

**EMPLOYER AND EMPLOYEE GUIDELINES
FOR
CONTROLLING OCCUPATIONAL EXPOSURE
TO
BLOODBORNE PATHOGENS**

29 CFR 1910.1030

PREPARED BY



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Annual Bloodborne Pathogen Program Review

Date: _____ Signature: _____

SAMPLE EXPOSURE CONTROL PROGRAM

____ (Company Name) _____ recognizes that employees of this organization may encounter routine or non-routine occupational exposure to bloodborne pathogens including hepatitis B virus (HBV), hepatitis C virus (HBC) and human immunodeficiency virus (HIV). This written exposure control program has been developed by ____ (Company Name) ____ on (Date Prepared) to eliminate or minimize employee exposure to blood or other potentially infectious materials and is intended to comply with the requirements of OSHA standard 29 CFR 1910.1030, Bloodborne Pathogens.

____ (Person Designated) _____ has been designated as the exposure control program coordinator and will be responsible for enforcement, review (annually or more frequently when determined necessary), and maintenance of this program.

Important Definitions:

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

Bloodborne Pathogens: 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), hepatitis C virus (HBC) and human immunodeficiency virus (HIV).

Contaminated: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry: Laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps: Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination: The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious articles and the surface or item is rendered safe for handling, use or disposal.

Engineering Controls: Controls (e.g. self-sheathing needles, needless systems,

sharps disposable containers) that isolate or remove the bloodborne pathogens hazard from the workplace. This includes Sharps with Engineered Sharps Injury Protections (SESIPs) which are nonneedle 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.

Exposure Incident: 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.

Occupational Exposure: 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.

Other Potentially Infectious Materials (OPIM): (1) 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; (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 medium or other solutions; and blood, organs, or other tissue from experimental animals infected with HIV or HBV.

Parenteral: Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment: Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g. uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Regulated Waste: 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.

Universal Precautions: 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, HBC and other bloodborne pathogens.

Work Practice Controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g. prohibiting recapping of needles by a two-handed technique, not reaching into a fluid filled container/sink that contains contaminated sharps with a gloved hand).

EXPOSURE DETERMINATION

The following exposure determination has been made without regard to the use of personal protective equipment:

A) The following are job classifications in which all employees have occupational exposure to blood or other potentially infectious materials (regardless of frequency):

1. (Job Classification) (Department/Location)
2. (Job Classification) (Department/Location)
3. (Job Classification) (Department/Location)

B) The following are job classifications in which some employees have occupational exposure to blood or other potentially infectious materials:

1. (Job Classification)

Tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs that are performed by employee(s) in this job classification:

- (Task/Procedure)
- (Task/Procedure)
- (Task/Procedure)

2. (Job Classification)

Tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs that are performed by employee(s) in this job classification:

- (Task/Procedure)
- (Task/Procedure)
- (Task/Procedure)

SCHEDULE AND METHOD OF IMPLEMENTATION

Methods of Compliance:

A) **Universal Precautions** Effective immediately, universal precautions shall be observed at ____ (Company Name) ____ to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials. All blood or OPIM will be considered infectious regardless of the perceived status of the source individual. Supervisors of employees working in job classifications who encounter occupational exposure to blood or other potentially infectious materials (listed in the Exposure Determination Section) are responsible for ensuring that employees observe universal precautions at all times.

B) **Engineering and Work Practice Controls:**

Engineering and work practice controls shall be utilized at ____ (Company Name) ____ as a primary method for eliminating or controlling exposure to blood or other potentially infectious materials. ____ (Person Designated) ____ is responsible for examining and maintaining or replacing all engineering controls on a regular basis.

This includes needles, scalpels, lancets, etc.. Non-managerial employees must be included in the evaluation of safer devices initially and at least annually (See Appendix for sample Sharps Evaluation Forms). The following engineering controls will be used and enforced by department supervisors:

1. Type of Safer Device Selected: _____

Locations of Use:

- a.
- b.
- c.

2. Type of Safer Device Selected: _____

Locations of Use:

- a.
- b.
- c.

3. Type of Safer Device Selected: _____

Locations of Use:

- a.
- b.
- c.

4. Type of Safer Device Selected: _____

Locations of Use:

- a.
- b.
- c.

This facility identifies the need for changes in engineering control and work practices through (Examples: Review of OSHA records, employee interviews, committee activities,etc.)

We evaluate new procedures or new products regularly by (Describe the process, literature reviewed, supplier info, products considered)

Both front line workers and management are involved in this process: (Describe how employees will be involved)

The following work practice controls will be utilized at (Company Name) and enforced by department supervisors:

- 1. Employees MUST wash their hands and any other exposed skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.**
- 2. Employees MUST wash their hands immediately or as soon as possible after removal of gloves or other personal protective equipment.**
- 3. Employees are required to wash their hands with soap and running water as soon as feasible after using an appropriate antiseptic. Hand cleaners or towelettes are acceptable only where handwashing facilities are not feasible.**
- 4. Contaminated needles and other sharps shall not be bent, recapped, or removed unless no alternative is feasible or such action is required by a specific medical procedure. Such recapping or needle removal must be accomplished through the use of a mechanical device (needle well) or a one-handed technique. SHEARING OR BREAKING OF CONTAMINATED NEEDLES IS PROHIBITED.**

5. Contaminated reusable sharps shall be placed in appropriate containers immediately or as soon as possible after use until properly re-processed.
6. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
7. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.
8. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances. The methods used to accomplish this include (for example: covers on centrifuges, usage of dental dams):

9. Mouth pipetting/suctioning of blood or other potentially infectious materials is PROHIBITED.
10. Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.
11. Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and decontaminated as necessary. If decontamination is not feasible, a readily observable label in accordance with 29 CFR 1910.1030 must be attached to the equipment stating which portions remain contaminated. (Name of Person Designated) is responsible for informing affected employees, the servicing representative, and/or the manufacturer prior to handling, servicing, or shipping so that appropriate precautions can be taken.

Equipment which cannot be decontaminated is listed below:

1. _____
2. _____
3. _____

The following also applies to personal protective equipment:

- Personal protective equipment **MUST** be cleaned, laundered, repaired, and/or replaced as needed to maintain its effectiveness.
- If a garment is penetrated by blood or other potentially infectious material, this garment **MUST** be removed immediately or as soon as feasible.
- All personal protective equipment **MUST** be removed prior to leaving the work area. Upon leaving the work area, personal protective equipment will be removed and stored in _____ (Item/Location) _____ or disposed of in _____ (Item/Location) _____.
- When personal protective equipment is removed, it **MUST** be placed in an appropriately designated container for storage, washing and decontamination, or disposal.

D) **Housekeeping:** In keeping with the concept of Universal Precautions, _____ (Company Name) _____ will ensure that the worksite is maintained in a clean and sanitary condition. The following is a written schedule for housekeeping:

1) **Equipment:** All equipment and environmental work surfaces shall be cleaned and decontaminated with an appropriate disinfectant after contact with blood or other potentially infectious materials by _____ (Designated Person) _____.

2) **Work Surfaces:** Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures or as soon as feasible when surfaces are obviously contaminated, after any spill of blood or other potentially infectious material, and at the end of the work shift by _____ (Person Designated) _____. The disinfectants listed below can be used. (List EPA or FDA approved germicidal agents, bleach solutions, etc.) Note: Work surfaces include countertops, exam tables, mobile med-carts, etc..

Housekeeping Schedule

Area or Surface to be Decontaminated	Frequency of Decontamination	EPA or FDA approved	Person Responsible for Decontamination
--------------------------------------	------------------------------	---------------------	--

		Disinfectant and Registration Number	

NOTE: Please consult with (Person Designated) exposure control program coordinator, for a list of registered sterilants for your specific cleaning and decontamination application.

3) Protective Coverings: Protective coverings such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment or environmental surfaces shall be removed and replaced as soon as feasible when they become obviously contaminated and at the end of the work shift by (Person Designated).

4) Trash Cans: All bins, pails, cans, and similar receptacles which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials will be inspected, cleaned, and decontaminated (Daily, Weekly, Etc.) by (Person) or as soon as feasible upon visible contamination.

5) Sharps: Contaminated sharps shall be discarded immediately or as soon as feasible in approved containers. **CAUTION:** Broken glassware which may be contaminated shall not be picked up directly with the hands. It must be cleaned up using mechanical means such as a brush and dust pan, tongs, or forceps. (Furthermore, any mechanical device which is contaminated must be de-contaminated following use or as soon as feasible).

NOTE: Reusable sharps that are contaminated with blood or other potentially infectious materials will be stored or processed so that employees do not have to reach by hand into the containers where these sharps have been placed.

6) Sharps Containers: Sharps containers will be inspected (weekly, monthly, etc.) by (Person Designated) to ensure they are not allowed to become overfilled. Sharps containers must be closable, puncture resistant, leakproof on sides and bottom, and labeled or color-coded in accordance with paragraph (g)(1)(i) of the standard. Additionally, sharps containers will be located as close

as feasible to the immediate area where sharps are used. The following is a list of locations requiring sharps containers, along with the individual responsible for ensuring that these containers are emptied:

Location Description	Person Responsible
_____	_____
_____	_____
_____	_____
_____	_____

Additionally, mobile carts used for the following operations must be equipped with approved sharps containers:

- 7) **Laundry:** Contaminated laundry must be bagged or containerized at the location where it was used in an approved bag or container (see labeling requirements). All personal protective equipment will be cleaned, laundered, and disposed of by the employer at no cost to the employee. The following protocol has been provided to facilitate leaving the equipment at the work area: (Location where contaminated PPE will be stored in a biohazard bag, Location of spare clothing or scrubs)

Contaminated laundry must not be sorted or rinsed in the location of use. Laundry will be cleaned at: _____ (Name of Laundry) _____. The laundry has been notified of the potential for contamination by bloodborne pathogens and notified of the need to use universal precautions.

Hepatitis B Vaccination and Post-Exposure Evaluation And Follow Up:

The Hepatitis B vaccine and vaccination series shall be made available to all employees with occupational exposure (see exposure determination) at no cost to the employee. (Person Designated) is responsible for ensuring that all employees who may be working in areas with occupational exposure are allowed the chance to receive the Hepatitis B vaccination after the employee has received the training required (see Training) and within 10 working days of initial assignment. Employees who decline the Hepatitis B vaccination will be required to sign the statement given in Appendix A. If an employee initially declines the Hepatitis B vaccine but later decides to accept, (Company Name) will make available the Hepatitis B vaccine at that time, assuming the employee still has occupational exposure. If the employee has previously received the Hepatitis B vaccination the facility must have a copy of the vaccine documentation or have the employee sign the Declination Statement. The documentation will be maintained (Location of Employee Medical Records). Any time an exposure incident occurs, employees must contact (Person Designated) to ensure the proper evaluation and follow-up. The medical evaluation and follow-up will include the following elements:

- 1) Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred.
- 2) Identification and documentation of the source individual, unless infeasible or prohibited by state or local law. If consent is obtained (where required), the source individual's blood shall be tested and the results documented. If the source individual is known to be infected with HIV or HBV, this shall be documented without a repeat test. The source's blood shall be tested with the rapid HIV Test which gives results within 30 minutes at (Location for Source's Blood to be Tested).
- 3) Results of the source individual's testing shall be made available to the exposed employee, along with applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- 4) The exposed employee's blood shall be tested as soon as feasible after consent is obtained.
- 5) If the employee consents to baseline blood collection but does not give consent at that time for HIV serologic testing, the sample shall be preserved for 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
- 6) When medically indicated, Post-exposure prophylaxis will be provided, as recommended by the U.S. Public Health Service. For this to be effective the post-exposure prophylaxis (PEP) must be given within 1 to 2 hours after exposure. The

exposed employee will be sent to (Doctor, Clinic, or Hospital) for counseling and determination if PEP should be given. Note: Make sure the facility has PEP available and that you have a agreement with the facility that they will see the employee immediately upon arrival.

7) Counseling will be made available to the employee upon request.

8) Evaluation of reported illnesses.

Within 15 days of completion, a copy of the evaluating healthcare professional's written opinion shall be obtained by (Person Designated) and provided to the employee. This written opinion will be limited to the following information:

- That the employee has been informed of the results of the evaluation.
- That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment (OTHER FINDINGS OR DIAGNOSES SHALL REMAIN CONFIDENTIAL AND NOT BE INCLUDED IN THE WRITTEN REPORT).

(Person Designated) is responsible for providing the following information to the healthcare professional following an exposure incident and prior to medical evaluation:

- A copy of 29 CFR 1910.1030.
- A description of the exposed employee's duties as they relate to the exposure incident.
- Documentation of the route(s) of exposure and circumstances under which exposure occurred.
- Results of the source individual's blood testing, if available.
- All medical records relevant to the appropriate treatment of the employee including vaccination status.

EVALUATION OF EXPOSURE INCIDENTS

Due to the potentially severe consequences resulting in exposure incidents, the circumstances regarding these incidents will be investigated with the upmost priority. Employees MUST notify (Person's Name) immediately following any exposure incident. (Person's Name) will be responsible for conducting an investigation into the

circumstances of exposure incidents immediately following each incident. A copy of the exposure incident investigation form is included in the appendix. (NOTE TO READER: Although it is required that each employer develop a method for investigating the circumstances surrounding exposure incidents, the enclosed Exposure Incident Report form is optional, and not required by 29 CFR 1910.1030.)

The facility 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, gown, etc.)
- Location of the incident
- Procedure being performed when the incident occurred
- Employee's training

(Person Responsible) will record all percutaneous injuries from contaminated sharps in the facilities Sharps Injury Log.

Labeling

Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport, or ship blood or other potentially infectious materials. These labels shall include the following legend:



These signs shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in contrasting color. Alternately, red bags or containers may be substituted for labels. (Person Designated) is responsible for periodic review of compliance with labeling requirements.

Training:

All employees with occupational exposure will be expected to participate in a training session that will be provided at the time of initial assignment to tasks where occupational exposure takes place, every year thereafter, and whenever changes such as modifications of tasks or procedures or institution of new tasks or procedures affect the employee's exposure. (Employee's Name) will be responsible for coordinating training sessions, which will consist of the following:

- A) An explanation of the bloodborne pathogens standard (29 CFR 1910.1030) and the fact that a copy of the text of this standard will be accessible to employees at all times.
- B) A general explanation of the epidemiology and symptoms of bloodborne diseases.
- C) An explanation of the modes of transmission of bloodborne pathogens.
- D) An explanation of (Company's Name) exposure control plan and the means by which employees can obtain a copy of the written plan.
- E) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- F) An explanation of the use and limitations of methods that will prevent or reduce exposure including engineering controls, work practice, and personal protective equipment.
- G) Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
- H) An explanation of the basis for selection of personal protective equipment.
- I) Information on the hepatitis B vaccine and a statement that the vaccine will be offered free of charge.
- J) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- K) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be

made available.

L) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.

M) An explanation of the signs and labels and/or color coding that is used in the facility.

N) An opportunity for interactive questions and answers with the person conducting the training session.

The training coordinator will keep a record on file concerning all training sessions. A sample copy of the training record form is included in the Appendix.

RECORDKEEPING

 (Person's Name) is responsible for maintaining records regarding the exposure control plan at (Company Name) , and for ensuring that all medical records are kept confidential. The following records will be kept on file:

- A) A file for each employee with occupational exposure to blood or other potentially infectious materials including the name and social security number of the employee, a copy of the employee's hepatitis-B vaccination status, any medical records relative to the employee's ability to receive vaccination.
- B) A copy of all results of examinations, medical testing, and follow-up procedures following an exposure incident.
- C) The employer's copy of the healthcare professional's written opinion regarding post-exposure evaluation and follow-up.
- D) A copy of the information provided to the healthcare professional regarding post-exposure evaluation and follow-up.

The above records will not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by the bloodborne pathogens standard or by law. Additionally, these records will be maintained for at least the duration of employment plus thirty (30) years.

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 (Responsible Person).

SHARPS INJURY LOG

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

- The date of the injury
- The type and brand of the device involved
- The department or work area where the incident occurred

- **An explanation of how the incident occurred**

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

APPENDICES

Hepatitis B vaccine declination form
Safety Evaluation Forms (2)
Training Record
Exposure Incident Form

HEPATITIS B VACCINE - DECLINATION STATEMENT

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.

Signature

Date

SAFETY FEATURE EVALUATION FORM

SAFETY SYRINGES

Date: Department: Occupation:

Product: Number of times used:

Please **circle** the most appropriate answer for each question. Not applicable (N/A) may be used if the question does not apply to this particular product.

agree.....disagree

DURING USE:

1. The safety feature can be activated using a one-handed technique 1 2 3 4 5
N/A
2. The safety feature **does not** obstruct vision of the tip of the sharp 1 2 3 4 5
N/A
3. Use of this product requires you to use the safety feature 1 2 3 4 5
N/A
4. This product does not require more time to use than a non-safety device 1 2 3 4 5
N/A
5. The safety feature works well with a wide variety of hand sizes 1 2 3 4 5
N/A
6. The device is easy to handle while wearing gloves 1 2 3 4 5
N/A
7. This device **does not** interfere with uses that do not require a needle 1 2 3 4 5
N/A
8. This device offers a good view of any aspirated fluid 1 2 3 4 5
N/A
9. This device will work with all required syringe and needle sizes 1 2 3 4 5
N/A
10. This device provides a better alternative to traditional recapping 1 2 3 4 5
N/A

AFTER USE:

11. There is a clear and unmistakable change (audible or visible) that occurs when the safety feature is activated 1 2 3 4 5
N/A
12. The safety feature operates reliably 1 2 3 4 5
N/A
13. The exposed sharp is permanently blunted or covered after use and prior to disposal . 1 2 3 4 5
N/A
14. This device is no more difficult to process after use than non-safety devices 1 2 3 4 5
N/A

TRAINING:

15. The user **does not** need extensive training for correct operation 1 2 3 4 5
N/A
16. The design of the device suggests proper use 1 2 3 4 5
N/A
17. It is **not** easy to skip a crucial step in proper use of the device 1 2 3 4 5
N/A

Of the above questions, which three are the most important to **your** safety when using this product?
Are there other questions which you feel should be asked regarding the safety/utility of this product?

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June Fisher, M.D.
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ECRI's Needlestick-Prevention Device Evaluation Form

Device:

Supplies/Trade Name

Applications:

Reviewer: Date:

For each question circle the appropriate response for the needlestick-prevention (NPD) device being evaluated.

Healthcare Worker Safety

1. A. Does the NPD prevent needlesticks during use (i.e., before disposal)? Yes No
- B. Does it do so after use(i.e., does the safety mechanism remain activated through disposal of the NPD)? Yes No
2. A. Does NPD provide protection one of the following ways: Either intrinsically or automatically? (Answer "No" if a specific action by the user is required to activate the safety mechanism.) Yes No
- B. If "No," is the mechanism activated in one of the following ways: either by one-handed technique or by a two-handed technique accomplished as part of the usual procedure? Yes No
3. During the use of NPD do user's hands remain behind the needle until activation of the safety mechanism is complete? Yes No
4. Is the safety mechanism reliable when activated properly? Yes No
5. Does the NPD minimize the risk of user exposure to the patient's blood? Yes No

Patient Safety and Comfort

6. Does the NPD minimize the risk of infection to the patient (e.g., through cross-contamination)? Yes No
7. Can the NPD be used without causing more patient discomfort than a conventional device? Yes No
8. For IV NPDs : Does the NPD attach comfortably (i.e., without causing patient discomfort at the catheter port or IV tubing? Yes No

Ease of use and Training

9. Is NPD Operation obvious? That is can the device be used properly without extensive training? Yes No
10. Can the NPD be used by a left-handed person as easily as by a right handed person? Yes No
11. Is the technique required for using the NPD the same as that for using a conventional device? Yes No
12. Is it easy to identify the type and size of the product from the packaging? Yes No
13. For intravenous (IV) catheters and blood collection needle sets: Does the NPD provide a visible blood flashback during initial insertion? Yes No
14. Please rate the ease of using this NPD Exc. Good Fair Poor
15. Please rate the quality of the in-service training Exc. Good Fair Poor

Compatibility

16. Is the NPD compatible with devices (e.g., blood collection tubes) from a variety of suppliers? Yes No
17. For IV NPDs:
 - A. Is the NPD compatible with intralipid solutions? Yes No
 - B. Does the NPD attach securely at the catheter port? Yes No
 - C. Does the NPD attach securely or lock at a Y-site (e.g. for piggybacking)? Yes No
18. Is the NPD easy to dispose of in sharps containers of all sizes (if required)? Yes No
19. Does using the NPD instead of a conventional device result in only a modest (if any) increase in sharps container waste volume? (Answer "No" if the NPD will increase waste volume significantly.) Yes No

Overall

20. Would you recommend using this device? Yes No

Comments (e.g., describe problems, list incompatibilities)

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EXPOSURE CONTROL TRAINING RECORD

Date(s) of Training: _____

Trainer(s):

Name:

Qualifications:

Summary of Training:

- A) An explanation of the standard (29 CFR 1910.1030).
- B) A general explanation of the epidemiology and symptoms of bloodborne diseases.
- C) An explanation of the modes of transmission of bloodborne pathogens.
- D) An explanation of the employer's exposure control plan and the means by which employees can obtain a copy of the written plan.
- E) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- F) An explanation of the use and limitations of methods that will prevent or reduce exposure including engineering controls, work practice, and personal protective equipment.
- G) Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
- H) An explanation of the basis for selection of personal protective equipment.
- I) Information on the hepatitis B vaccine and a statement that the vaccine will be offered free of charge.
- J) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.

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

L) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.

M) An explanation of the signs and labels and/or color coding that is used in the facility.

N) An opportunity for interactive questions and answers with the person conducting the training session.

Person(s) Trained:

Name:

Job Title:

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____

****OPTIONAL****

EXPOSURE INCIDENT REPORT

Date of Occurrence: _____ **Time:** _____ **Report Date:** _____

Department: _____ **Exact Location:** _____

Report Prepared By: _____ **Title:** _____

Employee Name: _____ **Title:** _____

Department: _____ **How Long On Job?:** _____

Task In Progress: _____

Route(s) of Exposure: _____

Source of Exposure: _____

Date Blood Collected (If Consented): _____

Source Individual Name (If Known): _____

Source Individual Status (If Known): _____

Lost time?: _____ **Date Expected Back:** _____ **Date of Last Injury:** _____

Employee Most Directly Involved: _____

Title: _____ **Department:** _____

Step-by-step description of exposure incident:

Causes:

Diagram of Scene At Time of Exposure:

Effects on Other Program Activities:

	Circle	Completed
1. Task procedure needs review/revision/writing	Y or N	_____
2. Rules need revision/additions	Y or N	_____
3. Employee training program needs revision	Y or N	_____
4. Group meeting needed	Y or N	_____
5. Individual employe contacts needed	Y or N	_____
6. Task observation required	Y or N	_____
7. Area inspection schedule needs revision	Y or N	_____
8. Written exposure control plan revision/addition	Y or N	_____
9. Personal Protective Equipment review/revision	Y or N	_____
10. Sharps handling/storage review/revision	Y or N	_____
11. Post-exposure prophylaxis required	Y or N	_____
12. Counseling accepted	Y or N	_____
13. Other: _____	Y or N	_____

