paper towels or antiseptic towelettes. If these alternative methods are used, hands should be washed with soap and running water as soon as possible.

In the absence of a true emergency, personnel should always wash hands:

- When arriving at the worksite
- Before
 - taking care of patients
 - invasive procedures
 - before all contact with immunosuppressed patients
 - eating
 - smoking

- After
 - direct care that involves skin contact with patients
 - removal of gloves
 - situations during which microbial contamination of hands is likely to occur (e.g., handling used alcohol wipes after injections)
 - leaving patient areas
 - after using the bathroom
 - touching inanimate objects that are likely to be contaminated (e.g., workbenches where specimens are placed)
- Anytime that hands or other skin surfaces are contaminated with blood, body fluids containing visible blood, or other body fluids to which universal precautions apply

When the employees of the department are assisting with patient care in the field at health departments, employees will seek out the health department's hand washing facilities before patient care occurs.

Hand washing Facilities

Because hand washing is so important, employees should be familiar with the location of the nearest hand washing facilities. Laboratory sinks, public restrooms, janitor closets, etc., may be used for hand washing if they are normally supplied with soap. When the employees of the department are assisting with patient care in the field or at health departments, employees will seek out the handwashing facilities before patient care occurs.

When department employees in roles as field representatives draw blood or have other patient contact, employees will use sinks in the patient's home if possible. If a sink, soap, and towel are not available then the use of a waterless antiseptic soap/hand gel cleanser substitute is acceptable. Employees then must wash their hands with soap and running water as soon as possible. OSHA requires a listing of locations for waterless soap substitutes, tasks requiring substitutes, and supervisors responsible for substitutes. The following table contains this information.

Table 1 – Hand washing substitute location, task, and responsible person

Location of Soap Substitute	Task	Supervisor
Field packet	Blood draws	STD program manager
Field packet	Blood draws	IMM program manager
Field packet	Blood draws	AIDS program manager
Field packet	TB skin test	TB program manager
Laboratory sink cupboard	Emergency handwashing	Chief of services

3. Engineering Controls

The objective of engineering controls is to isolate or remove the bloodborne pathogens hazards from the workplace. Engineering controls include needle/sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered injury protections and needleless systems. Any engineering controls that perform the above function need to be checked and maintained in effective working condition.

Employees working in field offices or local health departments are responsible for knowing and following engineering controls in sites where they perform risk tasks. Needle boxes and

other controls used in local health departments will be maintained and supervised by the local health department.

Needle Safety & Sharps Containers

All health care workers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures, when cleaning used instruments, during disposal of used needles, and, when handling sharp instruments after procedures. Approved injury protection devices should always be utilized. Because moving one's hands toward a needle, blade or other sharp is a high risk behavior it is recommended that this behavior be avoided. Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared, or purposely broken. If recapping is not avoidable the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique.

Needles shall be disposed of in labeled sharps containers only.

- Sharps containers shall be closable, puncture-resistant, leak-proof on the sides and bottom, and must be labeled or color-coded.
- When sharps containers are being moved from the area of use, the containers should be closed immediately before removal or replacement to prevent spillage or protrusion of contents during handling or transport.

Use and Evaluation of Sharps with Engineered Sharps Injury Protections (SESIP)

With exception of the Kansas Department of Health and Environmental Laboratories and STD Disease Intervention Specialists, employees must use the technologies available in the work setting. The Laboratories provides needles and syringes for use in the laboratory in transfer of isolates from medium to medium or to slides, etc. Needleless systems are not appropriate for these laboratory procedures. Whenever needleless systems or sharps with engineered sharps injury protections are available for procedures, employees should use the safer technologies. According to the 2001 revisions (Appendix A) review of SESIP

technologies will be reported in the annual plan and are the product of input and participation by non-supervisory staff members.

Review of these devices (Appendix D 1 & 2) will include at minimum the:

- brand name of the device,
- evaluation method,
- persons involved in the evaluation, and,
- assessment and justification for the decision to accept or reject the product.

Additional information may be requested to clarify the impact of potential change and decision-making.

Appendix D contains the review criteria and example report.

4. Work Practice Controls

Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees should never:

- Eat
- Drink
- Smoke
- Apply cosmetics or lip balm
- Handle contact lenses
- Keep food or drink in refrigerators, freezers, shelves, cabinets, or on counter tops where blood or potentially infectious materials are present

Mouth pipetting and suctioning of blood or other potentially infectious materials is **prohibited**.

All procedures will be conducted in a manner that minimizes splashing, spraying, splattering, and generating of droplets of blood or other potentially infectious materials. Methods employed in the laboratory are available in the Laboratory Safety Manual.

Specimen Acquisition and Handling

Specimens of blood or other potentially infectious materials will be placed in a container that prevents leakage during collection, handling, processing, storage, and transport. Gloves will be used to handle specimens for transport or receiving. The containers used for this purpose will be labeled or color-coded. For staff that will draw blood or obtain other specimens in the field, specimens will be placed in combination packaging that has been labeled with biohazard sign, is durable, and is leak-proof or the shipping system, provided by Kansas Department of Health and Environment Laboratories (KDHEL) that meets the requirements of the clinical samples being collected.

Inside the laboratory, all specimens will be handled using universal precautions. All specimens that are shipped out of the laboratory will be triple packaged, including a secondary container that is leak-proof. All packaging and shipping requirements as defined by 49 CFR Parts 171-178 and 39 CFR Part 111 will be implemented

For additional information refer to laboratory's guidance regarding packaging and shipping of specimens http://www.kdheks.gov/labs/packaging_and_shipping.html and refer to the Laboratory Safety Manual.

Contaminated Equipment

Equipment that has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

There is no equipment used by the department that cannot be decontaminated and/or repaired by department personnel.

5. Personal Protective Equipment (PPE)

Rules to follow:

- Always wear personal protective equipment in exposure situations.
- Remove PPE that is torn or punctured, or has lost its ability to function as a barrier to blood-borne pathogens.

- Replace PPE that is torn or punctured.
- Remove PPE before leaving the work area.

If an employee works in an area with routine exposure to blood or potentially infectious materials, the necessary PPE should be readily accessible. Contaminated gloves, clothing, PPE, or other materials should be placed in appropriately labeled bags or containers until it is disposed of, decontaminated, or laundered. It is important that the employee locates these bags or containers before beginning work.

Gloves

CDC has recommended that health care workers wear gloves to:

- reduce the risk of personnel acquiring infections from patients,
- prevent health-care worker flora from being transmitted to patients, and,
- reduce transient contamination of the hands of personnel by flora that can be transmitted from one person to another.

Gloves should be made of latex, nitrile, rubber, or other water impervious materials. If glove material is thin or flimsy, double gloving can provide an additional layer of protection. Also, if employee has cuts or sores on his or her hands, these should be covered with a bandage or similar protection as an additional precaution before donning gloves. Employee should always inspect gloves for tears or punctures before putting them on. If a glove is damaged, it should never be used. When taking contaminated gloves off, employee should assure that the outside is not touched by any bare skin and dispose of them in a proper container so that no one else will come in contact with them.

The following general guidelines are recommended regarding use of gloves.

1. Use sterile gloves for procedures involving contact with normally sterile areas of the body.
2. Use examination gloves for procedures involving contact with mucous membranes, unless otherwise indicated, and for other patient care or diagnostic procedures that do not require the use of sterile gloves.
3. Change gloves between patient contacts.

4. Do not wash or disinfect surgical or examination gloves for reuse. Washing with surfactants may cause "wicking," i.e., the enhanced penetration of liquids through undetected holes in the glove. Disinfecting agents may cause deterioration.
5. Use general-purpose utility gloves (i.e., rubber household gloves) for housekeeping chores involving potential blood contact and for instrument cleaning and decontamination procedures. Utility gloves may be decontaminated and reused but should be discarded if they are peeling, cracked, or discolored, or if they have punctures, tears, or other evidence of deterioration.

Refer to Appendix E1 for tasks that require glove use.

If an employee requires a smaller or larger size glove or develops an allergy to the current gloves provided to employees, the department will provide an appropriately sized glove, or powder-less gloves or glove liners for employees with allergies. It is the responsibility of the employee to report glove problems to their immediate supervisor for appropriate equipment and work assignment.

The Division of Health provides disposable gloves to staff that practice in the field. Gloves are stored by individual bureau. When public health nurses/employees or field staff practice in local health departments, they must locate the glove boxes before providing patient care.

Body protection – Gowns, clothing covers

Public health nurses/employees may need a lab coat, gown or apron, in a health department or clinic situation. It is expected that these items will be provided by the facility. The individual should reimburse the local health department or clinic for items, obtain a receipt, and then include PPE expenditures on travel voucher. Reimbursement will be issued to the employee with travel expenses.

- Gowns, aprons, lab coats may be worn to protect clothing and to keep blood or other contaminated fluids from soaking through to the skin.

Normal clothing that becomes contaminated with blood should be removed as soon as possible because fluids can seep through the cloth and come in contact with skin.

Contaminated laundry should be handled as little as possible, and it should be placed in an appropriately labeled bag or container until it is decontaminated, disposed of, or laundered.

Employees should use universal precautions and treat all blood or other potentially infectious materials as if they are contaminated. Contact should be avoided whenever possible, and whenever it is not possible, appropriate personal protective equipment should be worn. If the employee is in a situation where there has been contact with blood or other potentially infectious materials and there is no standard PPE available, the employee should do whatever is possible to provide protection. For example, a towel, plastic bag, or some other barrier could be used to help avoid direct contact.

Eye/ face protection

Any time there is a risk of splashing or vaporization of contaminated fluids, goggles and/or other eye protection should be used to for eye protection. Bloodborne pathogens can be transmitted through the thin membranes of the eyes, so it is important to protect them. Splashing could occur while cleaning up a spill, during laboratory procedures, or while providing first aid, or medical assistance.

Face shields may be worn in addition to goggles to provide additional face protection. A face shield will provide additional protection against splashes to the nose and mouth.

6. Housekeeping

Routine Cleaning – The department will maintain a clean, safe, and sanitary worksite. When the department does not contract for housekeeping services, supervisors will be responsible for determining and implementing an appropriate written schedule for cleaning and method of decontamination based upon the facility purpose, type of surface cleaned, soil present, and tasks or procedures being performed in the area.

Cleaning Areas where Blood and Other Potentially Infectious Materials is Present – The department laboratories are the only area where blood and other potentially infectious materials are present. The laboratory has established cleaning schedules and list of disinfectants utilized in the laboratory. Details of laboratory procedures can be found in the Laboratory Safety Manual.

The method to clean up blood and/or spills of other potentially infectious materials is as follows:

1. Don gloves and spray spill with disinfectant
2. Remove visible material with disposable towels or other appropriate absorbent materials, place in plastic bag, and secure bag.
3. Disinfect area with bleach solution or EPA-registered disinfectant that kills HBV, HCV, and HIV.
4. Remove gloves and wash hands.
 - If spill is large, other protective equipment may be necessary (i.e., waterproof gown, protective eyewear, booties). If bagged waste drips, double bag and label with biohazard sign and dispose of accordingly.

Management of Broken Glassware

Broken glassware that may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means such as a brush, tongs or forceps, and a dustpan. Broken glass will be placed in a sharps container. Tools used for clean-up will be disinfected with a bleach solution diluted 1:10 with water or an EPA-registered disinfectant that kills HBV, HCV, and HIV.

Regulated Waste

Regulated medical waste in Kansas is governed by K.A.R. 28-29-27 (Appendix A). Medical services waste refers to solid waste materials that are potentially capable of causing disease or injury and that are generated in connection with human or animal care through inpatient and outpatient services. Medical waste is found at the state laboratory. Refer to the Laboratory Safety Manual for procedures related to laboratory activities.

Regulated waste includes:

- Any 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 material during handling
- Contaminated sharps

- Pathological and microbiological wastes containing blood or other potentially infectious materials

All regulated waste must be labeled and disposed of properly. Follow procedures in the area or facility where you are performing risk tasks. These must be disposed of at an approved facility. Most departments or facilities that generate regulated waste will have a contract with an outside disposal company to pick up the waste and take it to an approved incineration/disposal facility.

Laundry

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. The only clothing needing laundering is located at the state laboratory. Refer to the Laboratory Safety Manual for procedures.

HAZARD COMMUNICATIONS

Signs

A biohazard sign is required to be posted on HIV, HBV, HCV research laboratories. Because the department's laboratory is not a research facility, no biohazard sign is necessary at the entrance to the lab.

Labeling

The items that require a biohazard label are:

- Containers of regulated infectious waste
- Refrigerators and freezers containing blood or other potentially infectious materials
- Containers used to store, transport, or ship blood or other potentially infectious materials

Warning labels are to be affixed to containers of regulated waste, including

- Refrigerators and freezers containing blood or other potentially infectious materials
- Containers used to store, transport, or ship blood or other potentially infectious materials
- Contaminated equipment being sent for repair of maintenance (an extra label must state which portion of the equipment remains contaminated)

Items that do not require the biohazard label include:

- Red bags or containers
- Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use
- Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal
- Regulated waste that has been contaminated

Labels and bags used to dispose of regulated waste must have the biohazard symbol readily visible on them. Regulated waste should be double-bagged to guard against the possibility of leakage if the first bag is punctured.



Labels should display this universal biohazard symbol.

This symbol should be black on red.

Employee Education

The department HR will coordinate with supervisors to ensure that all Class A and B employees with potential occupational exposure participate in a training program that must be provided at no cost to the employee and provided during working hours. Copies of the written plan will be available to employees on the department intranet site.

Training schedule and Responsibilities for all Class A and B employees:

- Initially upon hiring
- Yearly, subsequent to training upon initial hiring
- New Class A and B employees will receive training before initial assignment to tasks where occupational exposure may occur
- Employees with occupational exposure will be provided additional training if a new task or procedure affects the employee's occupational exposure
- Training will be ensured by the Supervisor of the employee
- Supervisor may consult with HR or the Office of Surveillance and Epidemiology (OSE) for purposes of assuring appropriate content of the training

- HR will assure that supervisors are provided training in all aspects of implementation of the Exposure Control Plan, including specific training for the employees at risk. A variety of methods and media may be used to train employees

Training Content – Training for employees will include an explanation of the following:

- Overview of the OSHA standard for bloodborne pathogens and the location of the standard for review as needed
- Modes of transmission of bloodborne pathogens
- The department exposure control plan and the means by which employees can obtain a copy of the plan
- Procedures that may involve exposure to blood and other potentially infectious materials
- Control measures to prevent exposure to blood and other potentially infectious materials including engineering controls, work practices, and PPE
- Information on the types, selection, proper use, location, removal, handling, decontamination and disposal of PPE
- Pre-exposure hepatitis B vaccination program including information of vaccine efficacy, safety, method of administration, and benefits of being vaccinated
- Post exposure reporting, medical evaluation, and follow-up
- Hazardous labels and signs used by KDHE

Employees will have an opportunity to ask questions as a part of the training session. The person conducting the training will be knowledgeable in the subject matter identified by the elements of the workplace training program.

Employees who are only proficient in a foreign language or have a disability will have information conveyed by an interpreter or by an appropriate method of education for their disability.

The training instructors and supervisors of employees affected by the plan will provide the OSHA-required training with work unit-specific policies to employees. These training programs will be given to all new employees before an employee is assigned to tasks where

occupational exposure may occur. All employees in Class A or B positions with occupational exposure will receive training on bloodborne pathogens, including but not limited to the human immunodeficiency virus (HIV), and the hepatitis B virus (HBV), and the hepatitis C virus (HCV).

Training records will be maintained for three years from the date on which the training occurred. Records will include the following:

1. Date of training session,
2. Summary of training session,
3. Names and qualification of persons conducting the training, and
4. Names and job titles of all persons attending the training session.

The forms in Appendix F (or equivalent forms specific to the organizational work unit) may be used to document group training sessions. Individuals providing group training under the aegis of this plan should:

1. document the participation of each employee (including supervisors of employees, and
2. provide written communication to the employee's supervisor, the employee, and to HR.

When supervisors of employees with potential risk provide annual training to those employees on an individual basis, training will be documented in writing to HR and the employee.

VACCINATION AND EXPOSURE FOLLOW UP CARE

Vaccination

All Class A and B employees (Appendix B) in the department will be offered the hepatitis B vaccine at no cost to the employee. The employee will be offered the vaccine after training and within 10 working days of their initial work assignment that involves the potential for occupational exposure to blood or other potentially infectious materials. The employee may decline the vaccination for various reasons i.e. previously vaccinated, medical contraindications, documentation of immune status, or by personal choice.

The employee will sign the appropriate declination statement (Appendix G (1) and Appendix G (3)). If the employee later chooses to have the vaccination it will be provided within 10 days at no cost to the employee.

The supervisor will arrange hepatitis vaccination times with the department's identified agency, refer them to that agency for injections, or obtain the waiver. It will be the responsibility of the supervisor to offer the vaccine to new employees and to arrange for the employee to receive it.

The procedure for obtaining the vaccine for the employee is as follows:

1. **Contact the Immunizations Program of the local health department at the employee's work location** and schedule an appointment for the employee.
2. Prepare a purchase order with local health department as vendor and department (with your Bureau/Section/Program) as purchasing agent.
3. Prepare a brief memo on department letterhead addressed to the local health department Immunizations Program to be taken by the employee with the purchase order to the local health department at time of the appointment. The memo should address following issues:
 - Identify the employee as a KDHE employee,
 - Clarify that the purpose of the visit is for the employee to receive a hepatitis B vaccine dose,
 - Clarify that KDHE will reimburse the local health department for all costs of the service as per the accompanying purchase order, and
 - Request that the local health department provide KDHE with documentation that the dose was administered for the employee's KDHE medical record.

NOTE: Repeat the process for each dose of vaccine.

Post Exposure Evaluation and Follow-up

An exposure is defined as: a specific eye, mouth, other mucous membrane, parenteral, or non-intact skin contact (including intact skin when exposure is prolonged, involves

extensive surface area of the skin, involves large quantities of the potentially infectious material, or involves material known to be infected with high titers of virus) with blood or other potentially infectious materials resulting from the performance of an employee's duties. The steps in an exposure evaluation and follow-up are described as follows.

Documentation of exposure

When an employee incurs a possible exposure, the employee will report the incident to his/her immediate supervisor at once. The supervisor will decide whether a true blood or body fluid exposure has occurred. Refer to Appendix H for risk assessment factors. If there is a question of true exposure, the supervisor may consult the Office of Surveillance and Epidemiology (785-296-2951 daytime; Epidemiology Hotline 1-877-427-7317 nights and weekends). If a true exposure has occurred, the supervisor will arrange for the employee to receive medical evaluation without delay, preferably within one hour (See Appendix I (1) & I (2) - Post exposure Prophylaxis Recommendations). After arranging for medical attention for the employee, the supervisor will contact HR to report the incident. This report will include description of where, when, and how the incident occurred; what potentially infectious materials were involved; source of the potentially infectious materials; circumstances surrounding the incident; and personal protective equipment used at the time; and, action taken as a result of the incident. The supervisor will also complete an Employer's Report of Accident form 1101-A (see Appendix J) and submit it to HR as soon as possible to comply with Worker's Compensation injury reporting requirements. If the exposure is due to a sharps injury, the supervisor will assure that the 1101-A form includes the following information:

- Setting
- Program
- Job working title of injured employee
- Procedure
- Type of device (vacutainer, etc.)
- Brand name of device
- Description of incident

Forward the completed form to HR where the information regarding sharps-related injuries are maintained in a separate file – the “Sharps Injury Log.” This latter procedure is not required for sharps injuries in which the sharp is not contaminated and for which the incident does not meet the definition of an exposure.

Referral and Care of Employee

Follow up will be provided by the appropriate contract health care provider (see Appendix K for list of contract health care providers by region). If the distance to one of these providers is excessive, the employee should present to the nearest hospital emergency room. Use of private physicians for this purpose may be problematic because private physicians may not have reimbursement agreements in place with the Worker’s Compensation Program. Hospitals are more likely to have such agreements in place and they are more likely to be experienced in providing post-exposure evaluation and treatment.

When the supervisor arranges for the employee to receive evaluation and treatment, in order to facilitate the process, the health care provider should be advised that the:

- (1) patient is a State of Kansas Employee,
- (2) medical care to be provided is for an occupational injury that is covered by the State Worker’s Compensation Program,
- (3) injury is a potential bloodborne pathogen exposure that should be evaluated and treated just as the hospital would evaluate and treat one of its own employees who had incurred such an occupational injury, and
- (4) where to access a copy of the Kansas requirements for compliance with OSHA bloodborne pathogens standard and appendices.

When an exposure occurs, the supervisor will also provide the health care provider with information relevant to the incident including: circumstances and route of exposure, the employee's hepatitis B vaccination status, and other relevant medical information. If possible, the supervisor will obtain and supply the health care provider with the identity, risk levels, and sero-status of the source person for HBV, HCV, and HIV (refer to Appendix H). If the source person’s blood is at the state laboratory, it will be tested for HIV, HCV, and HBV only after obtaining consent for testing and release of information since there is no

provision in Kansas law for testing a patient or release of testing results without consent. It will be the responsibility of the supervisor to notify the source individual, obtain written permission, obtain additional blood if necessary, and return signed consent forms and blood to the Virology/Serology Lab. The supervisor may request assistance with these tasks from the health care provider or the local health department. However, it is ultimately the responsibility of the supervisor to carrying out these measures.

If a public health nurse or field staff experiences an exposure in the field, the source patient's blood will be drawn for HIV, HCV, and HBV by appropriate local health department staff, after obtaining consent from the source patient. Blood will then be sent to the state laboratory for testing at no cost to the employee. The health care provider will arrange for testing of the employee for HBV, HCV, HIV, and other tests as deemed necessary at no cost to the employee. If the employee does not wish immediate testing, the employee will be offered the option of donating a blood specimen for later testing. The blood sample will be preserved for at least 90 days to allow the employee to decide if the blood should be tested. If the employ refuses to provide blood or allow testing, this will be documented in their medical file.

The health care provider will provide post-exposure prophylaxis in accordance with CDC recommendations as summarized in Appendix I, and will notify the employee of all test results. The exposed employee will be instructed to maintain the confidentiality of the source patient's name and sero-status according to Kansas law. The health care provider will also evaluate any reported illness that may stem from the exposure incident.

The department's HR will obtain and provide the employee with a copy of the health care provider's written opinion within 15 days of the completion of the evaluation. This opinion will be limited to the following information:

- documentation that the employee has been informed of the results of the evaluation
- whether hepatitis B vaccine is indicated and if vaccination was given

- any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment

All other findings or diagnoses shall remain confidential and shall not be included in the report.

Medical Records

Maintenance

The health care provider will maintain confidential, secured employee medical files for the duration of employment plus 30 years. HR will inform the health care provider when an employee resigns or retires.

- A separate locked file will be maintained by HR for department employees who have an occupational exposure.
- Files will be confidential and will not be disclosed to any person without the employee's written consent except as required by Kansas law.
- Records will be maintained for duration of employment plus 30 years.

The department's HR will establish and maintain an accurate record for each employee with an occupational exposure in accordance with the OSHA standard. This record will include:

- name and social security number of employee
- copy of employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and medical records relevant to the employee's ability to receive vaccination
- copy of all results of examinations, medical testing, and follow-up procedures
- copy of the health care provider's written opinion about the exposure
- copy of the information provided to the health care provider when the employee was sent for exposure assessment and care

Apart from the circumstances surrounding the exposure itself, all other findings or diagnosis by the health care professional(s) will remain entirely confidential.

Record Keeping

The following records will be maintained by the department:

- training records
- hepatitis B vaccination records
- incidents of noncompliance with exposure control plan
- exposure incidents and medical follow up
- completed Post-Exposure Report Forms (including a sharps-related injury log)

Location and duration of record keeping:

- employee education training records will be maintained for 3 years from the time of training
- hepatitis B vaccination records will be kept in HR in a locked file for duration of employment plus 30 years
- Counseling in regard to non-compliance will be documented according the Kansas Personnel Policies regarding positive discipline utilizing an oral reminder, written reminders, then decision-making-leave with continued non-compliance. Supervisor Training Manual, Section Problems, pages 7 and 8 explains how to counsel employees. Civil Service Guidance and Discipline is found in the following regulations: Kansas Regulation 1-10-6; Kansas Regulation 1-10-7; Kansas Regulation 1-10-8.
- all exposure incidents, follow up consultation, and recommendations will be maintained by HR for duration of employment plus 30 years
- Post Exposure Report Forms will be retained by HR, including a Sharps Injury Log, for duration of employment plus 30 years

Appendix A

Rules, Regulations, Statutes

The Occupational Safety and Health Administration's (OSHA) Rule 29 CFR 1910.1030 (http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051) on bloodborne pathogens became effective March 6, 1992 and revisions were published January 18, 2001 to the “Federal Registers Occupational Exposure to Bloodborne Pathogens; Needlestick and Other Sharps Injuries; Final Rule. - 66:5317-5325 http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=FEDERAL_REGISTER&p_id=16265&p_text_version=FALSE).

The purpose of the standard is to protect employees by limiting occupational exposure to blood and other potentially infectious materials (OPIM) since exposures could result in transmission of blood borne pathogens that could lead to disease or death.

Private health-related employers are required to implement the standard and will be cited by OSHA if they are not in compliance. In accordance with K.S.A. 44-636 (<http://www.kslegislature.org/legsrv-statutes/getStatuteInfo.do;jsessionid=04FFD0D60236F2246A440F06C76D7327>) as administered by the Industrial Safety and Health Section of the Kansas Department of Human Resources, public sector employers must also be in compliance with the OSHA rule concerning blood-borne pathogens.

In accordance with the OSHA Blood Borne Pathogens Standard referenced above, the exposure control plan has been developed for employees of the Kansas Department of Health and Environment (KDHE).

Other Resources:

Workbook for Designing, Implementing, and Evaluating a Sharps Injury Prevention Program

<http://www.cdc.gov/sharpssafety/>

Safety and Health Topics
Bloodborne Pathogens and Needlestick Prevention

<http://www.osha.gov/SLTC/bloodbornepathogens/index.html/>

USDOT Regulations
<http://hazmat.dot.gov/regs/rules.htm>
<http://hazmat.dot.gov/>

USPS / Domestic Mail Manual
http://www.usps.com/postagesolutions/_pdf/fr29se00.pdf
<http://pe.usps.com/cpim/ftp/manuals/dmm300/601.pdf>

Appendix B

**KDHE Bloodborne Pathogen Plan
List of Positions at Risk of Exposure**

Updated: 25-Jul-05

Org Unit	Pos No.	Job Class	Risk Class
Division of Labs			
Neonatal Chemistry	K0043460	Microbiologist II	B
	K0046750	Lab Tech III	B
	K0052929	Lab Tech III	B
	K0057228	Microbiologist III	B
	K0067598	Chemist II	B
	K0075787	Sr Lab Scientist	B
Laboratory Improvement	K0052163	Lab Improvement Spec	B
	K0066145	Lab Improvement Spec	B
	K0067624	Lab Improvement Spec	B
	K0073338	Lab Improvement Spec	B
	K0108399	Public Svc Exec II	B
	K0176330	Lab Improvement Spec	B
	K0176332	Lab Improvement Spec	B
	K0176362	Lab Improvement Spec	B
Customer Service	K0041205	Sr Admin Asst	B
	K0060938	Sr Admin Asst	B
	K0064662	Lab Tech II	B
	K0070294	Sr Admin Asst	B
	K0072417	Public Svc Admin II	B
	K0077304	Lab Tech II	B
	K0178880	Lab Tech II	B
	K0178882	Lab Tech II	B
	K0213378	Lab Tech II	B
	Microbiology	K0043472	Microbiologist II
K0044110		Microbiologist II	B
K0045696		Lab Tech II	B
K0050693		Microbiologist II	B
K0051318		Microbiologist III	B
K0055915		Microbiologist II	B
K0057008		Microbiologist II	B
K0057303		Microbiologist II	B
K0063778		Lab Tech I	B
K0064939		Lab Tech II	B
K0066437		Public Svc Exec III	B
K0070173		Lab Tech II	B
K0075967		Public Svc Exec II	B
K0215199		Microbiologist III	B
Virology/Serology		K0041873	Microbiologist II
	K0046356	Public Svc Exec II	B
	K0052256	Microbiologist II	B
	K0053670	Lab Tech III	B

	K0054250	Microbiologist II	B
	K0061519	Public Svc Exec III	B
	K0067815	Microbiologist III	B
	K0076235	Microbiologist I	B
	K0212256	Microbiologist	B
Environmental Chemistry	K0072967	Chemist II	B
	K0076713	Chemist III	B
	K0102757	Chemist II	B
		Chemist III	B
		Public Svc Exec II	B
		Public Svc Exec II	B
Division of Health			
Bureau of Disease Control and Prevention	K0047624	Disease Intervention Spec	A
	K0049976	Disease Intervention Spec	A
	K0051123	Disease Intervention Spec	A
	K0115017	Hlth/Env Program Analyst	B
	K0115018	Disease Intervention Spec	A
	K0124678	Health Officer	B
Office of Local and Rural Health	K0049202	Public Health Nurse III	B
	K0050952	Public Health Nurse III	B
	K0053376	Public Health Nurse III	B
	K0066501	Public Health Nurse III	B
	K0069389	Public Health Nurse III	B
	K0073126	Public Health Nurse III	B
Bureau for Children, Youth and Families	K0057982	Nutritionist Senior	B
	K0061232	Public Health Nurse III	B
	K0069857	Nutritionist	B
	K0138343	Nutritionist	B
	K0146670	Public Health Nurse III	B
Division of Environment			
Bureau of Air and Radiation	K0050062	Env Scientist IV	B
	K0055825	Rad Control Inspector	B
	K0063306	Prog Consultant II	B
	K0064805	Rad Control Inspector	B
	K0070005	Rad Control Inspector	B
	K0077758	Rad Control Inspector	B
	K0077759	Rad Control Inspector	B
	K0109889	Rad Control Inspector	B
	K0111226	Env Scientist IV	B
Bureau of Env Field Svcs	K0046026	Rad Protection Spec	B

Appendix C

KDHE Risk Determination Document

Explanation of risk duties/tasks

Position	Task
Laboratory	
Sr. Lab Scientist, PSE III	Processing specimens
Chemist I, II, and III	Processing specimens
Lab Tech. I, II, and III	Processing specimens
Microbiologist I, II, III	Processing specimens
Laboratory Improvement Spec.	Potential contact with blood
Adm Asst., Sr. Adm. Asst	Unpacking specimens
Office of Health Promotion	
Epidemiologist, HEPA	Drawing blood
DIS, Health Officer, Med Invest	Drawing blood
Office of Local and Rural Health	
PHN III	Drawing blood Injections Physical exams
Bureau for Children, Youth and Families	
Nutritionist	Finger/heel sticks
Senior Nutritionist	Finger/heel sticks
PHN III	Drawing blood Injections Physical exams
Bureau of Air and Radiation	
Env. Scientist IV	Inspection of contaminated medical equipment
Radiation Control Inspt.	Inspection of contaminated medical equipment
Radiation Protection Spec.	Inspection of contaminated medical equipment
Program Consultant II	Inspection of contaminated medical equipment
Bureau of Disease Control and Prevention	
PHN III	Assessment of active TB disease patients
Disease Intervention Spec	Venipuncture (drawing blood)

Appendix D (1)

Evaluation of *Sharps with Engineered Sharps Injury Protections (SESIP)*

Report Year _____

The following information will be reported annually as part of the review and/or update of the Bloodborne Pathogens Exposure Control Plan. Please provide this information to the Exposure Control Plan Committee chairperson:

- Identify the devices considered for evaluation and identify those actually evaluated (brand name included).
- Has the device being considered for replacement been associated with an injury?
- State what is different between the old and new device.
- Who of the staff did the evaluation(s), the job titles and number of persons in that job.
- How the evaluation was performed, explain the basic plan/implementation of the evaluation.
- State the per unit cost of the old and new device
- State the positive and negative comments about the new device.
- State whether the evaluated device was selected for use or not and why (why not)

Appendix D (2)

Evaluation of *Sharps with Engineered Sharps Injury Protections (SESIP)*

Report Year 2003

The following information will be reported annually as part of the review and/or update of the Exposure Control Plan. Please provide this information to the ECP _____

- Identify the devices considered for evaluation and identify those actually evaluated (brand name included).

Abbott syringe with self-sheathing needle

- Has the device being considered for replacement been associated with an injury?
 - *NO, this product is a new design*
- State what is different between the old and new device.
 - *The needle on the previous syringe has to be covered by physically placing the protective device over the needle, The new one is activated without having to put hand/fingers near the needle tip*
- Who of the staff did the evaluation(s), the job titles and number of persons in that job.
 - *3 DI who draw blood in a clinic setting and 1 who primarily does this work in the field*
- How the evaluation was performed, explain the basic plan/implementation of the evaluation.
 - *The employees were supplied 25 syringes to use for a week and then provide feedback about strengths and weaknesses of the device*
- State the per unit cost of the old and new device
 - *Essentially the same price*
- State the positive and negative comments about the new device.
 - *Positive comments are that the device does not require much change in technique or disposal*
 - *Negative comments: "takes some getting used to" , "have to remember to activate the sheath"*
- State whether the evaluated device was selected for use or not and why (why not)
 - *Was decided to change to the new syringe because most of the evaluators felt positively about it and that changing would not incur a substantial change in cost of this product.*

Appendix E (1)

Personal Protective Equipment by Task

The following tables list the employee responsibilities for Hand washing and personal protective equipment (PPE) by task.

Laboratory - Listed below are the minimum requirements for controlled situations to protect the health care worker from potentially infectious agents. This list is not all inclusive, so judgment is required on the part of the health care worker to assess the need for additional barrier protection in less controlled situations. If an employee has an area of broken skin on their hands, they are responsible for protecting it through the use of gloves. Sterile technique is to be used during sterile procedures.

	Hand-washing	Gloves	Lab Coat/ Plastic Apron	Mask	Eye Protection
Handling and Processing opened specimens	X	X	X		X
Opening Specimens (without hood or other device)	X	X	X		X
Opening specimens (with hood or other device)	X	X	X		
Cleaning work surface or spills	X	X	X		X
Processing filter paper blood spots	X	X	X		X
Processing filter paper blood spots out of a hood	X	X	X	X	X
Processing lead specimens	X	X	X		X
Contact with leaking package	X	X	X		X

1. For routine procedures, such as histological and pathologic studies or microbiologic culturing, a biological safety cabinet is not necessary. However, biological safety cabinets (Class I or II) should be used whenever procedures are conducted that have a high potential for generating droplets. These include activities such as blending, sonicating, and vigorous mixing

2. Mechanical pipetting devices should be used for manipulating all liquids in the laboratory. Mouth pipetting is prohibited.
3. Laboratory work surfaces should be decontaminated with an appropriate disinfectant after a spill of blood or other body fluids and when work activities are completed.
4. Contaminated materials and equipment used in laboratory tests should be decontaminated before processing or be placed in bags and disposed of in accordance with institutional policies for disposal of infectious waste.
5. Scientific equipment that has been contaminated with blood or other body fluids should be decontaminated and cleaned before being repaired in the laboratory or transported elsewhere.
6. All persons should wash their hands after completing laboratory activities and should remove protective clothing before leaving the laboratory.
7. Gloves should be removed when leaving work areas.
8. Computer terminals with plastic overlays can be used with gloves, but must be wiped down with a 10% bleach solution once during the shift, at the end of the shift, and as needed.
9. If telephones are answered with gloves on, protect receiver with a paper towel.

PERSONAL PROTECTIVE EQUIPMENT BY PATIENT CARE ACTIVITIES

Patient care activities - Listed below are the minimum requirements for controlled situations to protect the health care worker from potentially infectious agents. This list is not all inclusive, so judgment is required on the part of the health care worker to assess the need for additional barrier protection in less controlled situations. If an employee has an area of broken skin on his hands, the employee is responsible for protecting it through the use of gloves. Sterile technique is to be used during sterile procedures.

	Hand-washing	Gloves	Lab Coat/ Plastic Apron	Mask	Eye Protection
Clean-up of an incontinent patient	X	X	S		
Cleaning surfaces of blood or other body fluids	X	X			
Collecting stool, urine, sputum, or wound specimens	X	X			

Direct contact with patient with forceful or productive cough	X			X	P
CPR with device	X	X			
Drawing field bloods	X	X			
Finger or heel sticks	X	X			
Medication administration: Orally	X				
Medication administration: IV piggyback	X				
Medication administration: IV starts	X	X			
Medication administration: IV, direct into hub of catheter	X	X			
Physical assessment	X				
Vital signs (not including rectal temperature)	X				
Vital signs (including rectal temperature)	X	S			
Dressing change: burns	X	X	S		
Dressing change: large amount of drainage	X	X	S		
Dressing change: routine	X	X			

Legend: **X** = Routinely **S** = If soiling is likely **P** = If splattering is likely

Appendix E (2)

Personal Protective Equipment by Radiation Control field inspections tasks

Radiation control field inspections tasks and PPE for radiation control - Listed below are the minimum requirements recommended during controlled situations, to protect radiation control staff from potentially infectious agents. This list is not all inclusive, so judgment is required on the part of staff to assess the need for additional barrier protection in less controlled situations. If an employee has an area of broken skin on their hands, they are responsible for protecting it through the use of gloves.

	Hand-washing	Gloves	Gowns
Swipe sample collection	X	X	
Survey or search of used needles	X	X	
Monitoring radiation in x-ray suite where blood or body fluids are present and operator treats as controlled area	X	X	
Responding to an incident where radiation materials and blood or OPIM have mixed together	X	X	S

Legend: **X** = Routinely **S** = If soiling is likely

1. For routine procedures, such as x-ray machine surveys using test stands or monitoring radiation levels in nuclear medicine suites, care should be taken to insure that the equipment is not placed in or on surfaces that are wet. If surveys must be done on such surfaces and the operation is one that can produce potentially infectious agents, then the equipment should be bagged or covered as much as possible and the barrier materials disposed at the site in the correct manner.
2. Liquid samples should not be collected using mouth pipetting.
3. Contaminated equipment and samples or sample containers will be decontaminated before processing or be placed in bags and disposed in accordance with institutional policies for the disposal of such wastes.
4. Scientific equipment (survey meters, test stands, etc) that have been contaminated with blood or other body fluids should be decontaminated and cleaned before being repaired or transported to the manufacturer.
5. All surveyors should wash their hands after completing a survey in a medical laboratory or dental facility.
6. If protective clothing or shoe covers are required, these shall be removed and collected in bags for disposal in the same manner as those potentially contaminated with radioactive materials.
7. Gloves shall be removed when leaving work areas, using the techniques for removing gloves contaminated with radioactive materials.

Appendix F (1)

Training record/forms

Kansas Department of Health and Environment

Employee Training for Blood Borne Pathogens

Date _____

Bureau _____

Instructor(s) _____

Objective:

Participants will be able to discuss and follow the requirements for the Kansas Department of Health and Environment exposure control plan based on the OSHA Blood Borne Pathogens Final Rule, 29 CFR Part 1910.1030.

The areas covered are:

- A. Overview of OSHA standard for blood borne pathogens and location of the standard and exposure control plan.
- B. Modes of transmission of blood borne pathogens.
- C. KDHE exposure control plan and the means by which employees can obtain a copy of the plan.
- D. Procedures which may involve exposure to blood and OPIM.
- E. Control measures to prevent exposure to blood and OPIM including engineering controls, work practices, and PPE.
- F. Information on the types, selection, proper use, location, removal, handling, decontamination and disposal of PPE.
- G. Preexposure hepatitis B vaccination including information on vaccine efficacy, safety, method of administration, and benefits of being vaccinated.
- H. Postexposure reporting, medical evaluation, and follow-up.
- I. Hazardous labels and signs used by KDHE.

Appendix G (1)

Vaccination Declination Form

Date: _____

Employee Name: _____

Employee ID#: _____

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B viral (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself.

However, I 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 exposure to blood or other potentially infectious materials and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series, at no charge to me, at that time.

Employee's name _____

Employee's signature _____

Work Unit (Bureau/Office) _____

Date _____

Appendix G (2)

Employee Consent to Hepatitis B Vaccine

On _____ {Date} _____, I _____ {Name} _____ received information concerning the risk of occupational exposure to blood or other potentially infectious material in the position of _____ {Job Title} _____, which has been determined as job classification exposure Category {I or II}. I have received a copy of the Hepatitis B information packet which has been explained to me and I understand this information.

I have been informed and understand (1) that Hepatitis B vaccination may reduce the potential risk of occupationally contracted viral hepatitis infection, and (2) the risks of the Hepatitis B vaccination which may include pain, itching, bruising at the injection site, sweating, weakness, chills, flushing and tingling, and (3) to obtain adequate immunity to viral Hepatitis B, it will be necessary to receive all three vaccinations of the vaccine series which are administered one month and six months after the initial vaccination, and (4) that the vaccination will be provided to me free of charge by _____ {Name of Facility} _____. If at such future time the U.S. Public Health Service recommends a booster dose(s) of Hepatitis B vaccine, such booster dose(s) shall also be provided to me at no cost if I am employed by the facility in a job classification that involves some risk of an occupational exposure to blood or other potentially infectious materials.

If I leave the employment of this facility before the series is completed, it is my responsibility to contact my own medical provider to complete the vaccine series.

I hereby consent to the administration of the Hepatitis B vaccination and voluntarily acknowledge that:

I do not have an allergy to yeast.

I am not pregnant or nursing.

I am not planning to become pregnant within the next six months.

I have not had a fever, gastric symptoms, respiratory symptoms, or other signs of illness in the last 48 hours.

I do have the following known allergies:

Food: _____

Drugs: _____

Other: _____

YOU MAY WISH TO CONSULT WITH YOUR PHYSICIAN BEFORE TAKING THE VACCINE

(Employee Name and Social Security Number) (Date)

(Witness) (Date)

PLACE IN EMPLOYEE MEDICAL FILE

Appendix G (3)

Kansas Department of Health and Environment

Hepatitis B Vaccine Declination Statement (Previously Vaccinated)

I understand that due to my occupational exposure to blood or other potentially infectious materials that I may be at risk of acquiring hepatitis B virus infection. I have been given the opportunity to be vaccinated with the hepatitis B vaccine at no charge to me. I decline the hepatitis B vaccine at this time because I received the complete hepatitis B vaccine series in the past.

Employee's name _____

Employee's signature _____

Bureau/Office _____

Date _____

Appendix H (1)

Post-exposure assessment and evaluation

Exposure Incident Investigation Form

Date of Incident: _____ Time of Incident: _____

Location: _____

Potentially Infectious Materials Involved:

Type: _____ Source: _____

Circumstances: {Work being performed, etc.} _____

How Incident Was Caused: {Accident, equipment malfunction, etc.}

Personal Protective Equipment Used: _____

Actions Taken: {Decontamination, clean-up, reporting, etc.}

Recommendations for Avoiding Repetition: _____

Appendix H (2)

Post-Exposure Evaluation and Follow-up Checklist

The following steps must be taken, and information transmitted to healthcare professional, in the event of an employee's exposure to Bloodborne Pathogen.

<u>Activity</u>	<u>Completion Date</u>
<input type="checkbox"/> Employee furnished with documentation regarding exposure incident:	_____
<input type="checkbox"/> Source individual identified: _____ (Source Individual)	_____
<input type="checkbox"/> Source individual's blood collected and results given to exposed employee: _____ _____ Consent from source has not been obtained.	_____
<input type="checkbox"/> Exposed employee's blood collected and tested:	_____
<input type="checkbox"/> Appointment arranged for employee with health care professional: _____ _____ (Healthcare Professional Name)	_____
<input type="checkbox"/> Documentation forwarded to healthcare professional: _____ _____ _____ Bloodborne Pathogens Standard. _____ Description of exposed employee's duties. _____ Description of exposure incident, including exposure routes. _____ Results of source individual's blood testing. _____ Employee's medical records.	_____

The Occupational Safety and Health Administration's (OSHA) Rule 29 CFR 1910.1030 (http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051) on bloodborne pathogens became effective March 6, 1992 and revisions were published January 18, 2001 to the "Federal Register Occupational Exposure to Bloodborne Pathogens; Needlestick and Other Sharps Injuries; Final Rule. - 66:5317-5325 http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=FEDERAL_REGISTER&p_id=16265&p_text_version=FALSE).

NOTE: Paper copies of the standard are available by request: KDHE/HR (785) 296-1290.

Appendix I (1)

Hepatitis B Post-exposure prophylaxis recommendations

TABLE 3. Recommended postexposure prophylaxis for exposure to hepatitis B virus

Vaccination and antibody response status of exposed workers ^a	Treatment		
	Source HBsAg ^b positive	Source HBsAg ^b negative	Source unknown or not available for testing
Unvaccinated	HBIG ^c x 1 and initiate HB vaccine series ^d	Initiate HB vaccine series	Initiate HB vaccine series
Previously vaccinated			
Known responder ^{e,e}	No treatment	No treatment	No treatment
Known nonresponder ^f	HBIG x 1 and initiate revaccination or HBIG x 2 ^g	No treatment	If known high risk source, treat as if source were HBsAg positive
Antibody response unknown	Test exposed person for anti-HBs ^h 1. If adequate, ^{e,e} no treatment is necessary 2. If inadequate, ^f administer HBIG x 1 and vaccine booster	No treatment	Test exposed person for anti-HBs 1. If adequate, ^f no treatment is necessary 2. If inadequate, ^f administer vaccine booster and recheck titer in 1-2 months

^a Persons who have previously been infected with HBV are immune to reinfection and do not require postexposure prophylaxis.

^b Hepatitis B surface antigen.

^c Hepatitis B immune globulin; dose is 0.06 mL/kg intramuscularly.

^d Hepatitis B vaccine.

^{e,e} A responder is a person with adequate levels of serum antibody to HBsAg (i.e., anti-HBs ≥ 10 mIU/mL).

^f A nonresponder is a person with inadequate response to vaccination (i.e., serum anti-HBs < 10 mIU/mL).

^g The option of giving one dose of HBIG and reinitiating the vaccine series is preferred for nonresponders who have not completed a second 3-dose vaccine series. For persons who previously completed a second vaccine series but failed to respond, two doses of HBIG are preferred.

^h Antibody to HBsAg.

Appendix I (2)

HIV Post-exposure prophylaxis recommendations

TABLE 4. Recommended HIV postexposure prophylaxis for percutaneous injuries

Exposure type	Infection status of source				
	HIV-Positive Class 1 ^a	HIV-Positive Class 2 ^a	Source of unknown HIV status ^b	Unknown source ^c	HIV-Negative
Less severe ^d	Recommend basic 2-drug PEP	Recommend expanded 3-drug PEP	Generally, no PEP warranted; however, consider basic 2-drug PEP ^e for source with HIV risk factors ^f	Generally, no PEP warranted; however, consider basic 2-drug PEP ^e in settings where exposure to HIV-infected persons is likely	No PEP warranted
More severe ^g	Recommend expanded 3-drug PEP	Recommend expanded 3-drug PEP	Generally, no PEP warranted; however, consider basic 2-drug PEP ^e for source with HIV risk factors ^f	Generally, no PEP warranted; however, consider basic 2-drug PEP ^e in settings where exposure to HIV-infected persons is likely	No PEP warranted

^a HIV-Positive, Class 1 — asymptomatic HIV infection or known low viral load (e.g., <1,000 RNA copies/mL). HIV-Positive, Class 2 — symptomatic HIV infection, AIDS, acute seroconversion, or known high viral load. If drug resistance is a concern, obtain expert consultation. Initiation of postexposure prophylaxis (PEP) should not be delayed pending expert consultation, and, because expert consultation alone cannot substitute for face-to-face counseling, resources should be available to provide immediate evaluation and follow-up care for all exposures.

^b Source of unknown HIV status (e.g., deceased source person with no samples available for HIV testing).

^c Unknown source (e.g., a needle from a sharps disposal container).

^d Less severe (e.g., solid needle and superficial injury).

^e The designation “consider PEP” indicates that PEP is optional and should be based on an individualized decision between the exposed person and the treating clinician.

^f If PEP is offered and taken and the source is later determined to be HIV-negative, PEP should be discontinued.


^g More severe (e.g., large-bore hollow needle, deep puncture, visible blood on device, or needle used in patient’s artery or vein).

(Tables and Figures from MMWR “Updated U.S. public health service guidelines for the management of occupational exposures to HBV, HCV, and HIV and recommendations for postexposure prophylaxis”, June 29, 2001; Vol. 50(RR11), 1-42)

Appendix J

Employer's report of accident form 1101-A

(Found at [http://www.khpa.ks.gov/SSIF/kwc1101a\(Rev-02-06\).pdf](http://www.khpa.ks.gov/SSIF/kwc1101a(Rev-02-06).pdf) ; or <http://www.da.ks.gov/ps/documents/wc1101a.pdf>)

	DIVISION OF WORKERS COMPENSATION KS DEPT OF HUMAN RESOURCES 800 SW JACKSON ST STE 600 TOPEKA KS 66612-1227	<h3>EMPLOYER'S REPORT OF ACCIDENT</h3>
Submit original report only	OSHA CASE OR FILE NUMBER _____ There is a \$250 penalty for failure to file Accident Reports within 28 days of the employer's receipt of knowledge of the accident.	DO NOT WRITE IN THIS SPACE
READ INSTRUCTIONS BEFORE FILLING IT OUT.		
1. Federal Employers Identification Number <u>486029925</u>		AGE
2. Name of Employer _____ Telephone Number _____		
3. Mailing Address _____ Street _____ City _____ State _____ Zip Code _____		
4. Location, if different from mailing address _____ Street _____ City _____ State _____ Zip Code _____		OD Y N
5. Nature of Business _____ S.I.C. Code <u>9199</u> Dept. or Division _____		CAUSE
6. Name of Employee _____ Age _____ Sex _____ First _____ Middle _____ Last _____		
7. Home Address _____ Street _____ City _____ State _____ Zip Code _____		NATURE
8. Soc. Sec. # _____ Birth Date _____ Employee's Occupation _____ Home Phone Number _____		SEVERITY
9. Date of Injury or Occupational Disease _____ Time of Injury _____ AM/PM _____ Date Disability Began _____ Gross Average Weekly Wage \$ _____		
10. Place of Accident or Last Exposure _____ City _____ County _____ State _____		0 NOTIME LOST 1 TIME LOST 2 MEDICAL 3 FATAL
11. Was accident or last exposure on employer's premises? <input type="checkbox"/> YES <input type="checkbox"/> NO		SOURCE
12. How did accident occur? _____		
13. What was employee doing when injured? _____		MEMBER
14. Name substance or object that directly caused injury _____		
15. Describe in detail nature and extent of injury, indicate part of body involved _____		DO NOT WRITE IN THIS SPACE
16. Was worker admitted to hospital? <input type="checkbox"/> YES <input type="checkbox"/> NO Date _____ Treated by emergency room only? <input type="checkbox"/> YES <input type="checkbox"/> NO Hospital name & address _____		
17. Name and address of attending physician or clinic _____		DO NOT WRITE IN THIS SPACE
18. Has employee returned to regular duty? <input type="checkbox"/> YES <input type="checkbox"/> NO Light Duty? <input type="checkbox"/> YES <input type="checkbox"/> NO Date _____		
19. Is compensation now being paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Date first/initial payment _____		DO NOT WRITE IN THIS SPACE
20. Weekly compensation rate \$ _____ Is further medical aid needed? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
21. Did employee die? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, give date of death _____ (File amended report within 28 days if death subsequently occurs.)		DO NOT WRITE IN THIS SPACE
22. Name and address of dependents (death cases only) _____		
23. Insurance Carrier and Third Party Administrator <u>State Self-Insurance Fund 785296-2364</u> Address <u>900 SW JACKSON ST ROOM 951 TOPEKA, KANSAS 66612-1251</u> Street _____ City _____ State _____ Zip Code _____ Phone _____ Policy Number _____ Name of Agent _____ Claim Number _____ Name of Claim Representative _____		DO NOT WRITE IN THIS SPACE
24. Date of Report _____ Completed by _____ Title _____		
Questions or comments can be directed to the Kansas Division of Workers Compensation, Topeka, KS - Phone: 1-800-332-0353		

Appendix K

Designated Medical Care Providers

(Location <http://da.state.ks.us/ps/subject/workcomp.htm>; or <http://www.khpa.ks.gov/subject/workcomp.htm>)

Managed Care Facilities

The State Self Insurance Fund has designated medical care providers in certain areas. To receive authorized medical treatment, injured employees must be seen at these facilities (if within their area). In locations that do not have managed care facilities the employee should be seen by their primary care physician.

Topeka: St. Francis Hospital & Medical Center
1700 SW 7th Street
Topeka, KS 66606
(785) 295-8000

Kansas City: University of Kansas Hospital Authority
3901 Rainbow Blvd.
Kansas City, KS 66160
(913) 588-5000

Kansas City: KU Med West
7405 Renner Road
Shawnee, KS 66217
(913) 588-8400

Lawrence: Lawrence Memorial Hospital
325 Maine Street
Lawrence, KS 66044
(785) 749-6100

Manhattan: Mercy West
315 Seth Child
Manhattan, KS 66502
(785) 776-2813

Wichita: Wichita Clinic
Occupational Health Building
3311 E. Murdock
Wichita, KS 67208
(316) 261-6183

Exposure Control Plan Committee Signature of Concurrence

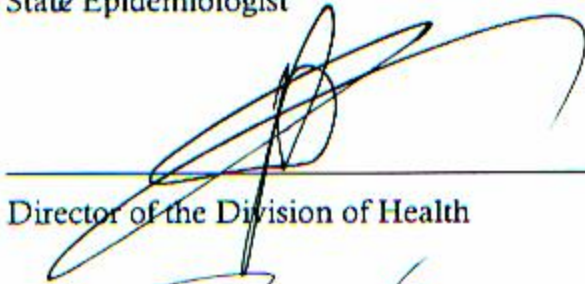


State Epidemiologist

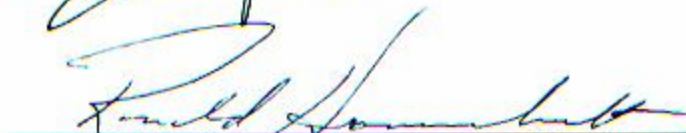
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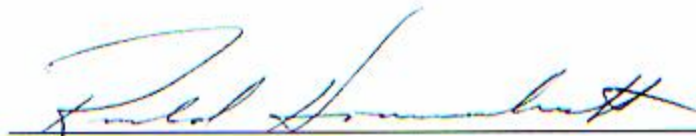
HRM




Director of the Division of Health



Director of the Division of Environment



Director of the Kansas Health and Environmental Laboratory



Safety Officer, Kansas Health and Environmental Laboratory



Director of Human Resources, Division of Management and Budget



Organizational Development, Division of Management and Budget



Kansas Department of Labor, Division of Industrial Safety and Health