I. PURPOSE

The Exposure Control Plan is designed to eliminate or to minimize exposure of staff, clients, students, volunteers and contract agency employees to blood borne infectious diseases.

II. POLICY

All persons will be appropriately trained to protect against and/or respond to a blood borne infectious diseases incident involving staff, clients, students/interns, volunteers, contract agency and self-employed contractual employees should an exposure occur.

III. APPLICATION

The application of this plan includes all Washtenaw Community Health Organization (WCHO), Community Support and Treatment Services (CSTS) and the Washtenaw County Health Department (WCHD) staff, students/interns, volunteers, contract agency and self-employed contractual employees. All persons are categorized based on their common work activities and potential for exposure to unpredictable circumstances or customer behaviors. The following categories determine necessary work practices, protective equipment, and need for pre-exposure immunization with hepatitis B vaccine. (Exhibit A: Category Determination Matrix)

Category I persons may administer health care, first-aid, or have other occupational exposure to blood borne infectious diseases due to unpredictable circumstances and/or customer behavior. Category I persons are offered pre-exposure hepatitis B vaccine upon employment.

Category II persons participate in work activities where exposure is unexpected. Category II persons are provided pre-exposure hepatitis B vaccine upon request.

Category III persons include clients, students, and volunteers. These persons must obtain hepatitis B vaccine through other sources.

Category IV persons are contract agency staff. Contract agency staff should follow the blood borne Infectious Diseases Policy for their agency.

Psychiatric Emergency Staff are monitored and covered under the University of Michigan Health System BBP policy and are excluded, as are UMHS staff working in collaborative projects with WCHO.
IV. DEFINITIONS

Blood borne Infectious Diseases (BID) - Diseases caused by pathogenic micro-organisms, found in humans dead or alive, which are present in human blood and can cause disease in humans, including, but not limited to, hepatitis B, hepatitis C, and human immunodeficiency virus (HIV).

Contaminated - Presence or reasonably anticipated presence of blood or other potentially infected materials (OPIM) on an item or surface.

Disinfect - To inactivate virtually all pathogenic micro-organisms, but not necessarily all microbial forms, on inanimate objects.

Exposure Control Officer (ECO) - Assigned Director, Manager, or Supervisor of Disease Control Programs on Infection Control Committee.

Hepatitis B Virus (HBV) - A blood borne and sexually transmitted virus that generally causes a self-limited liver infection (hepatitis). Some persons will develop liver disease including chronic hepatitis or cirrhosis, and have an increased risk of liver cancer. Some persons will become chronic carriers of the virus, retaining the ability to infect others. In the United States there are an estimated one million HBV carriers.

Hepatitis C Virus (HCV) - A blood borne virus that causes an acute liver infection (hepatitis) that is either a very mild illness or has no symptoms at all. However, 60-70% of infected persons will develop chronic liver disease that progresses slowly for two or more decades before developing signs and symptoms. Medication is available, but can only help a small portion of HCV carriers.

Human Immunodeficiency Virus (HIV) - A blood borne and sexually transmitted virus that ultimately causes Acquired Immune Deficiency Syndrome (AIDS). AIDS develops after HIV invades and destroys the body’s immune system, making it vulnerable to life-threatening infections, rare forms of cancer, and deterioration of the nervous system. The vast majority of persons infected with HIV will progress to AIDS, although newer medications can delay that progression. Most HIV carriers have not been tested and are unaware of their infection.

Infection Control Committee - A joint committee made up of staff from Washtenaw County Public Health, Community Support and Treatment Services and Washtenaw Community Health Organization.

MIOSHA - The regulatory agency responsible for monitoring employee health and safety issues in the workplace (within the State of Michigan). The Department of Consumer and Industry Services Director’s Office issues administrative rules that
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Blood Borne Infectious Disease Control Plan</td>
<td>Include the Occupational Health Standards-Blood borne Infectious Diseases document (MIOSHA BID Standard).</td>
</tr>
<tr>
<td>Occupational Exposure Incident</td>
<td>Includes eye, mouth, other mucous membrane, non intact skin, or pararteral contact with blood or OPIM that occurs during the performance of an employee’s duties.</td>
</tr>
<tr>
<td>OSHA</td>
<td>Occupational Safety and Health Administration is the federal agency responsible for monitoring employee health and safety issues in the workplace.</td>
</tr>
<tr>
<td>Other Potentially Infectious Materials (OPIM)</td>
<td>Includes the following body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, or any body fluid, which is contaminated with blood, and all fluids where it is difficult to differentiate between body fluids.</td>
</tr>
<tr>
<td>Personal Protective Equipment (PPE)</td>
<td>Specialized clothing or equipment (e.g. goggles, masks, gloves) worn by an employee for protection against bloodborne infectious diseases contamination. General work clothes (e.g. uniforms, pants, shirts, or blouses) are not considered PPE.</td>
</tr>
<tr>
<td>Pre-Exposure Prophylaxis</td>
<td>All employees who have been identified as belonging in Category I (Exhibit A) will be offered 3 doses of hepatitis B vaccine, according to the most current Advisory Committee on Immunization Practices (ACIP) recommendations, at no cost to the employee, upon hire and prior to assignment where exposure is likely to occur. Category II employees are provided the hepatitis B vaccine, at no cost to the employee, upon request.</td>
</tr>
<tr>
<td>Public Health Management Team (PHMT)</td>
<td>Membership includes administrative and management level representatives, including the Public Health Officer, the Public Health Medical Director and Public Health Program Managers.</td>
</tr>
<tr>
<td>Regulated Waste</td>
<td>Liquid, semi-liquid, or dried human blood or OPIM on contaminated items. Includes contaminated sharps such as syringes and lancets.</td>
</tr>
<tr>
<td>Safer Sharp</td>
<td>Non-needle sharp, or a needle device which is used for withdrawing body fluids, accessing a vein or artery, or administering medications or vaccines and which has a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.</td>
</tr>
<tr>
<td>Safety Committee</td>
<td>Each building site safety committee includes representation from both employee and employer/management.</td>
</tr>
<tr>
<td>Self Management</td>
<td>Source individual personally manages their own injury/incident, cleans and disinfects contaminated surfaces and disposal of contaminated articles.</td>
</tr>
</tbody>
</table>
Sharp  Any object that can penetrate the skin, including any of the following: needles, lancets, broken capillary tubes, scalpels, broken glass, or exposed ends of dental wires.

Sharps Container  Leak-proof and puncture resistant container with locking lid and biohazard label for disposal of sharps and safer sharps.

Source Individual  Any individual whose blood or OPIM may be a source of occupational exposure to a staff, student, volunteer, or contract agency employee.

Universal Precautions  An approach to infection control whereby all human blood and body fluids are considered infectious for hepatitis B, hepatitis C, HIV and other blood borne pathogens. Since there is no way to know if a person has hepatitis B, C or HIV, universal precautions is the action of treating all body fluids as infectious and protecting oneself as appropriate.

Washtenaw County St. Joseph Mercy Health System Business Health

Medical Providers  Services/Urgent Care/Emergency Room, Maple Health Building, Washtenaw Medical Arts Bldg, Saline Community Hospital ER

Work Practices  Practices/procedures performed in a manner that shall reduce the likelihood of exposure to blood and OPIM, including proper use of PPE, hand hygiene, and safety equipment.

V.  STANDARDS

None

VI.  EXHIBITS

A.  Category Determination Chart
B.  Training Matrix
C.  BID Training Curriculum
D.  Hepatitis B Vaccine Waiver
E.  BID Exposure Incident Quick Reference Guide
F.  BID Post Exposure Checklist (Supervisor)
G.  Source Individual Information Form
H.  Release of Medical Information (HBV, HCV and HIV Antibody Test Results)
I.  BID Exposure Incident Report
J.  Supervisor’s Report of Accident (Employee involvement)
K.  Washtenaw County Incident Report (Client involvement)
L.  Incident Report DMH 2550 (CSTS Client involvement)

M.  Sharps Injury Log
N.  Safety Device Selection Process
O.  Safety Feature Evaluation Form – Safety Syringes
P.  Safety Feature Evaluation Form – Vacuum Tube Collection System-
Q.  Safety Feature Evaluation Form – Sharps Containers
R.  Authorization for Examination or Treatment (Business Health Services)
S.  Infection Control MIOSHA Site Plan Review Form
### VII. REFERENCES

<table>
<thead>
<tr>
<th>Reference:</th>
<th>Check if applies:</th>
<th>Standard Numbers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>42 CFR Parts 400 et al. (Balanced Budget Act)</td>
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<tr>
<td>45 CFR Parts 160 &amp; 164 (HIPPA)</td>
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<tr>
<td>42 CFR Part 2 (Substance Abuse)</td>
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<tr>
<td>Michigan Mental Health Code Act 258 of 1974</td>
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<td></td>
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<tr>
<td>JCAHO- Behavioral Health Standards</td>
<td>X</td>
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<tr>
<td>MDCH Medicaid Contract</td>
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<td>MDCH Substance Abuse Contract</td>
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<td>Michigan Medicaid Provider Manual</td>
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<td>PIHP Policy Review Schedule</td>
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<tr>
<td>Policy Tracking Form</td>
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<tr>
<td>Amendments to MIOSHA BID Standard (published April 15, 2001).</td>
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<tr>
<td>Needlesick Safety (on-line resource list) – Immunization Action Coalition Website: <a href="http://www.immunize.org">www.immunize.org</a></td>
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<tr>
<td>Needlestick Safety and Prevention Act of 2000, required Federal OSHA amendment (November 6, 2000)</td>
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<tr>
<td>NIOSH ALERT: Preventing Needlestick Injuries in Health Care Settings (published November 1999)</td>
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<tr>
<td>Occupational Safety and Health Administration (OSHA)</td>
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<tr>
<td>Occupational Exposure to Blood borne Pathogens Standard, December 6, 1991</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety Devices (on-line listing) - International Healthcare Worker Safety Center, University of Virginia Website: <a href="http://www.med.Virginia.EDU/medcntr/centers/epinet/products.html">www.med.Virginia.EDU/medcntr/centers/epinet/products.html</a></td>
<td></td>
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</tr>
<tr>
<td>Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis, MMWR, June 29, 2001, Vol. 50/No. RR-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washtenaw County Bloodborne Infectious Diseases Training Curriculum</td>
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</tbody>
</table>
VII. PROCEDURES

Introduction


1. Education and Training (Exhibits B: Training Matrix and C: BID Curriculum)

<table>
<thead>
<tr>
<th>WHO</th>
<th>DOES WHAT</th>
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<tbody>
<tr>
<td>Employer</td>
<td>Shall ensure that all new employees attend BID training within 10 days of hire, or prior to beginning an assignment where occupational exposure may occur, and that all employees provide proof of annual training updates. Training sessions shall be offered during regular work hours.</td>
</tr>
<tr>
<td>Supervisor</td>
<td>Shall review employee, contract employee, student, intern and volunteer training records to ensure compliance with attendance requirements.</td>
</tr>
<tr>
<td>Employee</td>
<td>Shall attend initial BID training within 10 days of hire, or immediately upon assignment to high risk work duties and shall participate in annual updates thereafter.</td>
</tr>
<tr>
<td>Contract Agency</td>
<td>Shall follow MIOSHA Standard for staff training program and shall provide written proof of such to Washtenaw County Public Health with each new contract (minimum annually).</td>
</tr>
<tr>
<td>Contract Agency and Self-Employed Contractual</td>
<td>Shall provide written proof of recent BID training attendance (within one year). May attend and/or participate in BID employee training sessions as provided by the Washtenaw County Professional Development Program.</td>
</tr>
<tr>
<td>Students and Interns</td>
<td>Shall provide written proof of recent BID training (within one year) at the sponsoring educational institution prior to beginning paid, unpaid, or observational assignments with Washtenaw County Public Health. Those who have not had training may attend and/or participate in BID training sessions provided by the Washtenaw County Professional Development Program.</td>
</tr>
</tbody>
</table>
Volunteers Shall provide written proof of recent BID training (within one year) prior to beginning service with Washtenaw County Public Health. May attend and/or participate in BID training sessions provided by the Washtenaw County Professional Development Program as space allows.

2. Pre-Exposure Prophylaxis

<table>
<thead>
<tr>
<th>WHO</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Employer</td>
<td>Shall provide access to hepatitis B vaccine upon hire for Category I employees and upon request for Category II employees, at no cost to the employee.</td>
</tr>
<tr>
<td>Supervisor</td>
<td>Shall review employee, contract employee, student, intern and volunteer vaccination and waiver records to ensure compliance with vaccination/ declination requirements.</td>
</tr>
<tr>
<td>Category I Employees</td>
<td>Shall obtain hepatitis B vaccine series provided by Washtenaw County Public Health or other health care practitioner, provide written proof of prior hepatitis B vaccination history, or immunity to hepatitis B, prior to assignment. May decline vaccination by signing hepatitis B vaccine waiver form (Exhibit D); which may be revoked at any time by the employee.</td>
</tr>
<tr>
<td>Contract Agency and Self-Employed Contractual Employees</td>
<td>Shall provide written proof of hepatitis B vaccine history, or immunity to hepatitis B, prior to assignment. May decline vaccination by signing hepatitis B vaccine waiver form (Exhibit D), which may be revoked at any time by the employee.</td>
</tr>
<tr>
<td>Students and Interns</td>
<td>Shall provide written proof of hepatitis B vaccination history, or immunity to hepatitis B, prior to assignment. Students and Interns, or their sponsoring institutions are responsible for all costs associated with vaccination.</td>
</tr>
<tr>
<td>Volunteers</td>
<td>Hepatitis B vaccination is recommended; volunteers are responsible for all costs associated with vaccination.</td>
</tr>
</tbody>
</table>

3. Engineering Controls: includes specialized equipment used to prevent or minimize exposure to blood borne infectious diseases.

| Employer | Shall purchase all engineering control equipment/ supplies and ensures they will be available at the appropriate work sites. Supplies include, but are not limited to: sharps containers, hand washing facilities and hand hygiene products, disinfectants, biohazard disposal bags, leak-proof specimen containers (including labels and packaging materials), incident clean-up kits and safety devices. Provides appropriate orientation and training to ensure proper use of equipment/supplies. |
| Building Safety Committees | Shall maintain worksite Clean-up Kits. |
Infection Control Committee

Shall conduct annual Safety Device Selection Process (Exhibit N) to review safer sharps devices/equipment to be utilized at all Public Health service delivery sites where medication and/or vaccines are given, or laboratory specimens are obtained/drawn. Direct service delivery employees will be included in the selection process. Shall also conduct quarterly review of Sharps Injury Logs (Exhibit M) and other BID exposure incidents.

Supervisor

Shall monitor employee training and orientation in the location and use of safety equipment/supplies. Review exposure incident reports to ensure proper usage. Provide opportunities for additional training as needed.

Employees, Contract Agency And Self-Employed Contractual Employees

Shall attend training sessions as scheduled and utilize safety equipment/supplies as appropriate to service delivery.

4. Personal Protective Equipment: must be utilized appropriately while performing work tasks according to job description and work practices.

<table>
<thead>
<tr>
<th>WHO</th>
<th>DOES WHAT</th>
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</thead>
<tbody>
<tr>
<td>Employer</td>
<td>Shall provide appropriate PPE for work assignments at all service locations at no cost to the employee.</td>
</tr>
<tr>
<td>Supervisor</td>
<td>Shall monitor employee orientation and training in the location and appropriate use of PPE. Review exposure incident reports to ensure proper usage. Provide opportunities for additional training as needed.</td>
</tr>
<tr>
<td>Employees, Contract Agency And Self-Employed Contractual Employees</td>
<td>Shall attend training sessions as scheduled and utilize PPE as appropriate to service delivery.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TYPE OF PPE</th>
<th>WHEN USED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gloves</td>
<td>When carrying out procedures in which there may be contact with blood or OPIM such as veni-puncture, injections, using lancets, centrifuging blood, toileting and/or diapering, clean up of blood or OPIM.</td>
</tr>
<tr>
<td>2. Face shields, protective eyewear and masks (including resuscitation masks)</td>
<td>Should be worn during procedures, which are likely to generate droplets of blood or OPIM, which could expose eyes or other mucous membranes, and for resuscitation.</td>
</tr>
<tr>
<td>3. Lab coats or gowns</td>
<td>To protect clothing in situations where there may be splattering of blood or OPIM.</td>
</tr>
</tbody>
</table>

PPE Guidelines:

- Disposable gloves may not be washed for reuse and should be changed:
  i. After each client
  ii. After contamination
- Hands should be washed with soap and water, or antibacterial hand sanitizer after contaminated glove removal.
- Contaminated face shields, eyewear, and resuscitation masks should be cleaned with approved cleanser.
- Paper masks should be discarded if they become contaminated or moist.
- Lab coats or gowns must be changed if contaminated by blood or OPIM.

5. Work Practices: staff, students, volunteers and contract agency employees shall adhere to the MIOSHA Standard and this plan during all work activities. Monitoring shall be conducted by the Infection Control Committee and the Building Site Safety Committees.

<table>
<thead>
<tr>
<th>WHO</th>
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</tr>
</thead>
<tbody>
<tr>
<td>All Employees, Students/ Interns, Volunteers, Contract Agency and Self-Employed Contractual Employees</td>
<td>1. Shall immediately report all exposure incidents to their supervisor.</td>
</tr>
<tr>
<td></td>
<td>2. Shall not eat or drink in work areas where there is a reasonable likelihood of occupational exposure.</td>
</tr>
<tr>
<td></td>
<td>3. Shall utilize PPE according to guidelines included in this plan (see item four).</td>
</tr>
<tr>
<td></td>
<td>4. Shall utilize hand washing facilities or hand hygiene products before and after providing direct hands-on service and whenever hands become contaminated with blood or OPIM.</td>
</tr>
<tr>
<td></td>
<td>5. Shall utilize safer sharps whenever possible. No bending, breaking or recapping of sharps will be allowed.</td>
</tr>
<tr>
<td></td>
<td>6. Shall dispose of sharps in approved sharps disposal containers.</td>
</tr>
<tr>
<td></td>
<td>7. Shall place sharps containers within easy reach. Disposal should not involve crossing over the employee’s body and the container should be out of reach for children and impaired clients.</td>
</tr>
<tr>
<td></td>
<td>8. Shall change containers when ¾ full to avoid accidental needlesticks; tops shall be attached securely and locked when full. Full containers shall be disposed of in the designated collection area.</td>
</tr>
<tr>
<td></td>
<td>9. Shall use biohazard disposal bags with non-sharp regulated waste (saturated with blood or OPIM); bags shall be secured prior to disposal in designated collection area. Household waste (bandages, cotton balls with small amounts of blood) may be placed in regular plastic bags and secured at the completion of the work assignment.</td>
</tr>
<tr>
<td></td>
<td>10. Shall pour liquid blood and blood products down the drain into the sewer system for disposal purposes.</td>
</tr>
</tbody>
</table>
11. Shall utilize leak-proof containers (specimen) and secure in regular plastic bags to prevent leakage in the event of breakage during storage/transport. All containers must be identified with an appropriate "BIOHAZARD" label. Such labels must be securely attached to prevent accidental removal. Refrigerators that contain specimens must be labeled "BIOHAZARD".

12. Shall not store food and drink in refrigerators or in other areas where there is a likelihood of contamination with blood or OPIM.

13. Shall perform procedures involving blood or OPIM in a manner that will minimize splashing, spraying, splattering, or generation of droplets.

14. Shall handle blood or OPIM specimens with extreme care during collection, storage, processing, and transport.

15. Shall promote, whenever possible, self-management of injuries/incidents. Staff will assist as necessary.

16. Shall be familiar with the location of clean-up kits containing gloves, biohazard bag, mask, bandages, disinfectant wipes, and absorbent material at each worksite, and utilize, when appropriate.

17. Shall immediately clean and disinfect contaminated equipment, work surfaces, or work areas. Staff should notify Facilities personnel in case of an extensive incident for assistance in cleaning and the disinfection of a large area. Care should be taken to limit access to the contaminated area to prevent exposure to other staff and/or clients.

18. Shall utilize disinfectants according to manufacturer’s directions. Cleansers and disinfectants should not be readily accessible to children or impaired clients.

19. Shall disinfect all tabletops, desks or other surfaces utilized for clinic services before each session. Routine cleaning and disinfection of equipment, counter tops and work surfaces in clinic spaces, labs and exam rooms shall be done at the end of each clinic/session.

20. Shall never pick up broken glassware directly with hands; staff shall use a broom & dustpan. Disposal of broken sharps shall be in a sturdy container, such as a cardboard box; label the box as “broken glass”. If broken glass includes blood or OPIM, cleanse the spill area with an appropriate disinfectant following removal of the glass.
6. Exposure Incident Involving an Employee:

Examples of Exposure and Non-exposure Incidents

<table>
<thead>
<tr>
<th>Exposure</th>
<th>Non-exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Needle stick w/ used needle.</td>
<td>1. Human bite, which does not break skin.</td>
</tr>
<tr>
<td>2. Blood, saliva, urine or other OPIM splatters in eye or mouth.</td>
<td>2. Cleaning up of blood or OPIM with gloves.</td>
</tr>
<tr>
<td>3. Blood or other OPIM splatters on non-intact skin (chapped skin, cuts,</td>
<td>3. Blood on clothing, which does not soak through.</td>
</tr>
<tr>
<td>cracks in cuticles, eczema, etc.)</td>
<td>4. Needle stick with an unused syringe, or cut to skin w/ uncontaminated sharps.</td>
</tr>
<tr>
<td>4. Handling blood or OPIM contaminated materials without gloves with</td>
<td></td>
</tr>
<tr>
<td>non-intact skin.</td>
<td></td>
</tr>
<tr>
<td>5. Human bite that breaks the skin.</td>
<td></td>
</tr>
</tbody>
</table>

**WHO**

**Employee**

1. Shall immediately wash exposure site with soap and water, or flush mucus membrane with plain water.
2. Shall gently express blood from the cut or puncture.
3. **DO NOT SCRUB OR SQUEEZE.**
4. Shall take steps to minimize exposure of other persons to blood or OPIM. Instruct them to take protective measures.
5. Shall remove garments as soon as possible, if items are contaminated with blood and/or OPIM; place in a plastic bag and tie the bag shut.
6. Shall contact a supervisor immediately.
7. Shall assist in completion of appropriate form (s).
   (Exhibits G, I, J, K, L and R)

**Supervisor**

1. Shall direct the employee to go as soon as possible, to the approved Washtenaw County Medical Provider for evaluation.
2. Shall assure completion of “BID EXPOSURE INCIDENT REPORT form (Exhibit I) and “SOURCE INDIVIDUAL INFORMATION” form (Exhibit G) and facilitate testing source individual by using Business Health Services, the source individual’s private health care provider, or arrangements may be made at the HIV Clinic, by special request.
3. Shall assure completion of “AUTHORIZATION FOR EXAMINATION OR TREATMENT & BILLING” form. (Exhibit R) Check the “Injury” box and specify “body fluid exposure” as reason for treatment. Include the employee’s vaccination status (if available). Give to employee, or fax to treatment location.
4. Shall seek permission to test the source individual if identity of individual is known. Obtain source
WHO

DOES WHAT

individual’s signature on the “RELEASE OF MEDICAL INFORMATION” form. (Exhibit H).

5. Shall complete, with the assistance of the exposed employee, the appropriate forms as identified on the “SUPERVISOR’S POST-EXPOSURE CHECKLIST” (Exhibit F).

6. Shall submit completed and signed forms to the appropriate individual(s) as indicated on form(s).

Washtenaw County Medical Provider

1. Shall review documentation and examine the employee.

2. Shall follow guidelines as outlined in the “MIOSHA BID Standard”.

Exposure Control Officer

1. Shall maintain the “Sharps Injury Log” which includes all percutaneous injuries, the type and brand of safety device/PPE involved, the work area and a description of the incident.

Infection Control Committee

1. Shall review all BID exposure incidents, including “Sharps Injury Log” and prepare quarterly reports on findings to the Joint Quality Improvement Committee.

2. Shall determine if deficiencies exist in the Blood borne Infectious Diseases Exposure Control Plan and make recommendations for changes (at minimum, annual basis)

7. Exposure Incident involving all other persons:

WHO

DOES WHAT

First Employee on the Scene

1. Shall promote self-management of injury/incident whenever possible. Staff shall assist as necessary.

2. Shall encourage the exposed person to remove and bag blood soaked clothing, if possible.

3. Shall contact a supervisor immediately.

4. Shall assist supervisor by providing factual information concerning the incident.

Supervisor

1. Shall complete the “Washtenaw County Incident Report Form and forward as noted on form (Exhibit K).

2. Shall complete the top section of “Incident Report DMH 2550” form (Exhibit L) if a CSTS client is involved and forward as noted on form.

3. Shall encourage exposed person to seek medical attention from his/her own health care provider or urgent care.

4. Shall encourage student/intern to seek care at their student health center.

5. Shall encourage contract agency or self-employed contractual employees to immediately notify their employer for directions.
8. Documentation:

**WHO**

**DOES WHAT**

**Employer**

1. Shall keep training records on file for three years from the date of the session and include: date of session, material covered, name and qualifications of trainer/course, name and job title of trainee.
2. Shall keep confidential medical employee records at the Washtenaw County Human Resources Office for a minimum of thirty (30) years after termination of employment. Written permission from the employee will be required for access to confidential records. The records include:
   - Employee name
   - Employee social security number
   - Hepatitis B vaccination status including dates of vaccinations, signed declination form or waiver, anti-body testing results proving immunity, or contraindication due to medical reasons.
   - All information resulting from an exposure including the evaluator’s written opinion.

**Supervisor**

1. Shall record employee vaccination status on a Staff Information Form at the time of hire and will be updated if status changes.

9. Location, Update, and Revision of Plan:

**Employer**

Shall provide copies of the Blood Borne Infectious Diseases Exposure Control Plan and associated forms at all work sites; these will be placed in a RED notebook in clinical areas. The BID Exposure Plan shall be available on the departmental shared drives; forms shall be available on the Washtenaw County Employee Website at: [http://employee.eWashtenaw.org](http://employee.eWashtenaw.org)

**Infection Control Committee**

Shall review and revise the BID Exposure Plan on a yearly basis and forward recommendations to the PHMT.

10. Subcontractor Responsibility:

**Subcontractors**

Shall be responsible for complying with the MIOSHA BID Standard, including: pre-exposure prophylaxis, training, post-exposure BID follow-up and prophylaxis and documentation for all staff working within Washtenaw County Public Health.

**Employer**

Shall monitor compliance at the beginning of each contract year. Proof of training and Hepatitis B status may be required for acceptable completion of a contract.
<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>DETECTION</th>
<th>MATCH</th>
<th>ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccine</td>
<td>Pre-exposure</td>
<td>Protective</td>
<td></td>
</tr>
</tbody>
</table>

**Position Title**
### Category I

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>EQUIPMENT</th>
<th>WORK PRACTICES</th>
<th>ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRE-EXPOSURE</td>
<td>PREVENTIVE</td>
<td>PROTECTIVE</td>
<td>PROTECTIVE</td>
</tr>
</tbody>
</table>

- Blood drawn by certified personnel.
- Gloves, gowns, and PPE provided, used, and disposed of properly.
- Subjects are monitored for signs and symptoms of infection.
- Educational programs on infection prevention and disease transmission.
- Gloves do not penetrate to skin outside of glove.

### Category II

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>EQUIPMENT</th>
<th>WORK PRACTICES</th>
<th>ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRE-EXPOSURE</td>
<td>PREVENTIVE</td>
<td>PROTECTIVE</td>
<td>PROTECTIVE</td>
</tr>
</tbody>
</table>

- All personnel wearing appropriate PPE.
- Work area cleaned regularly.
- Equipment disinfected after each use.
- Subjects are monitored for signs and symptoms of infection.
- Educational programs on infection prevention and disease transmission.
- Gloves do not penetrate to skin outside of glove.

### Category III

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>EQUIPMENT</th>
<th>WORK PRACTICES</th>
<th>ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRE-EXPOSURE</td>
<td>PREVENTIVE</td>
<td>PROTECTIVE</td>
<td>PROTECTIVE</td>
</tr>
</tbody>
</table>

- Blood drawn by certified personnel.
- Gloves, gowns, and PPE provided, used, and disposed of properly.
- Subjects are monitored for signs and symptoms of infection.
- Educational programs on infection prevention and disease transmission.
- Gloves do not penetrate to skin outside of glove.
<table>
<thead>
<tr>
<th>EMPLOYEE TYPE</th>
<th>TRAINING PROVIDED BY</th>
<th>TIME FRAME</th>
<th>HEPATITIS B PROVIDED BY</th>
<th>TRAINING AND IMM'S. STATUS CONFIRMED BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>New hire</td>
<td>Washtenaw County at the LLRC</td>
<td>Within 10 days of hire or prior to initial assignment where exposure might occur</td>
<td>Washtenaw County based on categorical representation</td>
<td>Chief Clerk/responsible Supervisor</td>
</tr>
<tr>
<td>Current Employees</td>
<td>Washtenaw County at the LLRC</td>
<td>Yearly update</td>
<td>Washtenaw County (post-exposure for Category II employees),</td>
<td>Chief Clerk/responsible Supervisor</td>
</tr>
<tr>
<td>Contractual Employees</td>
<td>Contractor or for self-employed, Washtenaw County at the LLRC</td>
<td>Initial training and yearly update</td>
<td>Contractor</td>
<td>Contract process &amp; Program Coordinator</td>
</tr>
<tr>
<td>Students/Interns (Paid or unpaid)</td>
<td>Educational sponsor or Washtenaw County at the LLRC</td>
<td>Proof provided prior to internship</td>
<td>Other sources</td>
<td>Supervisor or Program Coordinator sponsoring student/intern</td>
</tr>
<tr>
<td>Volunteers</td>
<td>Other source or Washtenaw County at the LLRC</td>
<td>Prior to beginning assignment and yearly update</td>
<td>Other sources</td>
<td>Supervisor or Program Coordinator sponsoring volunteer</td>
</tr>
</tbody>
</table>
Bloodborne Infectious Diseases Training Curriculum

All training sessions will include an explanation of the following topics per MIOSHA guidelines, an opportunity for discussion and the answering of questions by a knowledgeable trainer:

1. The MIOSHA Standard for Bloodborne Infectious Diseases
2. Descriptions, signs, symptoms, and mode of transmission of bloodborne infectious diseases.
3. The Exposure Control Plan with particular attention to:
   a. Points of the plan
   b. Lines of responsibility
   c. Implementation of the plan
   d. Location of written plan on Employee web site
4. Attention to procedures, which might cause exposure to blood or other potentially infectious materials (OPIM).
5. Control methods, including work practices, used to prevent or reduce exposure to blood or OPIM.
6. Types of Personal Protective Equipment (PPE) available, their location, limitations, and proper use (removal, handling, decontamination and disposal).
7. Summary of selection process for protective clothing, equipment and safety devices.
8. Post exposure evaluation and follow-up procedure, including resource staff contact information and where to access medical care.
9. Signs and labels used at Washtenaw County Health Services Facilities.
10. Hepatitis B vaccine information and availability to staff.
11. Type and location of reports required in case of exposure.
12. Resource list for additional information
13. Post Test
14. Evaluation of the session
WAIVER FOR HEPATITIS B VACCINATION

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 Signature             Date

________________________________________________________________________
Witness Signature              Date

(waiver)
BLOODBOURNE INFECTIOUS DISEASES

EXPOSURE INCIDENT
QUICK REFERENCE

1. IMMEDIATELY WASH & FLUSH EXPOSED AREA WITH WATER.

2. GENTLY EXPRESS BLOOD FROM THE CUT OR PUNCTURE. DO NOT SCRUB OR SQUEEZE.

3. TAKE STEPS TO MINIMIZE EXPOSURE OF OTHER PERSONS TO BLOOD OR OPIM. INSTRUCT THEM TO TAKE PROTECTIVE MEASURES.

4. IF BLOOD OR OPIM PENETRATES GARMENTS, REMOVE AS SOON AS POSSIBLE. PLACE IN PLASTIC BAG.

5. CONTACT A SUPERVISOR IMMEDIATELY.
SUPERVISOR’S
BID POST-EXPOSURE CHECKLIST

Check off the following when completed or indicate NA when not applicable to situation

1. _____ Care at the Scene:
   a)____ Immediately wash and flush exposed area with water
   b)____ Gently express blood from the cut or puncture. Do not scrub or squeeze
   c)____ Take steps to minimize exposure of other persons to blood or OPIM. Instruct individuals to take protective measures.
   d) ____ If blood or OPIM penetrates garments, remove as soon as possible. Place in plastic bag.

2. _____ Obtain information regarding exposure incidents:
   a)_____ Source Individual Information Form (EXHIBIT G)
   b)_____ BID Exposure Incident Report (EXHIBIT I)
   c)_____ Washtenaw County Supervisor’s Report of Accident (EXHIBIT J)
   d)_____ Washtenaw County Incident Report Form (EXHIBIT K)
     (if public or visitor involved)
   e)_____ DMH-2550 Incident Report (if Mental Health customer is involved)
     (employee completes top section of form) (EXHIBIT L)

3. _____ If exposure source is known, explained need for HBV, HCV and HIV testing, and obtained signature on Release of Medical Information (Exhibit H)
   _____ Yes_____ No

4._____ Direct employee to Washtenaw County approved Medical Provider with the following forms:
   a) _____ Employer Authorization For Treatment and Billing (EXHIBIT R)
      Note check box “Injury” and specify “Exposure to Body Fluid”
   b) _____ Exposure Incident Report (EXHIBIT I)
   c) ____ MIOSHA Standard for BID
   d) ____ All relevant medical information about employee including Hepatitis B vaccine status, e.g. copy of vaccination dates or waiver for Hepatitis B vaccination
   e) _____ Source Individual Information Form (EXHIBIT G)
f) _____ Copy of Release of Medical Information form (Exhibit H)

5. _____ Send Supervisor’s Report of Accident (EXHIBIT J) to Human Resources

6. _____ Send Washtenaw County Incident Report form (EXHIBIT K) to Risk Management

7. _____ Send DMH-2550 Incident Report form (EXHIBIT L) to Program Manager

8. _____ Look for written report to Employer regarding any work limitations from Medical Provider related to medical visit

9. _____ Send any medical information received to Human Resources to be placed in employee’s confidential medical file

   a. _____ Sent copy of BID Exposure Incident Report (EXHIBIT I) to Infection Control Committee Exposure Control Officer

COMMENTS:

SIGNATURE OF SUPERVISOR/DESIGNEE COMPLETING FORM:

__________________________________________________________________________  ______________________________________________________________________
(Name) (Date)

Original: Human Resources Confidential Medical File
Copy: Infection Control Committee Exposure Control Officer

12/03
SOURCE INDIVIDUAL INFORMATION FORM

Name: _____________________________________________________________

Address: _____________________________________________________________

Phone #: _____________________________________________________________

Alternate phone #: _______________________________________________________

Alternate address: _________________________________________________________

Release of Medical Information obtained?  ____Yes  ____ No

Source Individual’s blood drawn?  ____ Yes  ____ No

Date blood work drawn: _________

Location blood drawn: ________________________________

Comments: _____________________________________________________________

________________________________________________________________________

Employee notified that source individual had blood drawn?  ____ Yes  ____ No

5/03
RELEASE OF MEDICAL INFORMATION
HBV, HCV AND HIV ANTIBODY TEST RESULTS

I, ____________________________________________________, hereby authorize
(Name of Source Individual)
______________________________________________________ to release the results of my
(Name of Source’s Medical Provider)

HBV, HCV and HIV Antibody tests to Business Health Services, associated with Saint Joseph Mercy Health
System, who is treating the employee exposed to my blood:

Maple Health Building  Washtenaw Medical Arts Bldg  St Joseph Mercy Hospital
501 North Maple Road  3075 Clark Rd, Suite 200  Emergency and Trauma Center
Ann Arbor, MI 48103 Ypsilanti, MI 48197 5301 E. Huron River Dr., Ypsilanti, MI
734 327-3999 734 712-2376 734 712 3000

________________________________________________     __________________
(Signature of Exposure Source, or  parent/guardian             (Date)
                             __________________
(Witness)                                                                            (Date)

Original:  Medical Provider of Employee
Copy:       Customer
Copy:     Customer’s Record
# BID EXPOSURE INCIDENT REPORT

Date of Incident: __________  Time: __________  Location: __________

Employee Exposed: Name: ____________________________
                        Address: __________________________________________

Source Individual: Name: ____________________________
                        Primary Address: _________________________________________
                        Alternate Address: _______________________________________
                        Phone #: ____________________________
                        Alternate Phone #: ____________________________

Potentially Infectious Material: __________________________________________

Description of Employee’s duties as they relate to exposure incident: ________________

Description of Incident: ______________________________________________________

Cause of Exposure, i.e. accident, equipment malfunction, etc: ________________

Safety / PPE utilized (include name and manufacturer): __________________________

First Aid administered to exposed employee: __________________________

Recommendations for changes in Exposure Control Plan and/or work practices to avoid repetition of incident:

___________________________________________________________________________

___________________________________________________________________________

Signature: ____________________________  Date: ________________

Original: Infection Control Committee Exposure Control Officer
(exposure.rpt) 10/02
WASHTENAW COUNTY
SUPERVISOR’S REPORT OF ACCIDENT

I. EMPLOYEE DATA
Employee’s Name: ____________________________ Social Security: ____________________________
Home Address: ________________________________________________________________
Home Phone: ____________________________ Work Phone: ____________________________ Birthdate: __________ Date of Hire: __________
Sex: ________________________ Marital Status: ____________________________ Number of Dependents (not including employee) __________
Department / Division: ____________________________ Physical Work Location: ____________________________
Position: ____________________________ Date in Position: ____________________________
Schedule: ____________________________ a.m. / p.m. To ____________________________ a.m. / p.m. Days (Circle) S M T W T H F S

II. SUPERVISOR DATA
Supervisor: ______________________________________ Date Notified by Employee: __________
Telephone: ____________________________ Fax: ____________________________ E-Mail: ____________________________

III. ALLEGED INJURY DATA
Date of Injury: __________ Time of Accident: __________ Location of Accident: ____________________________
Nature of Injury (Example: Cut, Fracture, Strain) ____________________________
Part of Body Directly Affected (Example: left arm) ____________________________
Describe the Events Which Caused the Injury (Detail): ____________________________
Unsafe Acts / Conditions: □ No □ Yes (Explain): ____________________________
Comments: ____________________________

IV. MEDICAL INFORMATION:
Medical Facility □ IH: Clark □ IH: Maple □ ER - St Joe □ ER - U of M □ Other:
If Not One of the Designated Facilities, State Reason: ____________________________
Able to Return to Work: □ Same Day □ Next Day □ Other: ____________________________
Restrictions: □ Without Restrictions □ With the Following Restrictions: ____________________________

V. SIGNATURES:
Supervisor: ____________________________ Date: __________ Department Head: ____________________________ Date: __________

Return To Human Resources within 24 Hours Following Accident
Incident Reporting - Injury to Public

This form should be used for the reporting of all types of injury to the public
(NOT for Employee Injuries)

* Indicates required fields

General Incident Information

Report prepared by: *
Department: *
If your department is not listed you must enter it in the "Other Department" field.
Other Department:
Division:
Phone Number: *
E-mail: *
Date of Incident: *
Time of Incident: *
Incident Location: *
If the incident location is not listed above, you must enter it in the "Other Incident Location" field.
Other Incident Location:

Injury to Public Information

Incident Category: *
If an appropriate category is not listed above, you must enter one in the "Other Category" field.
Other Category:
Name of person injured:
Address:
City/State/Zip:
Phone number: (h) (w)
Sex: Male Female
Estimated age:
(If under 16)Name of parent/guardian:
Address:
City/State/Zip:
Phone number: (h)                                        (w)
Describe what happened - who, when, where, and how:

Describe injury/body part involved:

Medical aid: Refused                                        Given Describe:

Name of ambulance/police/fire called (if any):

Time called:  am                                          pm
Hospital taken to:
Witness to accident:
    Witness name:                                        Phone:
    Address:
    Witness name:                                        Phone:
    Address:
    (E-mail copies of any statements made by witnesses to Judy Kramer in Risk Management)
What steps are being taken to prevent the same or similar incidents from occurring:

Supervisor Information
My immediate Supervisor has Knowledge of this Incident * yes
no
Supervisor Name: *                                        Phone: *
Supervisor should see that steps are taken to prevent reoccurrence.
THIS FORM SHOULD BE SUBMITTED WITHIN 24 HOURS OF INCIDENT

If you have questions about the reporting of an incident, contact Risk M

Incident Reporting - Property Damage

This form should be used for the reporting of all types of Property Damage (NOT for Auto Accidents)

* Indicates required fields

General Incident Information

Report prepared by: *
Department: *
Select a Department

If your department is not listed you must enter it in the "Other Department" field.

Other Department:
Division:

Phone Number: *

E-mail: *

Date of Incident: *
03/22/2006 ...

Time of Incident: *

Select a Location

Incident Location: *

If the incident location is not listed above, you must enter it in the "Other Incident Location" field.

Other Incident Location:
Property Damage/Loss Information

Incident Category: * Select a Category

If an appropriate category is not listed above, you must enter one in the "Other Category" field.

Other Category:

Description of property:

Description of damage/loss:

Explain what happened:

Who owns the property:

Where was the property kept:

When was the property last seen prior to damage:

Where is the property now:

Was a police report made: ☐ yes ☐ no

With what agency:

Please submit a copy of the police report to Risk Management

What steps are being taken to prevent same or similar incident from occurring:
If County owned property, is the department
☐ Repairing ☐ Replacing ☐ Other

**Supervisor Information**

My immediate Supervisor has Knowledge of this Incident * ☐ yes ☐ no

Supervisor Name: * [ ] Phone: *

Supervisor should see that steps are taken to prevent reoccurrence.

**THIS FORM SHOULD BE SUBMITTED WITHIN 24 HOURS OF INCIDENT**

If you have questions about the reporting of an incident, contact Risk Management at 994-6438.
### INCIDENT REPORT

**RECIPIENT NAME**

**REPORT DATE**

**TIME**

**CASE NO.**

**A GE / BIRTH DATE**

**SEX**

**PRINTER OR USE ADDRESS/OPHOTOPRINT**

<table>
<thead>
<tr>
<th>WHEN DID YOU DISCOVER INCIDENT (DATE &amp; TIME)</th>
<th>WHEN DID IT HAPPEN (DATE &amp; TIME)</th>
<th>WHERE DID INCIDENT HAPPEN (STREET ADDRESS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>PM</td>
<td>AM</td>
</tr>
</tbody>
</table>

**RECIPIENT (S) Involved**

**OTHER RECIPIENT (S) Present**

**EMPLOYEE (S) Involved and/or Present**

**EXPLAIN WHAT HAPPENED**

**ACTION TAKEN BY STAFF**

**VISUAL INJURY APPARENT**

**YES**

**NO**

**IF INJURY, DESCRIPTION OF INJURY BY PHYSICIAN OR P.N.**

**DESCRIPTION OF TREATMENT OR CARE GIVEN**

**DATE & TIME CARE GIVEN**

**EXTENT OF INJURY AT THIS TIME**

**SERIOUS**

**NON-SERIOUS**

**PHYSICIAN'S OR N.P. SIGNATURE**

**DATE**

**IF SERIOUS INJURY, DATE & TIME**

**DIRECTOR OF DESIGNATE ~ NOTIFIED**

**AM**

**PM**

**IF NON-SERIOUS INJURY, DATE & TIME**

**DIRECTOR OF DESIGNATE ~ NOTIFIED**

**AM**

**PM**

**PHYSICIAN'S OR N.P. SIGNATURE**

**DATE**

**DESIGNATED SUPERVISOR (STATE PROGRAM OR ADMINISTRATIVE ACTION TO REMEDY AND PREVENT REOCCURRENCE OF INCIDENT, INCLUDING DISCIPLINARY ACTION)**

**NAME OF EMPLOYEE ASSIGNED TO INCIDENT AT TIME OF INCIDENT**

**DESIGNATED SUPERVISOR'S SIGNATURE**

**WITHIN 24 HOURS, DISTRIBUTE:**

WHITE COPY TO DIRECTOR RETURN TO RECIPIENT RECORDS
YELLOW COPY TO PORTS ADVISOR
PINK COPY TO AGENCY

---

**EXHIBIT L**

---

**Blood Borne Infectious Disease Control Plan**

Page 31 of 43
# WCPHD Sharps Injury Log

Record all injuries that occur from contaminated sharps

<table>
<thead>
<tr>
<th>Date</th>
<th>Employee ID #</th>
<th>Type and Brand of Device</th>
<th>Incident Description</th>
<th>Dept. or Work Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: This log applies to any employer who is required to maintain a log of occupational injuries and illnesses under R 408.22101 Part 11 Recording and Reporting of Occupational Injuries and Illnesses. It shall be maintained for the period required by Part 11.*

Revised by Connie Hallom

Michigan Department of Consumer and Industry Services
Bureau of Safety and Regulation
BSR-CET-824 (7/01)
Revised by WCPHD (1/02)
Safety Device Selection Process

1. Review of the devices causing or involved in the most exposure incidents

2. Identify type of device with greatest risk of exposure (i.e. blood filled hollow-bore needles)

3. Review of safety/efficacy data on currently available safety devices

4. Screen and select devices appropriate for meeting basic programmatic criteria

5. Conduct simulated procedure evaluations and review data

6. Conduct limited pilots involving sharps users and review evaluation data

7. Select most effective safety device(s) that meet programmatic criteria

8. Provide training in use of the device and safety features; include hands-on practicum to demonstrate skills/identify preferences between devices

9. Distribute new safety devices; remove all conventional devices from worksites

10. Continue to monitor safety and efficacy data

11. Conduct annual utilization review, including any newly commercially available equipment
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.

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 unmistakeable 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 dis- posal ........................................................................................................ 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?
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 this question does not apply to this particular product.

DURING USE:

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

AFTER USE:

11. There is a clear and unmistakeable change (audible or visible) that occurs when the safety feature is activated. 1

12. The safety feature operates reliably. 1
13. The exposed sharp is permanently blunted or covered after use and prior to disposal. 1
14. This device is no more difficult to process after use than non-safety devices. 1

TRAINING:

15. The user does not need extensive training for correct operation. 1
16. The design of the device suggests proper use. 1
17. It is not easy to skip a crucial step in proper use of the device. 1

Of the above questions, which three are the most important to your safety when using this?

Are there other questions which you feel should be asked regarding the safety/utility of this?
# Safety Feature Evaluation Form

## Vacuum Tube Blood Collection Systems

<table>
<thead>
<tr>
<th>Date:_____</th>
<th>Department:_________</th>
<th>Occupation:_________</th>
<th>Product:_________</th>
<th>Number of times used:_________</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Agree</th>
<th>Disagree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The safety feature can be activated using a one-handed technique.</td>
<td>1 2 3 4 5</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>2. The safety feature <strong>does not</strong> interfere with normal use of this product.</td>
<td>1 2 3 4 5</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>3. Use of this product requires you to use the safety feature.</td>
<td>1 2 3 4 5</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>4. This product <strong>does not</strong> require more time to use than a non-safety device.</td>
<td>1 2 3 4 5</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>5. The safety feature works well with a wide variety of hand sizes.</td>
<td>1 2 3 4 5</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>6. The safety feature works with a butterfly.</td>
<td>1 2 3 4 5</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>7. A clear and unmistakable change (either audible or visible) occurs when the safety feature is activated.</td>
<td>1 2 3 4 5</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>8. The safety feature operates reliably.</td>
<td>1 2 3 4 5</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>9. The exposed sharp is blunted or covered after use and prior to disposal.</td>
<td>1 2 3 4 5</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>10. The inner vacuum tube needle (rubber sleeved needle) <strong>does not</strong> present a danger of exposure.</td>
<td>1 2 3 4 5</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>11. The <strong>product does not</strong> need extensive training to be operated correctly.</td>
<td>1 2 3 4 5</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

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?
SAFETY FEATURE EVALUATION FORM

SHARPS DISPOSAL CONTAINERS

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.

1. The container's shape, its markings, or its color, imply danger.......................... 1 2 3 4 5 N/A

2. The implied warning of danger can be seen from the angle at which people commonly view it. (very short people, people in wheel chairs, children, etc.)..... 1 2 3 4 5 N/A

3. The implied warning can be universally understood by visitors, children, and patients. ................................................................................................. 1 2 3 4 5 N/A

4. The container's purpose is self-explanatory and easily understood by a worker who may be pressed for time or unfamiliar with the hospital setting. ................................................................. 1 2 3 4 5 N/A

5. The container can accept sharps from any direction desired............................................. 1 2 3 4 5 N/A

6. The container can accept all sizes and shapes of sharps.................................................. 1 2 3 4 5 N/A

7. The container allows single handed operation. (Only the hand holding the sharp should be near the container opening.) ................................................................. 1 2 3 4 5 N/A

8. It is difficult to reach in and remove a sharp .................................................................... 1 2 3 4 5 N/A

9. Sharps can go into the container without getting caught on the opening.................... 1 2 3 4 5 N/A

10. Sharps can go into the container without getting caught on any molded shapes in the interior................................................................. 1 2 3 4 5 N/A

11. The container is puncture resistant .............................................................................. 1 2 3 4 5 N/A

12. When the container is dropped or turned upside down (even before it is permanently closed) sharps stay inside................................. 1 2 3 4 5 N/A

13. The user can determine easily, from various viewing angles, when the container is full................................................................................................. 1 2 3 4 5 N/A

14. When the container is to be used free-standing (no mounting bracket), it is stable and unlikely to tip over................................................................. 1 2 3 4 5 N/A

15. It is safe to close the container. (Sharps should not protrude into the path of hands attempting to close the container.)..................................................... 1 2 3 4 5 N/A

16. The container closes securely. (e.g. if the closure requires glue, it may not work if the surfaces are soiled or wet.)................................................................. 1 2 3 4 5 N/A

17. The product has handles which allow you to safely transport a full container................................................................. 1 2 3 4 5 N/A

18. The product does not require extensive training to operate correctly............................ 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?
# Authorization for Examination or Treatment and Billing

## Work related
- **Injury**
  - (Specify)
- **Illness**
  - (Specify)

## Substance Abuse Urine Drug Screen
- **Type:**
  - DOT
  - Non-DOT
- **Reason:**
  - Post Offer/Pre-Hire
  - Post-Injury
  - Post-Accident
  - Reasonable Cause
  - Random
  - Periodic
  - Follow-up
  - Hair Collection
  - Evidential Breath Test (Breath / Alcohol)

## Physical Exam
- **Post Offer/Pre-Hire**
  - Department of Transportation
    - Initial
    - Recent
  - Department of Education
    - Initial
    - Recent
  - Return to Work / Fitness For Duty
  - Hazardous Materials
    - Baseline
    - Annual
    - Periodic
    - Exit
  - Asbestos
  - Respiratory Evaluation

## Other
- Audiogram
- Back Evaluation
- Chest X-ray
- EKG
- Hepatitis B Vaccine
  - Injection # 1
  - Injection # 2
  - Injection # 3
- Hepatitis B Surface Antibody
- PPD (TB Test)
- Pulmonary Function Test (PFT)
- Respiratory Fit Test
- Tetanus
- Laboratory Collection
- Titus

## Special Instructions: *(Please Print)*

<table>
<thead>
<tr>
<th>Special Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(Please Print)</em></td>
</tr>
</tbody>
</table>

## Authorized by:
- **(Signature)**
- **(Print)**

**PHOTO ID REQUIRED FOR ALL PHYSICALS, DRUG AND ALCOHOL TESTING**

If you wear corrective lenses, bring them with you to your physical

**www.businesshealth.us**

ASSOCIATED WITH SAIN POLISH MARY HEALTH SYSTEM
Send all work related injuries and employer requested services to

BUSINESS HEALTH SERVICES - Ann Arbor
located in:
Maple Health Building
501 North Maple Road,
Ann Arbor, MI 48103
(734) 327-3999
Open Daily 8 A.M. - 8 P.M. for injury care
• Revisits and Physicals
  Monday - Friday 8 A.M. - 4:30 P.M.
After hours or for severe emergencies, go to:
St. Joseph Mercy Hospital
Emergency and Trauma Center
5301 E. Huron River Dr., Ypsilanti
(734) 712-3000
or
Saline Community Hospital
Emergency Center
400 West Russell
Saline, MI 48176
(734) 429-1550

BUSINESS HEALTH SERVICES - Ypsilanti
located in:
Washtenaw Medical Arts Bldg.
3075 Clark Rd., Suite 200
Ypsilanti, MI 48197
(734) 712-2376
Monday - Friday 8 A.M. - 6:00 P.M.
WASHTENAW COUNTY INFECTION CONTROL SITE REVIEW
2006 Quarterly Report: January through March

CLINICAL SITES
HIV/STD Clinic – 555 Towner
Immunization Clinic – 555 Towner
Field Clinics
TB Clinic – Reichert (SJMHS)
Howlett
WIC Clinic – 555 Towner
CSTS Nursing Office – 555 Towner
WCHO – 555 Towner, 2nd floor
Nursing Office – 2140 Ellsworth
SLECS – 3981 Varsity Drive
ACT – 3981 Varsity Drive
DD Nursing – 3901 Varsity Drive
CRS – Crystal Drive
HVCGC - 2940 Ellsworth

PERSONS RESPONSIBLE
Cathy Wilczynski
Kathy Webster
Kathy Webster
Jayne Worthy-
Phyllis Gibson
Marlene Farrell
Debra Leathers
Dawn Brazil
Ellen Gavin
Ellen Gavin
Silmore Ruffin
Kathy Ricketts
Jan Ulrich (Part II)

PART I. MIOSHA PLAN SITE REVIEW
SITE: ______________________________

COMMENTS

Accessible hand washing facilities/hand hygiene products

__________________________

Utilization of impermeable sharps containers

__________________________

Appropriate placement of containers (no body crossover)

__________________________

Availability of safer sharps devices

__________________________

Utilization of safer sharps devices

__________________________

Utilization of gloves when handling blood/body fluids

__________________________

YES    NO
Utilization of gloves when handling sharps

Appropriate glove use (change with contamination/each client)

Containment of specimens in secured plastic bags

Disposal of soft blood waste in secured plastic biohazard bags

Availability of appropriate surface disinfectants

Utilization of disinfectants to clean spills/work surfaces (pre/post)

Elimination of food or drink near blood/OPIM work area

Annual employee review of BID Policy and procedures

Additional recommendations for Infection Control QI discussion?

I do ___ do not ___ find the services provided to be in compliance with the department’s Bloodborne Infectious Disease Exposure Control Plan. SIGNATURE: ____________________________________________ DATE: _____________

PART II. GENERAL HEALTH/SANITARY CONDITIONS REVIEW

<table>
<thead>
<tr>
<th>Building Sites</th>
<th>Person Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>555 Towner I, 1st and 2nd Floor</td>
<td>Jane Worthy-Howlett</td>
</tr>
<tr>
<td>555 Towner II, 1st Floor</td>
<td>Marlene Farrow</td>
</tr>
<tr>
<td>555 Towner II, 2nd Floor</td>
<td>Debra Leathers</td>
</tr>
<tr>
<td>2140 Ellsworth</td>
<td>Dawn Brazil</td>
</tr>
<tr>
<td>3981 Varsity Drive</td>
<td>Ellen Gavin</td>
</tr>
<tr>
<td>3901 Varsity Drive</td>
<td>Silmore Ruffin</td>
</tr>
<tr>
<td>CRS – Crystal Drive</td>
<td>Kathy Ricketts</td>
</tr>
<tr>
<td>2940 Ellsworth</td>
<td>Jan Ulrich</td>
</tr>
</tbody>
</table>
(Use multiple forms or specify details under comments, prn, for larger, multi-Department sites)

<table>
<thead>
<tr>
<th>Cooking or Food Prep Areas:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COMMENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Are there accessible hand washing facilities?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>2. Is there an adequate supply of soap?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>3. Is there an adequate supply of paper towels?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>4. If there is a refrigerator, is it clean inside?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>5. If there is a refrigerator, does it have a thermometer inside?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>6. Is the trash receptacle lined in the kitchen area?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>7. Is the container of sufficient size to contain waste?</td>
<td>___</td>
<td>___</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Restrooms:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do floors, sinks &amp; toilets appear clean?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>2. Is there an adequate supply of toilet paper?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>3. Is there an adequate supply of soap?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>4. Is there an adequate supply of paper towels?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>5. Is a “hand washing reminder” sign posted?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>6. Is “hand washing reminder” sign changed quarterly?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>7. If infant changing table, are surface covers available?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>8. Are trash receptacles lined in the bathrooms?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>9. If there are sanitary napkin containers, are they lined?</td>
<td>___</td>
<td>___</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reception/Waiting Areas:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are alcohol-based hand sanitizers available &amp; accessible?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>2. Is there an available and accessible supply of tissue?</td>
<td>___</td>
<td>___</td>
</tr>
</tbody>
</table>
3. Is there an accessible waste basket/trash receptacle? ___ ___

4. Is trash receptacle/waste basket/ lined? ___ ___

5. Is there a “cover your cough” reminder sign posted? ___ ___

6. Are toys being cleaned per protocol? ___ ___

7. Review toys and equipment monitoring procedures checklist for staff initials after sanitizing and record comments. ___ ___

Floors/Carpets/Other surfaces:

1. Do floors appear clean? ___ ___

2. Do table and counter tops appear clean? ___ ___

3. Is equipment being cleaned per protocol? ___ ___

Supplies for Cars, Vans and Home Visits?

1. Are there BID clean-up kits & hand sanitizers available for staff to use when out of the office? ___ ___

   • If you answered NO to any of the above questions, did you notify Support Services Help Desk (222-3737), make site-appropriate notification, or contact a supervisor? ___ ___

   • If so, did they respond? ___ ___

Continuous improvement suggestions? ______________________________________________

SIGNATURE: ______________________________________ DATE: __________________

Return to dorde@ewashtenaw.org or Inter-Office Mail to Liz Dorda, CSTS, 3891 Varsity Drive, by April 6, 2006