

THE HOUSING AUTHORITY OF GLOUCESTER COUNTY

EXPOSURE CONTROL PLAN



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POLICY

The Housing Authority of Gloucester County (“HAGC”) is committed to providing a safe and healthful work environment for all employees. In pursuit of this goal, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, “Occupational Exposure to Bloodborne Pathogens.” The ECP is a key document to assist HAGC in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure;
- Implementation of various methods of exposure control, including: Universal precautions
Engineering and work practice controls Personal protective equipment Housekeeping;
- Hepatitis B vaccination;
- Post-exposure evaluation and follow-up;
- Communication of hazards to employees and training;
- Recordkeeping;
- Procedures for evaluating circumstances surrounding exposure incidents;
- Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

PROGRAM ADMINISTRATION

- The Human Resources Administrator (HRA), Affordable Housing Operations (AHO) Director and the Executive Director, or his/her designee, are responsible for implementation of the ECP. The HRA will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.
- 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. See Appendix “B” for list of OPIM.
- The AHO Director will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The AHO Director will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
- The HRA will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.
- The HRA will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and other appropriate representatives.

EMPLOYEE EXPOSURE DETERMINATION

Attached to this ECP, as Appendix "A" is a list of employee exposure determinations, as mandated by Federal law. List A includes all high risk job classifications; list B includes all low risk job classifications.

List A (High Risk) represents classifications with an almost daily risk of occupational exposure

List B (Low Risk) represents classifications with a reasonable risk of occupational exposure.

"Occupational Exposure" is defined as "reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties."

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

All employees will utilize universal precautions.

HAGC's **Engineering Controls and Work Practices** are listed below. Engineering Controls and Work Practices will be used to prevent or minimize exposure to bloodborne pathogens.

- Think when responding to emergencies and exercise common sense when there is a potential exposure to blood or OPIM.
- Keep all cuts and abrasions covered with adhesive bandages which repel liquids.
- If hands are contaminated with blood or OPIM, then wash immediately and thoroughly. Hands shall also be washed after gloves are removed even if the gloves appear to be intact. When soap and water or hand washing facilities are not available, then use a waterless antiseptic hand cleanser according to the manufactures' recommendation for use. Thereafter, employees shall wash with soap and water as soon as feasible.
- All workers shall take precautions to prevent injuries caused by needles. To prevent needle stick injuries, needles shall not be recapped, purposely bent or broken by hand, or removed from disposable syringes. After they are found, disposable syringes and needles shall be placed in a puncture resistant container for disposal. The container should be labeled, leak proof on the sides and bottom and does not require an employee reach by hand into the container where the sharps have been placed
- HAGC will provide gloves of appropriate material and quality for employees. The gloves are to be worn when there is a contact, or a potential contact, with blood or OPIM. Gloves shall be worn when handling an individual where exposure is possible, while cleaning or handling contaminated items, or equipment and while cleaning up an area that has been contaminated with one of the above. Gloves shall not be used if they are peeling, cracked, discolored or show other signs of defect or deterioration. Employees shall not wash or disinfect surgical gloves for reuse.
- Masks or protective eyewear or face shields shall be used during job duties that are more likely to result in exposure to blood or OPIM to prevent exposure to mucous membranes.

- Disposable garments shall be used during job duties that are more to result in exposure to blood or OPIM.
- Wash body parts as soon as possible after skin contact with blood or OPIM
- All disposable equipment (gloves, masks, gowns) shall be placed in a clearly marked red plastic bag. Place the bag in a second clearly marked red plastic bag. Seal and disposed of by placing in a dumpster. Note that sharp objects must be placed in an impervious container and properly disposed of
- Disposable rags soiled with blood or OPIM shall be handled as little as possible with minimum agitation. See Section on Laundry.
- Employees shall not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in work areas where there is a likelihood of occupational exposure.
- Employees shall not store food or drink in refrigerators, freezers, cabinets, shelves, or countertops where blood or OPIM are present
- All job duties involving blood or OPIM shall be performed in such a manner as to minimize splashing, splattering and generation of droplets of these substances.
- Except in an emergency situation, no HAGC employee shall enter into, or remain in a contaminated area unless properly attired in PPE.

Sharps disposal containers are inspected and maintained or replaced by AHO Director every year or whenever necessary to prevent overfilling.

HAGC identifies the need for changes in engineering controls and work practices through: Review of OSHA records, employee interviews, and safety committee activities.

HAGC evaluates new procedures and new products regularly by literature reviewed and review of supplier information.

Both front-line workers and management officials are involved in this process in the following manner: annual trainings and participating in safety committee activities.

The HRA is responsible for ensuring that these recommendations are implemented.

Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during an annual training session. All employees can review this plan at any time during their work shifts by contacting the HRA. If requested, HAGC will provide an employee with a copy of the ECP free of charge and within 15 days of the request. THE HRA, AHO Director, and the Executive Director or his/her designee are responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Personal Protective Equipment (PPE)

PPE is provided to HAGC employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by the AHO Director and the HRA.

The types of PPE available to employees are as follows: gloves, masks, face shields, hooded protective coveralls, disposable boot covers, and bloodborne response kits.

PPE shall be utilized where there is a reasonable likelihood for occupational exposure.

PPE is located in the maintenance shops and may be obtained through the AHO Director. The AHO Director will ensure that the PPE is available. Employees may obtain the PPE as needed.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be disposed of in red bags provided by HAGC.
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.
- Wear gowns, aprons or other protective body clothing depending on the task and extent of exposure.
- Wear protective caps/hoods and shoe covers where gross contamination may occur.
- The procedure for handling used PPE is as follows: Discard with the use of a doubled red plastic bag.

Housekeeping

Employees must maintain a clean and sanitary worksite. All equipment and surfaces must be cleaned and decontaminated after contact with blood or OPIM.

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section “Labels”), and closed prior to removal to prevent spillage or protrusion of contents during handling.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are located within all maintenance shops as close as feasible to the immediate area where sharps are used.

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination. Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

Laundry

The following contaminated articles will be laundered at Brothers Dry Cleaners, 875 Mantua Pike, Woodbury New Jersey (856-845-9805)

- HAGC Employee Uniforms

The following contaminated articles will be laundered by HAGC congregate aides in the laundry facility of the building where the contaminated article originated

- All other contaminated articles including towels, clothing, bedsheets etc.

The following laundering requirements must be met:

- Handle contaminated laundry as little as possible, with minimal agitation;
- Place wet contaminated laundry in leak-proof, labeled or color-coded containers or bags before transport.
- Must be bagged where it is used and not sorted or rinsed.
- Wear the following PPE when handling and/or sorting contaminated laundry: Gloves, eye protection, shoe covers and gowns.
- If hot water is used, linen soiled with blood or OPIM should be washed with detergent in water at least 140 degrees -160 degrees F for 25 minutes. If low laundry cycles are used, chemicals suitable for low-temperature washing at proper concentration should be used.

Labels

The AHO Director is responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought in or out of HAGC property. Employees are to notify the AHO Director if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

HEPATITIS B VACCINATION

The HRA will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability. The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in List A of 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 vaccination is contraindicated. However, if an employee declines the vaccination, the employee must sign a declination form. 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 HRA's office.

Vaccination will be provided by an HAGC approved medical facility.

Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. It will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

See Appendix "C" for the Hepatitis B Declination Form.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact the HRA at the following number 856-845-4959 ext. 217. The report shall be made within 24 hours of the incident occurring. Each exposure must be documented by the employee with the assistance of the supervisor on "BloodBorne Pathogen Incident (Exposure) Report." See Appendix "D" for form.

An immediately available confidential medical evaluation and follow-up will be conducted by Life Care Occupational Medicine. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the

exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

The HRA ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard. The HRA ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- A description of the employee's job duties relevant to the exposure incident;
- Route(s) of exposure;
- Circumstances of exposure;
- If possible, results of the source individual's blood test;
- Relevant employee medical records, including vaccination status

The HRA provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The HRA and AHO Director will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time;
- Work practices followed;
- A description of the device being used (including type and brand);
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.);
- Location of the incident;
- Duty being performed when the incident occurred;
- The employee's training;

The HRA will record all percutaneous (skin piercing) injuries from contaminated sharps in a Sharps Injury Log.

If revisions to this ECP are necessary, the HRA and AHO Director will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive initial and annual 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 OSHA bloodborne pathogen standard;
- An explanation of HAGC's 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 (methods), work practices, and PPE that will reduce exposure;
- 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 effectiveness, 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 HAGC;
- An opportunity for interactive questions and answers with the person conducting the training session.

RECORDKEEPING

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept in the HRA's Office for three years from the date on which the training occurred. The training records include:

- The dates of the training session;
- The contents or a summary of the training sessions;

- The names and qualifications of persons conducting the training;
- 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 the HRA.

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 HRA is responsible for maintenance of the required medical records. These confidential records are kept in the HRA's Office or appropriate storage facility 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.

The standard requires that the following information be included in the medical record:

1. The name and Social Security number of the employee.
2. A copy of the employee's hepatitis B vaccination status including the dates of all the Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
3. A copy of all results of post-exposure evaluation examinations, medical testing and follow-up procedures.
4. The employer's copy of the healthcare professional's written opinion.
5. A copy of the information provided to the healthcare professional.

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 the HRA.

Sharps Injury Log

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

- Date of the injury;
- Type and brand of the device involved (syringe, suture needle);
- Department or work area where the incident occurred;
- Explanation of how the incident occurred.

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report to protect the confidentiality of the injured employee.

GLOSSARY

<i>Acute febrile illness.</i>	Any acute illness characterized by a high fever.
<i>Aerosolization.</i>	Formation of a spray by pressurizing a liquid.
<i>Biohazard symbol.</i>	A symbol that identifies biological hazardous wastes.
<i>Blood.</i>	Human blood, human blood components and products made from human blood are included.
<i>Bloodborne pathogens.</i>	Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
<i>Centers for Disease Control and Prevention (CDC), U.S. Health and Human Services, Public Health Service.</i>	The federal agency responsible for identifying and responding to all communicable diseases. <i>Clinical laboratory.</i> A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
<i>Contaminated.</i>	The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
<i>Contaminated laundry.</i>	Laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.
<i>Decontamination.</i>	The use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where it is no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.
<i>Engineering controls.</i>	Controls that isolate or remove the bloodborne pathogens hazard from the workplace. Examples include sharps disposal containers and self-sheathing needles.
<i>Epidemiology.</i>	The study of the relationships of the various factors determining the frequency and distribution of diseases in a human community.
<i>Exposure incident.</i>	A specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials, that results from the performance of an employee's duties.
<i>Handwashing facilities.</i>	A facility providing an adequate supply of running potable water, soap, and single use towels or air-drying machines.
<i>HBV.</i>	Hepatitis B virus.
<i>HCV.</i>	Hepatitis C virus.
<i>HIV.</i>	Human immunodeficiency virus.

<i>Licensed healthcare professional.</i>	A person whose legally permitted scope of practice allows him or her to independently perform the activities required in paragraph (f) of the standard in dealing with hepatitis B vaccinations and post-exposure evaluations and follow-ups.
<i>Needleless systems.</i>	A device that does not use needles for: (1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) The administration of medication or fluids; or (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps. <i>Occupational exposure.</i> Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
<i>OPIM:</i>	<i>Acronym for Other Potentially Infectious Materials.</i> (1) The listed human body fluids; (2) any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture mediums or other solution; and (4) blood, organs or other tissues from experimental animals infected with HIV or HBV.
<i>Parenteral.</i>	Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts and abrasions.
<i>PPE.</i>	<i>Acronym for Personal protective equipment.</i> Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (such as uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
<i>Phlebotomist.</i>	Any health care worker who draws blood samples.
<i>Production facility.</i>	A facility engaged in industrial-scale, large volume or high concentration production of HIV or HBV.
<i>Regulated waste.</i>	Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
<i>Research laboratory.</i>	Any laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

<i>Sharps with engineered sharps injury protections.</i>	A non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.
<i>Source individual.</i>	Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to an employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.
<i>Standards.</i>	Occupational safety and health standards enforced under OSHA
<i>Sterilize.</i>	The use of a physical or chemical procedures to destroy all microbial life including highly resistant bacterial endospores.
<i>Universal precautions.</i>	An approach to infection control. According to the concept of universal precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.
<i>Work practice controls.</i>	Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

APPENDIX "A"

Housing Authority of Gloucester County
EMPLOYEE EXPOSURE DETERMINATION

Blood Borne Pathogens

List A

The following is a list of all job classifications at **HAGC** in which all employees have a High Risk of occupational exposure:

Job Title	Department/Location
Building Maintenance Worker	Various sites
Congregate Aide	Various sites
Lead Building Maintenance Worker	Various sites
Maintenance Repairer	Various sites
Maintenance Repairer Trainee	Various sites
Senior Maintenance Repairer	Various sites
Superintendent	Various sites

Housing Authority of Gloucester County
EMPLOYEE EXPOSURE DETERMINATION

Blood Borne Pathogens

List B

The following is a list of all job classifications at **HAGC** in which all employees have a Low Risk of occupational exposure:

Job Title	Department/Location
AHO Director (Affordable Housing Operations)	Various sites
Congregate Services Coordinator	Various sites
Painter	Various sites
Site Manager	Glassboro Housing Authority

APPENDIX “B”

**OTHER POTENTIALLY INFECTIOUS MATERIALS
(OPIM)**

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

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

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

Please note: Urine and feces are not covered are not included in coverage by the standard unless they are visibly contaminated with blood. Employees are not required to wear personal protective equipment when changing beds or emptying bed pans that are soiled with urine or feces or while doing laboratory tests on urine or feces. While most employees will wish to wear gloves in such situations, it is not required by the standard unless there is visible blood or in a situation where it is impossible to determine whether there is blood, for example in emergency situations where lighting is inadequate

APPENDIX “C”

HEPATITIS B VACCINE DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Name Printed: _____

Employee Signature: _____

Date: _____

APPENDIX “D”

EXPOSURE INCIDENT REPORT
(Routes and Circumstances of Exposure Incident)
Please Print and Provide to Human Resources Administrator within 24 Hours

Date Completed: _____

Employee's Name: _____

Home Phone: _____ Business Phone: _____

Job Title: _____

Date of Exposure: _____ Time of Exposure: _____

Location of Incident: _____

Nature of the Incident: _____

Describe what task(s) you were performing when the exposure occurred (Be Specific):

Were you wearing personal protective equipment (PPE)? _____

If yes, list: _____

Did the PPE Fail? _____

If yes, explain: _____

What body fluid(s) were you exposed to (blood or other potentially infection material) ?(Be Specific): _____

What parts of your body became exposed? _____

Estimate the size of the area of your body that was exposed? _____

For how long? _____

Did a foreign body (needle, nail, auto part, wires etc.) penetrate your body? _____

If yes, what was the object? _____

Where did it penetrate your body? _____

Was any fluid injected into your body? _____

If yes, what fluid? _____ How much? _____

Did you receive any first aid/ medical attention? _____

If yes, where? _____

When: _____

By Whom: _____

When was the incident first reported _____ To whom? _____

List names of witnesses (if any) _____

Identification of source individual(s) (If known): _____

Were you in direct contact with the individual? _____

Other pertinent information: _____

NOTE: If needed, the employee's medical evaluator will provide the source a "Source Consent" Form to attempt to obtain permission for source HIV/HBV Blood Testing. The Medical evaluator has been informed as to our policy and OSHA Rules. **All medical data is confidential.**

APPENDIX “E”

POST-EXPOSURE CONSENT FOR TESTING: SOURCE PATIENT

Testing for HIV, HBV, and HCV Infectivity

This form should be reviewed and signed by the source patient and provided to the health care provider responsible for the post-exposure evaluation.

Exposed Individual's Information

Name (Please Print): _____ Exposure Date: _____

Address: _____

Contact Number: _____

Source Patient Statement of Understanding

I _____ understand that my consent is required by law for HIV, hepatitis B (HBV), and hepatitis C (HCV) infectivity testing if someone is exposed to my blood or bodily fluids. I understand that a member of the Housing Authority of Gloucester County and/or Glassboro Housing Authority has been accidentally exposed to my blood or bodily fluids and that testing for HIV, HBV, and HCV infectivity is being requested. I understand that I am not required to give my consent, but if I do, my blood will be tested for these viruses at no expense to me. I have been informed that the test to detect whether or not I have HIV antibodies is not completely reliable. This test can produce a false positive result when an HIV antibody is not present and that follow-up tests may be required. I understand that the results of these tests will be kept confidential and will only be released to medical personnel directly responsible for my care and treatment, to the health care provider responsible for the exposed member of the Housing Authority of Gloucester County and/or Glassboro Housing Authority to ensure appropriate medical evaluation and care, and to others only as required by law.

Source Patient to INITIAL selection for consent or refusal:

Consent or Refusal

I CONSENT to:

HIV Testing _____
Hepatitis B Testing _____
Hepatitis C Testing _____

I REFUSE consent to:

HIV Testing _____
Hepatitis B Testing _____
Hepatitis C Testing _____

Source Individual Identification:

Source patient's printed name: _____

Source patient's signature: _____

Relationship (if signed by someone other than the source patient): _____

Date Signed: _____