

ADDENDUM A

JAMES MADISON UNIVERSITY

Examples of Recommended Personal Protective Equipment for Worker Protection Against HIV and HBV Transmission in Prehospital Settings

Note: Examples provided in this table are based on application of universal precautions. Universal precautions are intended to supplement rather than replace recommendations for routine infection control, such as handwashing and using gloves to prevent gross microbial contamination of hands (e.g., contact with urine or feces).

Prehospital settings are defined as those where delivery of emergency health care takes place away from a hospital or other health care facility.

"Mask" refers to protective masks for the prevention of exposure to mucous membranes to blood or other potentially contaminated body fluids, not the use of resuscitation devices.

Gloves, while not clearly necessary to prevent HIV or HBV transmission unless blood is present, are recommended to prevent transmission of other infectious agents (e.g., Herpes simplex).

<u>Task of Activity</u>	<u>Disposable Gloves</u>	<u>Gown</u>	<u>Mask</u>	<u>Protective Eyewear</u>
Bleeding control w/spurting blood	Yes	Yes	Yes	Yes
Bleeding control w/minimal blood	Yes	No	No	No
Emergency birth	Yes	Yes	Yes, if splashing is likely	Yes, if splashing is likely
Blood drawing	At certain times	No	No	No
Starting an intravenous (IV) line	Yes	No	No	No
Endotracheal intubation, esophageal obturator use	Yes	No	No, unless splashing is likely	No, unless splashing is likely

Oral/nasal suctioning, manually cleaning airway	Yes	No	No, unless splashing is likely	No, unless splashing is likely
Handling/cleaning instruments with microbial contamination	Yes	No, unless soiling is likely	No	No
Measuring blood pressure	No	No	No	No
Measuring temperature	No	No	No	No
Giving an injection	No	No	No	No
Crime scene processing and/or search	Yes	No, unless soiling is likely	No, unless splashing is likely	No, unless splashing is likely
Accident scene emergencies and processing	Yes	No, unless soiling is likely	No, unless splashing is likely	No, unless splashing is likely

ADDENDUM B

JAMES MADISON UNIVERSITY

MANDATORY HEPATITIS B VACCINATION DECLINATION FORM

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.

Name:

Signature:

Soc. Sec. No:

Title:

Department:

Date:

This form pertains to the requirements of the OSHA Standard on Occupational Exposure to Bloodborne Pathogens as appears in the Federal Register, December 6, 1991, 29 CFR Part 1910.1030.

If you as an employee of James Madison University elect not to receive the hepatitis B vaccine, please sign this form and return under confidential cover to Mr. Guther Allen, Director, Employee Relations and Training, Hillcrest House, by September 1, 1992.

ADDENDUM C

JAMES MADISON UNIVERSITY

EMPLOYEE EXPOSURE TO INFECTIOUS DISEASE

REPORT

SCREENING AND FOLLOW UP PROCEDURES

Employee's Name: _____ Position: _____
Address: _____
Social Security Number: _____ Date of Birth: _____
Current Workplace Location: _____
Date Occurred: _____ Date Reported: _____
Employee's Reported Description of the Exposure:

Follow Up: Contact Source ()
No-Contact Source ()

Contact Source Lab Test Result: _____
Jail Nurse Notified of the Exposure: _____
Comments: _____

Signature: _____ Date: _____
Referred to a Physician? Yes () No ()

Recommendations: _____

ADDENDUM D

James Madison University
Harrisonburg, VA 22807

Training Topic:
Date of Training:
Name of Trainer(s):

Qualifications of Trainer(s):

Summary of Content:

TRAINING ROSTER

<u>Name of Participant</u>	<u>Soc. Sec. No.</u>	<u>Job Title</u>	<u>Department</u>
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ADDENDUM D ALTERNATIVE

JAMES MADISON UNIVERSITY

OSHA CFR 29 Part 1910.1030 BLOODBORNE PATHOGENS STANDARD

This is to certify that _____
(Name)

Social Security Number:

Title:

Department:

has completed training on the OSHA Standard on Bloodborne Pathogens.

MEDICAL TRAINING

DEPARTMENTAL TRAINING

Instructor:
Dawn Kiser, R.N.
Infection Control Practitioner
Rockingham Memorial Hospital
235 Cantrell Avenue
Harrisonburg, Virginia 22801
(703)433-4361

Instructor:

(Signature)

(Signature)

(Date)

(Date)

ADDENDUM E

JAMES MADISON UNIVERSITY

LABELING REQUIREMENTS

Item	No Label Required	Biohazard Label	Red Color-coded Container
Regulated Waste Container		X	or X

Reusable contaminated sharps		X	or		X
Refrigerator/freezer holding blood or other potentially infectious material (OPIM) (e.g., evidence storage)		X			X
Containers used in storage, transport, or shipping of blood or OPIM (e.g., evidence)		X	or		X
Blood/blood products released for clinical use	X				
Individual specimen containers of blood or OPIM remaining in facility	X(1)	or	X	or	X
Specimens shipped from the primary facility to another facility		X	or		X
Individual containers of blood or OPIM placed in labeled container during storage, transport, shipment, or disposal	X				
Contaminated equipment needing servicing or shipping			X(2)		

(1) Labels are not being required if universal precautions are used in handling all specimens and containers are recognizable as containing specimens.

LABELING REQUIREMENTS (Continued)

(2) Specifying, in addition, the location of the contamination.

<u>Item</u>	<u>No Label Required</u>	<u>Biohazard Label</u>	<u>Red Color-Coded Container</u>
Contaminated Laundry	X(3)	or	X
		X	or
			X

Laundry sent to another
facility that does not
use Universal Precautions

X or X

(3) Alternative label or color code must be used when facility uses Universal Precautions in handling all soiled laundry and employees can recognize containers as requiring compliance with Universal Precautions.

ADDENDUM F

JAMES MADISON UNIVERSITY

**JOB CLASSIFICATIONS
WITH A LIKELIHOOD OF OCCUPATIONAL EXPOSURE
TO BLOODBORNE PATHOGENS**

Although a list is included below of a number of job

classifications that may be associated with tasks that have occupational exposure to blood and other potentially infectious materials, the scope of this standard is in no way limited to employees in these jobs. The hazard of exposure to infectious materials affects employees in many types of employment and is not restricted to the health care industry. At the same time, employees in the following jobs are not automatically covered unless they have occupational exposure:

Physicians, physician's assistants, nurses, nurse practitioners, and other health care employees in clinic and physician's offices;

Employees of clinical and diagnostic laboratories;

Housekeepers in health care facilities;

Personnel in hospital laundries or commercial laundries that service health care or public safety institutions;

Tissue bank personnel;

Employees in blood banks and plasma centers who collect, transport, and test blood;

Freestanding clinic employees (e.g., hemodialysis clinics, urgent care clinics, health maintenance organization (HMO) clinics, and family planning clinics);

Employees in clinics in industrial, educational (e.g., university health centers), and correctional facilities (e.g., those who collect blood, and clean and dress wounds);

Employees assigned to provide emergency first aid (e.g., life guards, recreational activity supervisors, etc.);

Dentists, dental hygienists, dental assistants and dental laboratory technicians;

Staff of institutions for the developmentally disabled;

Hospice employees;

JOB CLASSIFICATIONS "AT RISK" (Continued)

Home health care workers;

Staff of nursing homes and long-term care facilities;

Employees of funeral homes and mortuaries;

HIV and HBV research laboratory and production facility workers;

Employees handling regulated waste;

Medical equipment service and repair personnel;

Emergency medical technicians, paramedics, and other emergency medical service providers; and

Firefighters, law enforcement personnel, and correctional officers, employees in the private sector, the Federal Government, or a State or local government in as State that has an OSHA-approved State plan (e.g., Virginia).

APPENDEX G

JAMES MADISON UNIVERSITY

SUMMARY OF UNIVERSAL PRECAUTIONS IN THE WORKPLACE

1. Hands shall be washed before and after patient contact.
Hands shall be washed immediately following contamination

with blood or other body fluids. Hands shall be washed after gloving.

2. Gloves shall be worn for procedures where there is blood or body fluids containing blood. Gloves shall be worn by health care workers who have cuts, abraded skin, chapped hands or the like. Gloves shall be worn during an instrumental exam of the oropharynx, GI or GU tract, when performing an invasive procedure, when performing phlebotomy on an uncooperative patient, and when cleaning blood or body fluid spills and during decontamination procedures.
3. Gloves shall be made of appropriate material and shall be of appropriate size for each health care worker. Gloves shall not be used if peeling, cracked, discolored, or have other evidence of deterioration.
4. Latex gloves shall not be washed or disinfected for reuse.
5. Gowns should not be worn when performing tasks that may cause blood or other body fluid splashes to skin or clothing. Gowns should be made of or lined with impervious material and should protect all areas of exposed skin.
6. Masks and protective eyewear should be worn when performing tasks that may cause blood or other body fluid splashes to mucosal membranes.
7. Resuscitation equipment that minimizes the need for emergency mouth-to-mouth resuscitation should be strategically located throughout the facility.
8. Protective attire should be available for use when performing invasive procedures, in laboratories for processing body fluid specimens, and when performing or assisting with post mortem procedures.
9. There should be a definition of housekeeping operations to minimize risks of direct exposure to blood and body fluids including provision of protective attire for cleaning blood and body fluid spills and use of an approved environmental disinfectant (a one in ten solution of household bleach in water will suffice, remixed daily).
10. Sharps/needles should not be recapped or purposely bent or broken by hand. Sharps/needles' receptacles should not leak, should be maintained in a sanitary condition, and equipped with tight-fitting covers if necessary to maintain sanitary conditions.
11. Sharps/needles should be placed in puncture-resistant containers after use. Such containers should be easily accessible to all personnel, and shall not spill their contents if knocked over.

12. Lab specimens should be transported in a manner to prevent leaking.
13. Use of tags (**BIOHAZARD**) shall be used for preventing accidental injury or illness to employees exposed to hazardous conditions, equipment or operations. Such tags/signal words shall be readable at a distance of five feet or more. Tag messages shall be written or presented in pictographs, and shall be understandable by all employees who may be exposed to the hazard. Tags should be affixed as close as possible to their respective hazards in a manner so as to prevent loss or unintentional removal. Tagged material shall be double-bagged where puncture or outside contamination is likely. The open end of the bag shall be closed securely, bent over in a "goose-neck" manner, and secured with a twist-tie, twine, or cord.
14. Employees at substantial risk of contacting blood or body fluids shall be offered hepatitis B vaccinations.
15. Soiled linen shall be bagged at point of origin and should not be sorted or rinsed in patient-care areas.
16. Reusable patient equipment shall be disinfected or sterilized before reuse.
17. There should be a procedure in place to follow-up employee exposures to possible HIV/HBV.
18. There shall be an employee training program to provide all personnel with an understanding of Universal Precautions as it applies to their work practices.

REFERENCES:

Centers for Disease Control, Recommendations for prevention of HIV transmission in health care settings. MMWR 365:25:15-195, 1987.

OSHA Instruction CPL2-2.44A. Enforcement Procedures for Occupational Exposure to Hepatitis B Virus and Human Immunodeficiency Virus.

APPENDIX H

REFERENCES

1. OSHA Instruction CPL 2.45B, June 15, 1989, the Revised Field Operations Manual (FOM).
2. OSHA Instruction ADM 1-1.12B, December 29, 1989, the Integrated Management Information System (IMIS) Forms Manual.
3. Centers for Disease Control Morbidity and Mortality Weekly Report: "Recommendations for Prevention of HIV Transmission

in Health Care Settings." August 1987; Vol. 36, No. S-2.

4. Centers for Disease Control Morbidity and Mortality Weekly Report: 1988 Agent Summary Statement for Human Immunodeficiency Virus and Report on Laboratory-Acquired Infection with Human Immunodeficiency Virus. April 1, 1988; Vol. 37, No. S-4.
5. Centers for Disease Control Morbidity and Mortality Weekly Report: "Guidelines for Prevention of Transmission of HIV and HBV to Health, Case, and Public Safety Workers." June 23, 1989; Vol. 38, No. S-6.
6. Centers for Disease Control Morbidity and Mortality Weekly Report: "Update: Universal Precautions for the Prevention of Transmission of HIV, HBV, and Other Bloodborne Pathogens in Health Care Settings." June 24, 1988; Vol. 37, No. 24.