

**THE NATIONAL INSTITUTE FOR  
FITNESS AND SPORT**

**EXPOSURE CONTROL PLAN  
FOR BLOODBORNE  
PATHOGENS**

## **EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS**

### **I. INTRODUCTION**

The Occupational Safety and Health Administration (OSHA) estimates that about 5.6 million workers in health care and other facilities are at risk of exposure to bloodborne pathogens (BBP) such as Hepatitis B (HBV) and the Human Immunodeficiency Virus (HIV) and Other Potentially Infectious Materials (OPIM). OSHA's bloodborne pathogens standard prescribes safeguards to protect workers against the health hazards from exposure to blood and certain body fluids that may contain bloodborne pathogens and to reduce their exposure risk. Among other provisions, the standards (1) impose reporting obligations and confidentiality protection for medical information, and (2) require that employers provide education, training, and protective equipment; make available Hepatitis B vaccine and vaccination series to all employees who, in the performance of their duties, have potential exposure to bloodborne pathogens; and provide post-exposure evaluation and follow-up to all employees who have an exposure incident. The ultimate goal is to provide safe working conditions that protect employees from unnecessary exposure to bloodborne pathogens health hazards.

### **II. EXPOSURE DETERMINATION**

On December 6, 1991, OSHA issued the Occupational Exposure to Bloodborne Pathogens Standard 1910.1030. This standard is designed to protect workers in the health care and related occupations from the risks of exposure to bloodborne pathogens such as HIV and HBV.

Universal Precautions should be followed when workers are potentially exposed to human blood or Other Potentially Infectious Materials (OPIM).

II. EXPOSURE DETERMINATION, continued

In the bloodborne pathogens rule, OSHA defines "blood" as human blood, blood products, or blood components. "OPIM - Other Potentially Infectious Materials" are defined as including human body fluids, such as saliva in dental procedures, semen, vaginal secretions; cerebrospinal, synovial, pleural, pericardial, peritoneal, and amniotic fluids; any bodily fluids visibly contaminated with blood; unfixed human tissue or organs, HIV-containing cell or tissue cultures; and HIV or HBV-containing culture mediums or other solutions; and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Per OSHA, "**Occupational Exposure**" is defined as "*reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties*". Parenteral means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

III. SYMPTOMS AND EFFECTS OF HBV, HIV AND HCV

**Hepatitis B Virus (HBV):** In the United States, approximately 300,000 people are infected with HBV annually. Of these cases, a small percentage is fatal.

"Hepatitis" means "*inflammation of the liver,*" and, as its name implies, Hepatitis B is a virus that infects the liver. While there are several types of Hepatitis, Hepatitis B is transmitted primarily through "blood to blood" contact. Hepatitis B initially causes inflammation of the liver, but it can lead to more serious conditions such as cirrhosis and liver cancer.

III. SYMPTOMS AND EFFECTS OF HBV, HIV AND HCV, continued

There is no "cure" or specific treatment for HBV, but many people who contract the disease will develop antibodies, which help them get over the infection and protect them from getting it again. It is important to note, however, that there are different kinds of hepatitis, so infection with HBV will not stop someone from getting another type.

The Hepatitis B virus is very durable, and it can survive in dried blood for up to seven days and likely remains infectious for several weeks. For this reason, this virus is the primary concern for employees such as housekeepers, custodians, laundry personnel and other employees who may come in contact with blood or potentially infectious materials in a non first-aid or medical care situation.

Clinical symptoms associated with acute hepatitis B infection occur in 30-50% of infected adults and might include:

- Jaundice (yellowing of the skin or eyes).
- Extreme fatigue and unable to work for weeks or months.
- Loss of appetite, nausea, or vomiting.
- Abdominal or joint pain.

**Human Immunodeficiency Virus (HIV):** AIDS, or acquired immune deficiency syndrome, is caused by a virus called the human immunodeficiency virus, or HIV. Once a person has been infected with HIV, it may be many years before AIDS actually develops. HIV attacks the body's immune system, weakening it so that it cannot fight other deadly diseases. AIDS is a fatal disease, and while treatment for it is improving, there is no known cure.

The HIV virus is very fragile and will not survive very long outside of the human body. It is primarily of concern to employees providing first aid or medical care in situations involving fresh blood or OPIM. It is estimated that the chances of contracting HIV in a workplace environment are only 0.4%. However, because it is such a devastating disease, all precautions must be taken to avoid exposure.

III. SYMPTOMS AND EFFECTS OF HBV, HIV AND HCV, continued

AIDS infection essentially occurs in three broad stages. The **first stage** happens when a person is actually infected with HIV. After the initial infection, a person may show few or no signs of illness for many years. Eventually, in the **second stage**, an individual may begin to suffer swollen lymph glands or other lesser diseases, which begin to take advantage of the body's weakened immune system. The second stage is believed to eventually lead to AIDS, the **third and final stage**, in all cases. In this stage, the body becomes completely unable to fight off life-threatening diseases and infections.

Symptoms of HIV infection can vary, but often include weakness, fever, sore throat, nausea, headaches, diarrhea, a white coating on the tongue, weight loss, and swollen lymph glands.

**Hepatitis C virus (HCV)** has become a serious public health problem and represents the most common chronic bloodborne infection in the United States and is the leading cause for liver transplants.

Hepatitis C infection in occupational settings can easily be prevented with proper precautions. Taking the same precautions that protect you from HBV and HIV will help prevent transmission of HCV in the workplace.

The typical symptoms seen in an acute hepatitis C infection are similar to acute HBV infections and may include:

- Jaundice (yellowed eyes or skin).
- Loss of appetite, nausea, or vomiting.
- Extreme fatigue and unable to work.
- Abdominal pain

IV. COMPLIANCE METHODS

Universal Precautions will be observed at The National Institute for Fitness and Sport (NIFS), in order to prevent contact with blood or Other Potentially Infectious Materials (OPIM). All blood and body fluids, as defined above, will be considered infectious **regardless of the perceived status of the source individual.**

NIFS will make every reasonable effort to provide a work environment that is free from significant health hazards. NIFS will also take steps to ensure that the proper work practices, procedures and policies herein are followed to minimize occupational exposure to bloodborne pathogens.

This ***Bloodborne Pathogens Exposure Control Plan (BPP)*** applies to all departments and programs at NIFS, except those which may develop or have developed their own plans, provided they are at least as stringent with respect to the OSHA regulations

The purpose of this exposure control plan is to minimize or eliminate employee occupational exposure to blood or other infectious body fluids. In accordance with the OSHA *Bloodborne Pathogens Standard, 29 CFR 1910.1030*, the following exposure control plan has been developed.

V. JOB CLASSIFICATIONS (EXPOSURE ASSESSMENT)

Although the majority of at-risk workers are in the health-care field, exposures can occur in general industrial and office settings. Some employees of NIFS may be exposed on an unplanned basis in the event of illness or injury that requires first aid or in performing cleaning/housekeeping/laundry duties. Specific job classifications are at risk depending on work area and job duties.

V. JOB CLASSIFICATIONS (EXPOSURE ASSESSMENT), continued

Listed below are the NIFS job classifications which have occupational exposure.

Job Classifications in which employees could be exposed:

1. Fitness Center Professional Staff
2. Corporate Fitness Management Staff
3. Maintenance and laundry personnel
4. Nursery personnel
5. Service Desk Staff
6. Educational Services Staff
7. Athletic Development Staff
8. Youth Development Staff
9. Field Trip Volunteers

Lists of tasks administered in which exposure occurs:

- |  |   |
|--|---|
| *Emergency First Aid                               | *Changing diapers                               |
| *Shaving chest hair                                | *CPR Instruction                                |
| *Cleaning restroom areas                           | *Handling laundry                               |
| *Administering maximal<br>oxygen consumption tests | *Disposing of sharps and<br>biohazard materials |
| *Testing blood sugar                               |   |

- In an effort to provide a safe workplace and to comply with the standard's requirements that are designed to prevent the spread of dangerous communicable diseases, NIFS has developed various policies and procedures for employees in the above-noted job classifications. If you see ways to reduce/eliminate potential exposure, NIFS staff would welcome your suggestions. See the Bloodborne Pathogens Exposure Control Suggestion form (Appendix C).

V. JOB CLASSIFICATIONS (EXPOSURE ASSESSMENT), continued

These policies and procedures are covered in this document and in separate training. They include the use of “Universal Precautions”, disposal of infectious or regulated waste, and training in the hazards associated with bloodborne pathogens. Training will be updated annually and as necessary, and all newly-hired employees in these jobs will also be trained. NIFS’ employees – whose duties do not involve exposure to bloodborne pathogens, do not have to be trained.

NIFS is committed to providing a healthy and safe environment for all of its employees and residents. In keeping with this commitment, “Universal Precautions” must be practiced at all times, without exception, by employees during the performance of tasks that involve the potential of exposure. Failure to comply will result in disciplinary action. Specific questions concerning any aspect of NIFS policy or related subjects should be directed to your supervisor who will obtain the correct information and give you a prompt reply.

NIFS is responsible for complying with the standards. NIFS will rely on its managers and supervisors to ensure that employees and clients follow “Universal Precautions” and the other work practices and rules specified in the *Exposure Control Plan for Bloodborne Pathogens*.



VI. POLICY STATEMENT

NIFS is committed to providing a workplace free of disability discrimination which includes a prohibition against AIDS-related discrimination. Employees, applicants, or residents who have tested positive for HIV or have AIDS will be treated as any other applicant, employee, or resident with an illness or medical condition.

NIFS will comply with all statutory requirements regarding maintaining the confidentiality of employees' health conditions, obtaining consent to perform HIV testing, educating employees and clients about dangerous communicable diseases, providing training in "Universal Precautions", providing protective equipment designed to prevent the transmission of dangerous communicable diseases through bloodborne pathogens, and disposing of infectious waste.

An employee's failure to use the "Universal Precautions" and comply with all protective measures, including using protective equipment and complying with safety practices when performing a job that may subject the employee to an exposure will subject the employee to discipline, up to and including dismissal.

VII. RECORDKEEPING AND CONFIDENTIALITY PROTECTIONS

The standards require NIFS to establish and maintain an accurate medical record for each employee with occupational exposure. The information included in these records are (1) the name and social security number of the employee; (2) a copy of the employee's Hepatitis B vaccination status; (3) a copy of all the results of examinations, medical testing, and follow-up procedures; (4) the employer's copy of the health care professional's written opinion; and (5) a copy of the information provided to the health care professional. Medical records will be kept for at least the duration of employment plus thirty (30) years.

The OSHA standard and Indiana law require that all employees' medical information be kept confidential. If any employee learns that another employee has any dangerous communicable disease, including hepatitis or AIDS, through recording, reporting, or maintaining information for NIFS and the employee discloses such information, except as required by law, the employee is subject to a criminal penalty of a one-year prison term and a fine of up to \$5000.

These recordkeeping requirements are effective on June 4, 1992, under federal law (August 5, 1992, in Indiana).

## VIII. EDUCATION AND TRAINING

**A. General Requirements:** Training must take place at the time of initial assignment to tasks where occupational exposure may take place and must be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review must also reflect changes in technology that eliminates or reduce exposure to bloodborne pathogens and document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

The training will be provided during working hours and will include information about hazards associated with blood and OPIM and the protective measures to be taken to minimize the risk of occupational exposure. This training will ensure that employees understand the hazards associated with bloodborne pathogens and the ways in which they are transmitted. Training will explain the exposure control plan, the use of engineering controls, work practices, and the proper use of personal protective equipment. In addition, employees will be educated on the reasons why they should choose to participate in Hepatitis B vaccination and post-exposure evaluation and follow-up. Training will also include an explanation of the specific reporting procedures for unvaccinated designated first aid providers. It is the desire of NIFS to provide comprehensive training to keep employees informed on all these safety issues.

The individual responsible for employee training will maintain an attendance record of employees' participation in the training. This record will include the date of the training session, the contents or a summary of the training session, the names and qualifications of persons conducting the training, as well as the names and job titles of employees in attendance. Training records will be maintained for at least three (3) years.

VIII. EDUCATION AND TRAINING, continued

**B. Universal Precautions:** As you read earlier, the standards require employees who may be exposed to bloodborne pathogens to comply with certain protective procedures known as “Universal Precautions”. Failure to use the “Universal; Precautions” will subject an employee to discipline, up to and including termination of employment.

Because persons infected with HIV or other dangerous communicable diseases cannot be readily identified, appropriate protective equipment should be donned before an employee does any tasks that may involve exposure to blood, including administering first aid or performing any clean-up tasks involving blood or Other Potentially Infectious Materials (OPIM) such as semen, vaginal secretions, cerebrospinal fluids, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, and any other body fluid that is visibly contaminated with blood. The use of personal protective equipment (including gloves, face masks, eye protection, gowns, and one-way CPR devices) in the event of an emergency injury or illness will help protect employees from exposure to HIV infection and other communicable diseases.

1. Tasks Involving Exposure to Blood, Including Administering First Aid

- a. The entrance to work areas of contamination must be posted with a biohazard sign. The sign shall be florescent orange-red in color and have the biohazard legend.



VIII. EDUCATION AND TRAINING, continued

1. Tasks Involving Exposure to Blood, Including Administering First Aid, continued

b. Boxes for disposal of sanitary products, for example, should be so posted.

c. Gloves (disposable latex) shall be donned before performing any tasks where blood or body fluid exposure may occur. Employees must remove jewelry that may puncture gloves. Gloves are considered contaminated as soon as they are put on. The employee should not touch his/her face while gloves are on. Gloves must be the last personal protection device to be removed. Gloves shall be removed and discarded after contact with any individual. Hands should be washed immediately after gloves are removed.

d. Eye protection (goggles or glasses with solid side shields), face masks, and gowns shall be worn if an injury or illness generates, or is likely to generate, sprays or splashes of blood or body fluids.

e. Items mentioned in c. and d. above are included in the Biohazard Response Kits. The full contents of a Kit includes:

1. Latex gloves
2. Disposable gowns
3. Fluidshield masks with eye shield
4. Anti-microbial toiettes
5. Absorbent powder
6. Antiseptic hand cleaner
7. Absorbent wipes
8. Biohazard bags
9. Scoops

The location of personal protective equipment in your job site is listed in Appendix A.

VIII. EDUCATION AND TRAINING, continued

1. Tasks Involving Exposure to Blood, Including Administering First Aid, continued

Other items needed for clean-up:

Heavy-duty, reusable latex gloves  
Red biohazard bags  
Container for disposal of the biohazard bags  
Bleach\*

\* Maintenance staff can also provide a prepared cleanser that contains an iodophor disinfectant which is useful for this type of cleaning.

f. Employees who may have occasion to administer emergency CPR must use a one-way mask when performing mouth-to-mouth resuscitation.

g. Remove any garment that has been penetrated by blood or Other Potentially Infectious Materials. Linen, clothing or paper that is visibly contaminated with blood or body fluids shall be placed in leak proof bags or containers before transporting for cleaning or disposal. Gloves shall be worn while bagging such materials.

h. All personal protective equipment must be removed and appropriately disposed of or stored. Hands must be washed immediately or as soon as feasible after removal or protective equipment.

VIII. EDUCATION AND TRAINING, continued

2. Cleaning Procedures

All equipment and working surfaces must be cleaned, then decontaminated with an appropriate disinfectant after contact with blood or Other Potentially Infectious Materials. The procedures below must be followed for clean up:

- a. Latex gloves shall be worn when performing cleaning procedures. The employee should choose the type of glove that is most appropriate for the job. Heavy-duty latex gloves should be used for large spills, and disposable gloves can be used for small areas such as a work surface. Heavy-duty gloves are more appropriate if the area to be cleaned has objects on which the glove could be snagged. Gloves should be used in all cleaning procedures.
- b. Employees must immediately report any accidental hazardous spill to the Universal Precautions Coordinator Sara Durham. Such accidents include pools of blood or other potentially infectious materials caused by illness or serious injury (see page 2 for a list of OPIM). Small spills or small areas of contamination do not need to be reported. Small spills include normally anticipated surface contamination. However, the cleaning procedures mentioned above must be explicitly followed.
- c. Reusable latex utility gloves used for housekeeping chores or other tasks involving potential blood contact may be decontaminated and reused by washing in iodophor containing disinfectants (which have an Environmental Protection Agency (EPA) registration number) or a 10% bleach solution (9 parts water to one part bleach prepared fresh daily). Gloves should be discarded if they are peeling, cracked or discolored or if they are punctured, torn, or show other evidence of deterioration. Disposable gloves shall not be washed or decontaminated for re-use.

VIII. EDUCATION AND TRAINING, continued

2. Cleaning Procedures, continued

d. Equipment, hard floor areas, and furniture contaminated with blood or body fluids containing blood shall be cleaned with an iodophor containing disinfectants or a 10% bleach solution. Visible blood or Other Potentially Infectious Materials should first be removed with an iodophor containing disinfectants or a 10% bleach solution. The solution must be allowed to set on the area for at least 20 minutes. Then, thorough scrubbing and rinsing shall be performed until all contaminated materials have been removed. Finally, the area must be cleaned again with an iodophor containing disinfectants or a 10% bleach solution.

e. Broken glass which may be contaminated must not be picked up directly with the hands. It must be picked up with a mechanical means, such as brush and dust pan, tongs, or forceps. Containers such as those used for sharps must be used to dispose of the contaminated pieces.

f. Soiled carpet or rugs shall be thoroughly cleaned with a sanitary absorbent cleanser.

g. Place all soiled paper towels or disposable gloves in a heavy-duty leak proof bag. Gloves must be worn while bagging these items,

h. Always wash hands after removing gloves. Hand washing facilities are provided and will be regularly examined, maintained and replaced.

VIII. EDUCATION AND TRAINING, continued

**C. HIV Status:** The Indiana Department of Health strongly recommends that all employees who have direct contact with blood or body fluids in performing their duties should know their HIV status if they have reason to believe they are at risk of HIV infection.

**D. Non-Retaliation:** NIFS will not take any adverse action against any employee who makes a good faith complaint based on the employee's reasonable belief that NIFS has not complied with its health and safety obligation under state and



federal law. NIFS urges all employees to first report any concern to the Universal Precautions Coordinator.

so that NIFS may take appropriate action.

**Schedule of Compliance:** All of the requirements contained in this plan are effective on July 6, 1992 under Federal Law (September 4, 1992, in Indiana).

## IX. DISPOSAL OF CONTAMINATED ARTICLES

**General Information:** Employees must use safety precautions when performing tasks that may bring them into contact with blood-soaked items as contact with such items could result in exposure. Contaminated articles are articles capable of transmitting bloodborne pathogens and include, but are not limited to, liquid or semi-liquid blood or Other Potentially Infectious Materials (OPIM); items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; and contaminated sharps.

A contaminated sharp is any object that is capable of cutting or penetrating the skin and has been in contact with blood or OPIM (for example, razor blades, syringes). Disposable shaving razors are not considered a sharp and can be disposed of in the normal trash receptacles. NIFS is responsible for appropriately containing, storing labeling, transporting, and disposing of any infectious waste it creates. (Although an independent contractor is responsible for treating and disposing of contaminated articles generated by NIFS, NIFS is ultimately responsible for complying with the standards with respect to treatment and disposal.)

**Containing/Storage of Sharps:** Sharps must never be reused or recapped.

Contaminated sharps must be placed in containers that are:

- Leakproof on sides and bottom, rigid, and puncture resistant
- Tightly sealed to prevent expulsion
- Labeled and color-coded with a biohazard symbol
- Accessible and as close as feasible to the immediate area where sharps are used.

- Replaced routinely (should be able to just drop an item in; if it must be forced in, it is too full)
- Placed in a secure area pending transporting to the independent contractor for final treatment and disposal.

IX. DISPOSAL OF CONTAMINATED ARTICLES, continued

The containers which house contaminated sharps are to be stored in the IU Medical Group (IUMG) area prior to their transportation to the independent contractor for disposal.

**Containing/Storage of contaminated articles other than sharps:** Articles such as protective coverings, used gowns and gloves, plastic wrap, aluminum foil, or absorbent paper must be placed in durable, leakproof, labeled or color-coded bags or containers. The closest container is in the laundry area (room 028) but the contents are moved to the IUMG when that container is full.

Containers and bags shall be replaced routinely and not allowed to overfill. If any outside contamination of waste containers occurs, it shall be placed in a second container that is closable, labeled or color-coded, leakproof, and closed prior to removal.

All containers must always be placed in a secured location when not in use. Under no circumstances are the containers to be left unsecured in any locations accessible to any person other than the employee using it.

**Labeling:** Warning labels shall be affixed to containers of regulated waste and other containers used to store, transport, or ship potentially infectious materials. The labels must be readily observable and affixed by a method that prevents their loss or unintentional removal. These labels shall include the biohazard legend and be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.

Red bags or red containers may be substituted for labels.

IX. DISPOSAL OF CONTAMINATED ARTICLES, continued

**Transport:** Before the contaminated articles are transported off site, the containers must be labeled with:

- The name, address, and telephone number of NIFS and the independent contractor.
- A brief description of the waste and method of treatment
- The signature of a NIFS representative or a designated individual assigned by NIFS

**Personal Protective Equipment:** The Universal Precautions should be followed in containing, storing, and transporting infectious waste. Failure to use the Universal Precautions when dealing with infectious waste will subject an employee to discipline, up to and including termination of employment.

Any questions about the handling of infectious/regulated waste should be directed to the Universal Precautions Coordinator.

X. EXPOSURE GUIDELINES

In the event of an exposure incident, the actual risk of infection by a given agent is determined by the nature of the pathogen, the type of exposure, the amount of material involved, and the amount of the agent present in the material. While every exposure may not lead to an actual infection, the risk can be minimized or eliminated using a combination of engineering and work practice controls, personal protective clothing and equipment, training, medical surveillance, Hepatitis B vaccination, warning signs or labels, and other provisions described in this training.

X. EXPOSURE GUIDELINES, continued

**Response and Report:** If an employee is stuck by a needle or other sharp or gets another person's blood or blood-contaminated body fluid in their eyes, nose or mouth, the employee must:

1. Immediately flood the exposed area with water and clean any wound with soap and water or a skin disinfectant if available. If blood or potentially infectious materials are splashed into the eyes, the employee should flush eyes with clean, running water for 15 minutes.
2. Report this immediately to the Universal Precautions Coordinator.
3. Seek immediate medical attention.

**Reporting Procedures for First Aid Incidents:** Should a member require first aid, an **Incident Report** (Appendix B) must be completed and include the names of all first aid providers and a description of the circumstances of the accident, including the date and time as well as a determination of whether a bloodborne pathogens exposure incident has occurred. All first aid incidents involving potential exposure to blood or OPIM must be reported to the employer before the end of the work shift during which the incident occurs. In addition, OSHA requires that all occupational bloodborne pathogens exposure incidents that are work related and involve contamination with another person's blood or potentially infectious material such as needle sticks, lacerations and splashes must be recorded on the OSHA Forms 300 and 301. Important note: To protect an employee's privacy, do not enter the name on Form 300 (Log of Work Related Injuries and Illnesses). These forms and instructions for completion can be found on the I: drive in the BBP Control Plan folder under "new- OSHA300form1-1-04".

All unvaccinated employees who give assistance to a situation involving the presence of blood or OPIM, regardless of whether or not a specific exposure incident occurs, will be offered the full Hepatitis B immunization series as soon as possible, but no later than 24 hours after the possible contact. If an exposure incident has taken place, post exposure evaluation and follow up procedures will also be initiated.

X. EXPOSURE GUIDELINES, continued

**Post-exposure Evaluation:** Following report of an exposure, NIFS shall make available at no cost to the exposed employee confidential medical evaluation and follow-up to be performed by or under the supervision of a licensed physician or other appropriately trained and licensed health care professional. The evaluation shall be done according to the U.S. Public Health Service.

All laboratory tests will be conducted by an accredited laboratory at no cost to the employee. The medical evaluation shall include (1) documentation of the route(s) of exposure and the circumstances under which the exposure occurred; and (2) identification and documentation of the source individual unless identification is not feasible or is prohibited by law.

The source individual's blood will be tested as soon as feasible to determine HBV or HIV infectivity if consent of the source individual can be obtained. NIFS will document that consent cannot be obtained. Results of the source individual's testing shall be made available to the exposed employee who will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

The exposed employee's blood will be collected as soon as feasible and tested after consent is obtained. If the employee consents to base-line blood collection but does not give consent for HIV testing, the sample will be preserved for at least 90 days during which the employees may give consent and the sample will be tested as soon as feasible.

X. EXPOSURE GUIDELINES, continued

Where post-exposure preventative measures are medically indicated as recommended by the U.S. Public Health Services, they will be taken.

Counseling and evaluation of reported illnesses will be part of a post-exposure evaluation and follow-up.

**Information Provided To Health Care Professionals by NIFS:** NIFS shall provide the health care professional evaluating an exposed employee (1) a copy of the OSHA standard, (2) a description of the exposed employee's duties as they related to the exposure incident, (3) documentation of the route(s) of exposure and circumstances under which exposure occurred, (4) results of the source individual's blood testing, if available, and (5) all medical records relevant to the appropriate treatment of the employee including vaccination status which are NIFS responsibility to maintain.

**Health Care Professional's Written Opinion:** NIFS will provide the exposed employee with a copy of the evaluating health care professional's written opinion within 15 days of completion of the evaluation. The evaluation shall include (1) the health care professional's written opinion for Hepatitis B vaccination, and (2) the health care professional's written opinion for post-exposure evaluation and follow-up which shall be limited to (a) that the employee has been informed of the results of the evaluation and (b) that the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

XI. ADMINISTERING FIRST AID – NOTIFICATION RESPONSIBILITIES WHEN INJURED  
EMPLOYEE IS TRANSPORTED TO AN EMERGENCY MEDICAL SERVICE FACILITY

**Employee's Responsibility:** An employee who, while rendering emergency medical care to an injured fellow employee or client in the course of his/her employment, is exposed to blood or OPIM which:

- Directly contact an open wound
- Go under the skin
- Contact non-intact (chaffed or chapped) skin or mucous membranes (nose lining or mouth or eyes)

should fill out and submit a "Report of Blood or other Potentially Infectious Materials Exposure Dangerous Communicable Disease Exposure Notification for

Emergency Medical Care Providers” (Exposure Report) if the injured person is taken to a hospital or ambulatory surgical care center. Employees can contact the Universal Precautions Coordinator to obtain a copy of the form.

If an exposed employee opts to submit the exposure report, the Universal Precautions Coordinator will provide any assistance needed in completing the form. After the form is completed, the exposed employee should hand-deliver it to the hospital or ambulatory surgical care center receiving the injured individual within 24 hours after the injured individual is admitted. The employee must also give one copy to the Universal Precautions Coordinator and forward another to the Indiana State Board of Health. The Universal Precautions Coordinator will retain the NIFS copy, which will be treated confidentially.

XI. ADMINISTERING FIRST AID – NOTIFICATION RESPONSIBILITIES WHEN INJURED  
EMPLOYEE IS TRANSPORTED TO AN EMERGENCY MEDICAL SERVICE FACILITY,  
continued

**Emergency Medical Service Facilities’ (Hospital/Ambulatory Surgical Care Center) Responsibility:** If, within 72 hours after the injured individual is admitted to a facility for emergency care, the facility learns that the individual has a dangerous communicable disease, the designated physician must notify the contact person who is listed on the Incident Report form within 48 hours.

**Contact Physician’s Responsibility:** If the contact physician listed on the Exposure Report receives notification from the facility’s designated physician, the contact physician must contact the exposed employee. The contact physician has a duty to:

- Explain to the exposed employee, without disclosing information about the person who caused the exposure, the infectious disease to which the employee has been exposed
- Provide for any medically-necessary treatment and counseling to the exposed employee.

XII. HEPATITIS B VACCINATIONS

NIFS offers the Hepatitis B vaccination series (3 injections over a six month period) at no cost to all unvaccinated employees whose work involves the potential for exposure to blood and other potentially infectious materials. The vaccine will be made available within 10 working days of initial assignment to a job in which the regular duties may subject the employee to exposure.

The full Hepatitis B immunization series will also be made available to all unvaccinated first aid providers who give assistance in any situation involving the presence of blood or OPIM, regardless of whether a specific exposure incident occurred, as soon as possible, but in no event later than 24 hours after the possible contact.

The employee, after training, has the right to request or decline receiving the Hepatitis B vaccine. An employee declining the vaccination must sign a Hepatitis B Vaccine Acceptance/Refusal Form. The employee has the right initially to decline the vaccine but request the vaccine at a latter date if still assigned to jobs where there is exposure. The vaccine will be provided by a licensed health care professional.

Locate the Hepatitis B Vaccination Program Acceptance/Refusal Form and complete the required entries.

List the location of the biohazard kit in your fitness center:

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### Bloodborne Pathogens Review Quiz

1. If you are exposed to potentially infectious materials on the job, you may request a vaccine for which Bloodborne disease?
  - a. HIV
  - b. Syphilis
  - c. Hepatitis B
  - d. Brucellosis
  
2. Which of the following materials could contain Bloodborne pathogens?
  - a. Bloody saliva
  - b. Semen
  - c. Vaginal secretions
  - d. All of the above
  
3. If you wear gloves when cleaning up an accident site, it is not necessary to wash our hands afterwards.
  - a. True
  - b. False
  
4. Bloodborne pathogens may enter your system through:
  - a. Open cuts
  - b. Skin abrasions
  - c. Dermatitis
  - d. Mucous membranes
  - e. All of the above
  
5. You should always treat all body fluids as if they are infectious and avoid direct skin contact with them.
  - a. True
  - b. False
  
6. If you have blood or potentially infectious materials splashed into your eye, you should flush your eye with clean, running water for...
  - a. 2 minutes
  - b. 5 minutes
  - c. 10 minutes
  - d. 15 minutes

### **Bloodborne Pathogens Review Quiz, continued**

7. Uncontaminated sharps may be disposed of in regular trash bags.
  - a. True
  - b. False
  
8. Reusable gloves should be discarded if they are peeling, cracked or discolored or if they are punctured, torn, or show other evidence of deterioration.
  - a. True
  - b. False
  
9. Disposable gloves must not be washed or decontaminated for re-use.
  - a. True
  - b. False
  
10. Who should have the Hepatitis B vaccine?
  - a. All NIFS employees
  - b. All employees who, in the performance of their duties, have potential exposure to bloodborne pathogens
  - c. Only people in the health care field
  
11. Once I have refused to have the Hepatitis B vaccinations, I can change my mind and request them later.
  - a. True
  - b. False
  
12. Who is responsible for paying for the Hepatitis B vaccinations?
  - a. The employee (me)
  - b. The employer (NIFS)
  - c. My insurance company
  
13. An employee's failure to use the "Universal Precautions" and comply with all protective measures, including using protective equipment and complying with safety practices when performing a job that may put the employee at risk of exposure, will subject the employee to disciplinary action, up to and including dismissal.
  - a. True
  - b. False

### Review Quiz Answer Key

1. If you are exposed to potentially infectious materials on the job, you may request a vaccine for which Bloodborne disease?
  - c. Hepatitis B
  
2. Which of the following materials could contain Bloodborne pathogens?
  - d. All of the above
  
3. If you wear gloves when cleaning up an accident site, it is not necessary to wash our hands afterwards.
  - b. False
  
4. Bloodborne pathogens may enter your system through:
  - e. All of the above
  
5. You should always treat all body fluids as if they are infectious and avoid direct skin contact with them.
  - a. True
  
6. If you have blood or potentially infectious materials splashed into your eye, you should flush your eye with clean, running water for...
  - d. 15 minutes
  
7. Uncontaminated sharps may be disposed of in regular trash bags.
  - b. False
  
8. Reusable gloves should be discarded if they are peeling, cracked or discolored or if they are punctured, torn, or show other evidence of deterioration.
  - a. True
  
9. Disposable gloves must not be washed or decontaminated for re-use.
  - a. True

**Review Quiz Answer Key, continued**

10. Who should have the Hepatitis B vaccine?
  - b. All employees who, in the performance of their duties, have potential exposure to bloodborne pathogens
  
11. Once I have refused to have the Hepatitis B vaccinations, I can change my mind and request them later.
  - a. True
  
12. Who is responsible for paying for the Hepatitis B vaccinations?
  - b. The employer (NIFS)
  
13. An employee's failure to use the "Universal Precautions" and comply with all protective measures, including using protective equipment and complying with safety practices when performing a job that may put the employee at risk of exposure, will subject the employee to disciplinary action, up to and including dismissal.
  - a. True

**Protect Yourself....Get Vaccinated**

## APPENDIX A

### Incident Report

FITNESS CENTER INCIDENT REPORT FORM  
THE NATIONAL INSTITUTE FOR FITNESS AND SPORT  
250 University Blvd.  
Indianapolis, IN 46202  
(317) 274-3432

Name of Involved \_\_\_\_\_ Facility \_\_\_\_\_  
Member or Guest \_\_\_\_\_ Contact Number \_\_\_\_\_  
Phone number: Home \_\_\_\_\_ Work \_\_\_\_\_  
Date of incident \_\_\_\_\_ Time \_\_\_\_\_ a.m. or p.m.

NATURE OF INJURY

List parts of the body involved: Right / Left \_\_\_\_\_

Describe the ailment or injury as specifically as possible:

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Witnessed by: \_\_\_\_\_

CIRCUMSTANCES

Recreational activity (specify) \_\_\_\_\_

Field Trip (name of sponsor) \_\_\_\_\_

Aerobic exercise (type of equipment) \_\_\_\_\_

Weight training (type of equipment) \_\_\_\_\_

Family Fitness (parents' names) \_\_\_\_\_

Other (specify) \_\_\_\_\_

Describe exactly how the incident occurred:

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Describe action taken and staff involved:

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Were resuscitative methods required? NO / YES (explain below)

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National Institute for Fitness and Sport  
BBP Exposure Control Plan

Was the Emergency Medical System (EMS) called? NO / YES

Responding agency? \_\_\_\_\_

I have left a voicemail or email for Jerry, Melanie, & Tony, since 911 was called: NO/YES

Was the client taken to a hospital? NO / YES

If no, was the client advised to see a physician for follow-up care? NO / YES

Method of transportation: \_\_\_\_\_

Were Universal Precautions used? NO / YES

If YES, describe measures taken to implement Universal Precautions:

\_\_\_\_\_

Was employee exposed to bloodborne pathogens or other potentially infectious materials?  
Exposure means a specific eye, mouth, other mucous membrane, or broken skin contact has come in contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

NO / YES\*. \*If YES, supervisor must complete OSHA form 301 and Melanie Roberts must complete OSHA form 300.

Names and titles of personnel responding to incident:

\_\_\_\_\_

\_\_\_\_\_

Comments or observations about the client or the incident:

\_\_\_\_\_

\_\_\_\_\_

Report prepared by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

FOLLOW-UP (To be done within 48 hrs of incident by the person preparing the report). Conversation with client: \_\_\_\_\_

\_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency supplies used: \_\_\_\_\_

\_\_\_\_\_

Supply re-stock date: \_\_\_\_\_

Equipment issued: \_\_\_\_\_ Date returned: \_\_\_\_\_

Original report to: \_\_\_\_\_ Melanie Roberts

Scanned copies to: \_\_\_\_\_ Tony Maloney

\_\_\_\_\_ Jerry Taylor

\_\_\_\_\_ Raegan Evans

\_\_\_\_\_ Monica Bopp (if related to Field Trip)

\_\_\_\_\_ Ann Miller, Universal Precautions Coordinator

APPENDIX B

BBP Exposure Control Plan  
Suggestion Form



