National Institute on Aging – Intramural Research Program (NIA IRP) Employee Bloodborne Pathogens Exposure Policy

Number of Pages – 14
Attachments –27

Occupational Safety and Health
Responsible Entity: NIA Safety Officer

Effective Date: 08/14/00

Approval

Review without Revision Date: _____

_____
Darrell R Abernethy, M.D., Ph.D.
Clinical Director, NIA

Revision Date (s): 01/10/01

_____
Dennis D. Taub, Ph.D., Safety Chairman, NIA IRP

These standards are intended as guidelines to assist in the delivery of care. They are not intended to replace professional judgment in the delivery of care or administrative matters. Please note Section 5.0 contains first-aid procedures for treatment.

1.0 Purpose

1.1 To provide standards and procedures for NIA IRP employees who have had an occupational exposure to blood and body fluids or other potentially infectious materials (OPIM).

2.0 Scope

2.1 This policy applies to Federal employees, visitors, or contract employees of the National Institute on Aging Intramural Research Program (NIA IRP) who work in Baltimore, MD and who have had an occupational exposure or exposure incident during the performance of the employee's duties. Herein everywhere "employee" is noted, it refers to Federal employees, visitors, and contract employees.

2.1.1 NIA IRP Federal employees, visitors, or contract employees who work in Bethesda and Poolesville, MD shall use NIH Occupational Medical Services (NIH OMS).

2.1.2 Johns Hopkins Bayview Medical Center (JHBMC) contract employees shall follow JHBMC policy and procedures.

2.1.3 The contractors who provide animal care, security, housekeeping, and building maintenance services shall contact their Project Officer when an exposure occurs.

2.2 This policy applies to blood, saliva, needle sticks, open wounds, bites, and other exposures that potentially present a risk for HIV and other infections including but not limited to Hepatitis B and C.

3.0 Definitions (reference: 29CFR 1910.1030 Attachment 16)

3.1 "Occupational Exposure" means 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.

3.2 "Exposure Incident" means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact or possible contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

3.2.1 “Non-intact skin” means skin surface that is broken in any way including but not limited to dermatitis, hangnails, cuts, abrasions, chafing, and acne.

3.3 "Bloodborne Pathogens" means pathogenic microorganisms that are present in human blood and/or body fluids that can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV), Hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

3.4 "Contaminated" means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

3.5 "Other Potentially Infectious Materials" (OPIM) means any of the following human or nonhuman primates body fluids or tissues:

3.5.1 Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, tissues such as lymph nodes, bone marrow, etc..

3.5.2 Any body fluid that is visibly contaminated with blood.

3.5.3 All body fluids in situations where it is difficult or impossible to differentiate between body fluids.

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

3.5.5 HIV or OPIM within cells or cell, tissue, or organ culture supernates.

3.5.6 HIV- or HBV-containing culture medium or other solutions.

3.5.7 Blood, organs, or other tissues from experimental animals known to be or potentially infected with HIV, HBV, Simian Immunodeficiency Virus (SIV), Simian Retrovirus (SRV), or other retroviruses.

3.6 "Parenteral" means piercing mucous membranes or the skin barrier through such events as needlesticks, human or nonhuman primate bites, cuts, and abrasions.

3.7 "Source Individual" means any individual or nonhuman primate, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

3.8 “Informed Consent” Employee signs ”Consent for Medical Monitoring and Release of Information from Medical Records” form when he/she receives treatment, which allows the employer to be provided with certain medical information.

3.9 “Employee” means a Full Time Equivalent (FTE) (permanent or temporary), Visiting Fellow, IRTA Fellow, Pre-IRTA, Summer IRTA student, Contract staff (JHBMC, JHU, Facilities, HVAC, Housekeeping, Security, Animal Care Workers, Computer/Networking & Telephony staff), Courtesy Associates, Special Volunteers, Guest Researchers, Inter-Governmental Personnel Act (IPA) staff, National Research Council (NRC) Fellows, and trainees.

3.10 Defined determination of exposure classification:

3.10.1 General Classification:

3.10.1.1 Classification A: Includes those with job classifications in which employees either will or may have an occupational exposure.

3.10.1.2 Classification B: Includes those with job classifications in which there is no reasonably anticipated possibility of an occupational exposure.

3.10.2 Biosafety levels are described as follows:

3.10.2.1 Biosafety Level 1: Work is done with defined and characterized strains of viable microorganisms not known to cause disease in healthy adult humans.

3.10.2.2 Biosafety Level 2: Work is done with the broad spectrum of indigenous moderate-risk agents present in the community and associated with human disease of varying severity. Use of a Biological Safety Cabinet is required when production of aerosols is possible.

3.10.2.3 Biosafety Level 3: Work is done with indigenous or exotic agents where the potential for infection by aerosols is real and the disease may have serious or lethal consequences.

3.10.2.4 Biosafety Level 4: Work is done with dangerous and exotic agents that pose a high individual risk of life-threatening disease.

4.0 **POLICY:** The National Institute on Aging Intramural Research Program (NIA IRP) has a local arrangement through a contract with The Johns Hopkins Center for Occupational and Environmental Health (COEH) for occupational medical services (See Attachment 1). The NIA IRP On-call physician or NIA Clinical Director shall provide initial evaluation, diagnosis, and prescribe treatment. COEH will provide medical services for any NIA IRP Federal employees, visitors, and contractor employees whose Bloodborne Pathogen exposure occurs on NIA IRP premises. COEH will provide continued follow-up care only for NIA IRP Federal employees. COEH is located on the Bayview campus in the Asthma and Allergy Center. COEH Medical Clinic hours are 8:00 am – 4:30 pm. After hours exposures will be handled by the NIA IRP On-call physician, as described below. Security, Administration, NIA IRP On-call physician, Clinical Core Lab, NIA Employees, and COEH personnel shall follow the specific individual procedures outlined in their respective Employee Exposure Reference Guides (Attachments 21–26).

The NIH OMS shall treat employees exposed to Non-Human Primate Bloodborne Pathogens, as described below.

Federal, contract (other than Bayview) employees, and visitors who have a Bloodborne Pathogen Exposure during normal COEH medical clinic hours (between 8:00 am – 4:30 pm) should take the following steps:

- Complete first aid procedures. See Section 5.1.
- Notify supervisor as soon as possible. If supervisor is unavailable, contact the Safety or Administrative Office as soon as possible. See Section 5.
- Obtain an Exposure Instruction Packet from Safety or Administrative Office.
- Safety or Administration will contact the NIA IRP On-call physician or Clinical Director to perform the initial incident evaluation, diagnosis, and counseling, and authorize treatment for exposed employee.
- Proceed to Bayview Pharmacy and/or COEH with Exposure Instruction Packet for treatment.
- *Exception: Bayview employees proceed to Bayview Employee Health Services in the ASC Building for evaluation and follow-up. Bayview employees should follow JHBMC Policy. See Attachments 17 and 18.
- Follow-up for Federal employees and Post-doctoral fellows is completed at COEH.

- Contract employees (other than Bayview) and visitors will follow up with their personal physician.
- Contract employees shall provide a copy of the incident paperwork to their employer for a Workers' Compensation Claim.

For Bloodborne Pathogen exposures occurring after normal COEH medical clinic hours (between 4:30 pm – 8:00 am), Federal, contract (other than Bayview) employees, and visitors should take the following steps:

- Complete first aid procedures. See Section 5.1.
- Notify Security (1st floor lobby or Pager # 410-806-9754) of incident and obtain Exposure Instruction Packet at Security desk. Security will page Safety Officer and NIA IRP On-call physician.
- The NIA IRP On-call physician will conduct an initial incident evaluation, counsel the exposed employee, and authorize prophylaxis (3–5 day supply) through the Bayview pharmacy to begin immediately, if needed. Employee proceeds to Bayview Pharmacy to get medication and presents authorization form in Exposure Instruction Packet.
- *Exception: Bayview employees should follow JHBMC Policy. 1) Page the Bayview Staff Coordinator at 410-283-1545 to report incident. 2) Call the STIX Hotline at 410-955-STIX (7849) and speak with an Infectious Diseases (ID) Fellow who takes initial employee incident information and counsels the employee on risk, prophylaxis, etc. 3) The ID Fellow authorizes prophylaxis (3–5 day supply) through the Bayview Pharmacy to begin immediately, if needed. 4) The Bayview employee proceeds to the Bayview Pharmacy to get medication. See Attachments 17 and 18.
- Follow-up for Federal employees and Post-doctoral fellows is completed at COEH the next business day.
- Contract employees (other than Bayview) and visitors will follow up with their personal physician. Contract employees shall provide a copy of the incident paperwork to their employer for a Workers' Compensation Claim.
- Bayview employees should follow up at Bayview Employee Health Services the following business day and follow JHBMC Policy. See attachments 17 and 18.

Federal, Contract (other than Bayview) employees, and visitors who have a Bloodborne Pathogen Exposure involving Non-Human Primates (NHP) should take the following steps:

- Immediately use the NHP treatment kit found in all rooms where NHP materials are handled within five minutes of exposure. Refer to the Quick Guide *"Wound Care Instructions for Employees Handling Non-Human Primate Blood or Tissues"* inside the treatment kit.
- For incidents occurring during the hours of 8:30 am – 5:00 pm, employee must contact his/her supervisor, who then contacts the Safety Officer (or the Animal Program Director (APD) in the Safety Officer's absence) or the Administrative Officer as soon as possible for further treatment.
- For incidents occurring during the hours of 5:00 pm – 8:30 am, contact Security (1st floor lobby; Pager # 410-806-9754). Security will page Safety Officer and NIA IRP On-call physician. Safety Officer will page APD.
- The Safety Officer (or the APD in the Safety Officer's absence) must contact the NIH OMS in Bethesda immediately at 301-496-4411 to report the incident.
- Employee will proceed to NIH OMS, Bethesda for evaluation as instructed by OMS.

The NIH OMS is still available to handle exposures of Federal employees.

4.1 Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

4.2 Initial post-exposure medical evaluation and counseling is completed by the NIA IRP On-call physician or the NIA Clinical Director on all Federal employees, visitors, and contract employees who have had an exposure incident. COEH will provide additional medical services for any exposed individual and will complete follow-up care only for Federal employees. Visitors and contract employees will follow-up with their personal physician. Bayview employees will follow-up with Bayview Employee Health Services.

4.2.1 The NIA IRP On-call physician will perform a confidential post-exposure evaluation, including counseling and diagnosis, and obtain consent for Hepatitis B and HIV testing from the exposed employee.
If the NIA On-call physician has questions about specific aspects of counseling and diagnosis the On-call Infectious Disease Fellow is available to answer questions at (410)-955-STIX.

4.2.1.1 Hepatitis B vaccine and vaccination series is provided and encouraged for all NIA IRP employees and trainees. Contract employees are encouraged to obtain Hepatitis B vaccine and vaccination series from his/her employer.

4.2.1.1.1 Employees who decline will sign a statement stating that they declined. This is initiated at the COEH. (See Attachment 2).

4.2.1.1.2 An employee, who initially declines Hepatitis B vaccination but later decides to accept the vaccination, will receive Hepatitis B vaccination at that time.

4.2.1.2 The exposed employee's blood is collected as soon as possible after consent is obtained.

4.2.1.3 If the employee consents to baseline blood collection for HIV serologic testing, COEH shall draw the blood sample and send it for testing.

4.2.1.4 If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days at the NIA IRP Clinical Core Lab. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible by COEH.

4.2.2 The NIA IRP On-call physician or physician providing coverage obtains history and consent for HIV, HBV, and HCV testing from "source individual."

4.2.2.1 The source individual will be asked to sign one consent form to obtain blood samples for testing (Attachment 3) and another consent form to allow the NIA IRP On-call physician to release test results to the COEH physician (Attachment 4). The Privacy Act of 1974 as amended (Attachment 27) applies.

4.2.2.1.1 The source individual's blood shall be tested after consent is obtained in order to determine HBV, HCV, HIV, or other infectious agents as tests for these become available.

4.2.2.2 If consent is refused, the NIA IRP On-call physician shall make a clinical assessment of risk of the source individual to the exposed employee and notifies the COEH physician via secured fax line at 410-550-3355 (Attachment 20). The COEH physician then discusses the risks with the exposed employee.

4.2.2.3 If consent is not obtained, the employer shall document that legally required consent cannot be obtained (Attachment 19). This document shall be kept in the exposed employee's Safety Office file.

4.2.2.4 When law does not require the source individual's consent, the source individual's blood, if available, shall be tested and the results documented.

4.2.2.5 When the source individual is already known to be infected with HBV, HCV, or HIV, testing for the source individual's known HBV, HCV, or HIV status is not repeated.

4.2.2.5.1 If source individual's known HBV or HCV testing is positive, an HIV test is performed.

4.2.2.5.2 If source individual's known HIV is positive, HBV or HCV testing is performed.

4.2.3 All relevant fluids are obtained.

4.2.3.1 An accredited laboratory, at no cost to the employee, conducts all laboratory tests.

4.2.3.1.1 During normal clinic hours (8:00 am – 4:30 pm) samples from the exposed employee are processed by COEH and sent to Quest Diagnostics. The NIA IRP Clinical Core Lab will test the source individual's blood.

4.2.3.1.2 After normal clinic hours (4:30 pm – 8:00 am), authorization for blood testing from the source individual will be obtained by the NIA IRP On-call physician and referred to the Chief of the NIA IRP Clinical Core Lab by the following day for testing. The exposed employee's blood sample will be drawn and tested the following business day by COEH.

4.2.4 Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred are included in the medical evaluation.

4.2.5 COEH receives test results on the source individual from the NIA IRP On-call physician and informs the exposed employee of those results with written consent for release of medical information from the source individual (Attachment 4). Test results and written consent are faxed via a secure fax line to the COEH physician at 410-550-3355. The exposed employee is informed about applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.

4.2.6 The NIA IRP On-call physician will counsel source individual if any test results are positive, then refer individual to a private physician for treatment and follow-up.

4.3 All medical evaluations and procedures including the Hepatitis B vaccine series, post-exposure evaluation and follow-up, including prophylaxis, are:

4.3.1 At no cost to the employee.

4.3.2 Initiated promptly, that day or within 24 hours.

4.3.3 Performed by a physician.

4.3.4 Provided according to current recommendations of the U.S. Public Health Service and Centers for Disease Control and Prevention (CDC) guidelines (Attachment 5) and "Recommendation of

Immunization Practices Advisory Committee (ACIP) Postexposure Prophylaxis of Hepatitis B" (Attachment 6).

4.4 Hepatitis B vaccination is available to all employees who have a potential for occupational exposure unless:

4.4.1 The employee has previously received the complete Hepatitis B vaccination series;

4.4.2 Antibody testing has revealed that the employee is immune; or

4.4.3 The vaccine is contraindicated for medical reasons.

4.5 The employee is provided with a copy of the evaluating physician's written opinion within 15 days of the completion of the evaluation.

4.5.1 The physician's written opinion for Hepatitis B vaccination shall include whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

4.5.2 The physician's written opinion for post-exposure evaluation and follow-up shall include the following information:

4.5.2.1 That the employee has been informed of the results of the evaluation.

4.5.2.2 That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment. (See Section 6.8.)

4.5.3 All other findings and diagnoses shall remain part of the employee's medical record and shall not be included in the written report.

4.6 Employee Exposure Medical Records are maintained at COEH.

4.6.1 Accurate records for each employee with occupational exposure are completed in accordance with 29 CFR 1910.1020. This record shall include:

4.6.1.1 The name and social security number of the employee.

4.6.1.2 The employee's Hepatitis B vaccination status including the dates of all the Hepatitis B vaccinations and a notation relative to the employee's ability to receive vaccination.

4.6.1.3 The employee's Hepatitis B vaccine declination form, if refused.

4.6.1.4 All results of examinations, medical testing, and follow-up procedures.

4.6.1.5 The COEH physician's written opinion.

4.6.1.6 A copy of any information provided to the COEH physician.

4.6.2 The NIA IRP Safety Officer receives and maintains the following records or reports:

4.6.2.1 Initial and follow-up injury narrative reports from COEH.

4.6.2.2 A copy of the COEH physician's written opinion, excluding medical testing results.

4.6.2.3 Duty Status Reports.

4.6.2.4 Medical bills from COEH.

4.6.2.5 Injury / Illness Report Form (Attachment 8).

4.6.2.6 CA-1 Workers' Compensation Claim Forms for Federal employees only (Attachment 9).

4.6.2.7 Copies of the source individual's declination or consent forms as well as test results.

4.6.2.8 Copy of any physician approvals for testing and clinical assessments of source individual.

4.6.2.9 Copy of any documents sent to the NIA Clinical Director from COEH regarding the exposed employee.

4.6.2.10 Copy of any documents from the NIA IRP Clinical Core Lab on the source individual regarding an employee exposure.

4.6.3 NIA IRP Clinical Core Lab retains the following:

4.6.3.1 Blood samples of source individual.

4.6.3.2 Blood sample of exposed employee, if authorized by employee, for future testing, if testing is not approved at time of exposure incident.

4.6.4 The NIH OMS receives the following:

4.6.4.1 Copy of the Initial Report of an Exposure/Injury, Research Lab Worker (Attachment 7) directly from COEH.

4.6.4.2 Original CA-1 Workers' Compensation Claim Forms for Federal employees only (Attachment 9) from the NIA Safety Officer.

4.6.4.3 Original Injury / Illness Report Form (Attachment 8) from the NIA Safety Officer.

4.6.5 Training Records, Immunization Status and Employee Exposure Classification Records are maintained by the NIA IRP Safety Officer.

4.6.6 Employee medical records shall be kept confidential and they shall not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by law. Access to these confidential records shall include persons who require the information to perform official duties. Employee medical records shall be provided upon request for examination and for copying to the subject employee, or to a representative having written consent from the subject employee within a reasonable timeframe.

4.6.7 Records for occupational exposure are kept for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.

4.7 In areas where occupational exposure is reasonably anticipated, the supervisor shall have available facilities/supplies for implementing immediate first aid following an occupational exposure. These include, but are not limited to:

4.7.1 Hand washing facilities with soap, tepid running water, and towels (for cutaneous exposures).

4.7.2 Eyewash facilities with water (for flushing eyes or contaminated mucous membranes).

4.7.3 10% povidone-iodine solution (Betadine) (for needlestick or percutaneous injuries).

4.7.3.1 For those with allergies to Betadine:

4.7.3.1.1 Chlorhexidine (Hibiclens) or

4.7.3.1.2 70 % isopropyl alcohol

4.8 In areas where occupational exposure to Non-Human Primate (NHP) Bloodborne Pathogens is reasonably anticipated, the supervisor shall provide a NHP treatment kit and inform employees of its location. The Animal Program Director (APD) shall acquire and distribute the kits.

5.0 Procedures and Responsibilities

5.1 Wash contaminated skin within five minutes of exposure. Washing and decontamination of skin or mucous membranes should be immediate. The opportune period for the most appropriate follow-up care is within the first two hours of the exposure incident.

5.1.1 Contaminated non-intact skin: Vigorously scrub for 15 minutes using povidone iodine (such as Betadine) and copious amounts of warm, not hot water.If iodine allergic, use either chlorhexidine (Hibiclens) or 70 % isopropyl alcohol.

5.1.2 Contaminated intact skin: Wash thoroughly with soap and water for 15 minutes.

5.1.3 Contaminated eyes and mucous membranes: Irrigate for 15 minutes with water.

5.1.4 Employees with an occupational exposure to Non-Human Primate Bloodborne Pathogens see Section 8.1.

5.2 During normal COEH Clinic hours (8:00 am – 4:30 pm), the employee notifies supervisor of exposure as soon as possible. If the supervisor is unavailable, the employee notifies the Safety Officer, see 5.2.1.1.

5.2.1 Supervisor reports exposure to:

5.2.1.1 NIA IRP Safety Officer at (410-558-8365) or page (410-450-1015). If Safety Officer is not readily available, contact one of the following, in order listed:

5.2.1.1.1 NIA IRP Administration (410-558-8100); or page (410-806-7726)

5.2.1.1.2 NIA IRP Safety Chairman, Dennis Taub, Ph.D. at (410-558-8159) or page (888-260-5618); or

5.2.1.1.3 NIA IRP Security (410-558-8119) or page (410-806-9754).

5.2.1.2 NIA Clinical Director at (410-558-8611) or page (410-283-6209), or NIA IRP On-call physician. See NIA IRP On-call physician list, which changes monthly. The Clinical Director's staff distributes the listing to OSD (Scientific Director's Secretary, Administrative Office, Safety Office, Security Office), Laboratory Chiefs, and RRB.

5.2.1.3 NIA IRP BLSA Medical Officer, E. Jeffrey Metter M.D., Room 3A08, (410-558-8542) or page (410-283-6819) or BLSA Acting Director Jerome Fleg M.D. (410-558-8206) or page (410-283-6802) for exposures involving BLSA patients or staff.

5.2.1.4 NIA IRP Animal Program Director (APD), Peter Gasper, DVM (410-558-8260—phone & pager) for exposures involving Non-Human Primates.

5.3 The NIA IRP Safety Officer or Administrative Officer or Safety Chairman shall contact the NIA IRP On-call physician (or the NIA Clinical Director in the absence of the NIA IRP On-call physician) to provide initial evaluation, diagnosis and authorize treatment. The employee then proceeds to the on-campus Medical Clinic, COEH, in the Asthma and Allergy Center, for further treatment during normal clinic hours (8:00 am – 4:30 pm).

5.4 After normal COEH Medical Clinic hours (4:30pm–8:00am), the employee contacts Security at 558-8119 or pager 410-806-9754. Security then pages the Safety Officer and the NIA IRP On-call physician. The employee follows the procedures for evaluation, treatment, and incident reporting as stated in Section 4.0.

5.5 After the source individual is identified, the NIA IRP On-call physician or NIA IRP BLSA Medical Officer shall approach source individual, perform an evaluation, request and obtain consent for HIV and Hepatitis B and C testing.

5.5.1 If the "source individual" agrees, written consent for HIV testing (Attachment 3) and appropriate blood or tissue samples will be obtained and submitted to the NIA IRP Clinical Core Laboratory for immediate testing.

5.5.2 Written consent is obtained from source individual to release medical information to COEH physician (Attachment 4) so that exposed employee can be notified of results.

5.5.2.1 If consent is refused, the NIA IRP On-call physician or NIA IRP BLSA Medical Officer shall make a clinical assessment of risk and record assessment (Attachment 20).

5.5.3 In the event that the "source individual" is HIV positive or consent for testing has been refused, the exposed employee shall be offered prophylaxis by the NIA IRP On-call physician as per PHS and CDC protocols. (See Attachment 5, US Public Health Service Recommendations for HIV Chemoprophylaxis).

5.5.4 If the "source individual" is Hepatitis B or C positive, the exposed individual shall be offered hyperimmune globulin prophylaxis.

5.5.5 The exposed employee shall be asked by COEH physician to undergo repeat HIV and Hepatitis testing; intervals vary per determination of risk level.

5.5.5.1 Intervals of testing for a "Low Risk" determination is at the time of exposure and in six months.

5.5.5.2 Intervals of testing for a "High Risk" determination is at the time of exposure, in six weeks, three months, six months, and one year.

5.5.6 Document exposure incident. (See Section 6.0 Documentation).

5.5.7 The COEH physician evaluates and treats the exposed employee will complete counseling and records.

5.5.7.1 COEH physician refers exposed employees with baseline positive results to his/her family physician for all follow-ups.

5.5.7.2 Exposed Federal employees who are initially negative receive all follow-ups through COEH.

5.5.7.3 Exposed Contract employees (other than Bayview) and visitors who are initially negative receive all follow-ups through their personal physician.

5.5.7.4 Bayview employees who are initially negative receive all follow-ups with Bayview Employee Health Services.

5.5.8 The NIA IRP On-call physician or NIA IRP BLSA Medical Officer performs evaluation and obtains consents for HIV and Hepatitis testing of the source individual.

6.0 Documentation and Forms

6.1 All visitors, contract and Federal employees complete "Illness/Injury Report Form" (Attachment 8). This form is returned to the NIA IRP Safety Officer who submits it to the NIH OMS. Form is then entered into the NIH Occupational Safety and Health Branch (OSHB) Injury/Illness Database.

6.2 Federal employees and their supervisor complete "Guidance for a Claim of an Occupational Injury, CA-1" for filing a Workers' Compensation Claim. (Attachment 9). Completion of this form is required within ten days upon receipt by supervisor. The completed form is returned to the NIA IRP Safety Officer. It is then forwarded to the NIH OMS and then forwarded to the Department of Labor. This form is completed for an acute injury.

6.3 COEH staff completes and returns to NIH the form entitled "Initial Report of an Exposure/ Injury, Research Lab Worker." (Attachment 7) at the following address: NIH OMS, Office of Workers' Compensation, Building 10, Room 6C408, 9000 Rockville Pike, Bethesda, MD 20892.

6.4 COEH staff completes and keeps form entitled "Bloodborne Pathogen Incident Report" ("BBPIR"). This is kept solely by COEH. This form is proprietary and not included in this policy.

6.5 The NIA IRP Clinical Director at 410-558-8611 or page (410-283-6209), NIA IRP On-call physician (see on-call list), or the NIA IRP Administrative Officer, acting as the agent of the Clinical Director, at 410-558-8100 or page (410-806-7726) is responsible for authorizing evaluation and treatment at COEH. Employee receives authorization for treatment as follows:

6.5.1 During normal COEH Medical Clinic hours (8:00 am – 4:30 pm), authorization is carried out by signing form entitled "NIA IRP Referral Form for Occupational Health Services" (Attachment 10). This form is included in the Exposure Instruction Packet (Attachment 14) and is given to the NIA IRP employee, contractor or visitor by the Administrative Office, Safety Office or Security.

6.5.2 After normal COEH Medical Clinic hours (4:30 pm – 8:00 am), employee follows Policy Section 4.0 for after hours procedures.

6.6 Employee and counselor sign the form: "Facts about HIV Testing and Consent Form for HIV Testing." (Attachment 11)

6.7 If Hepatitis B Vaccine is declined for any reason, employee and witness sign the form entitled "Hepatitis B Vaccine Declination Form." (Attachment 2)

6.8 The employee is given two information forms by the NIA IRP On-call physician:

6.8.1 "What is HIV?, What is Hepatitis B?, and What is Hepatitis C? (Attachment 12)

6.8.2 The Post-Exposure Prophylaxis (PEP) form entitled "Information Sheet for Healthcare Workers." (Attachment 13)

6.9 Medical Records are maintained in the COEH Medical Clinic.

6.10 A COEH narrative report is faxed to the NIA Clinical Director on a secure fax line at 410-558-8318 and a hard copy sent to the NIA IRP Safety Officer. This report includes a description of the visit. No test results are included.

6.11 The Safety Officer receives and maintains documents as per Section 4.6.2.

7.0 Quality Assessment

7.1 The NIA IRP Safety Officer performs annual review of this policy and revise as needed.

7.2 Training for this policy is the responsibility of the NIA IRP Safety Officer.

7.2.1 Training is done at the time of implementation of the new policy.

7.2.2 Training is completed for new employees during orientation. Training must be completed before employees begin working with Bloodborne Pathogens.

7.2.3 Training is repeated annually during Bloodborne Pathogens Annual Training Program.

7.3 The NIA IRP Safety Officer will monitor compliance to this policy. Copies of this policy will be maintained and located in the offices of the following:

7.3.1 NIA IRP Safety Officer

7.3.2 NIA IRP Safety Chairman

7.3.3 NIA Clinical Director

7.3.4 NIA IRP BLSA Medical Officer

7.3.5 NIA IRP COEH Project Manager

7.3.6 NIA IRP Administrative Officer

7.3.7 Head of NIA IRP Security (Department specific information only)

7.3.8 NIA IRP Lab/Branch Chiefs

7.3.9 Housekeeping Contractor (B&G)

7.3.10 HVAC Contractor (Johnson Controls)

7.3.11 Computer Services Contractor (Betah)

7.3.12 NIA IRP Procurement Office

7.3.13 NIA IRP Clinical Core Lab, Chief

7.3.14 JHBMC Clinical Services Contract (B3N), Project Manager

7.3.15 NIA Scientific Director

7.3.16 NIH Occupational Safety and Health Branch Specialist

8.0 Exceptions

8.1 Employees with an occupational exposure involving Non-Human Primates (NHP) shall:

8.1.1 Immediately use the NHP treatment kit found in all rooms where NHP materials are handled, within the first five minutes of exposure. Refer to the *"Wound Care Instructions for Employees Handling Non-Human Primate Blood and Tissues"* located inside the treatment kit.

8.1.2 During normal working hours, (8:30 am – 5:00 pm), contact supervisor and the Safety Officer (410-558-8365 or page 410-450-1015) or Animal Program Director (APD) (410-558-8260, phone & pager) as soon as possible for further treatment.

8.1.3 After normal working hours, (5:00 pm – 8:30 am), call or page Security (410-558-8119, 410-806-9754). Security will notify the Safety Officer and the NIA IRP On-call physician.

8.1.4 Be referred to NIH OMS (301-496-4411) for evaluation and follow-up by the Safety Officer or APD as soon as possible.

8.2 JHBMC contract employees shall follow JHBMC Policy. The JHBMC employee is responsible for filing an employee incident report with his/her supervisor.

8.3 Contract employees shall follow their employer's procedures for incident reporting and compensation claims.

9.0 References

9.1 JHU COEH, Occupational Medical Services, Statement of Work, Terms and Conditions, Pages 1-3, 10/01/99-09/30/2000. (Attachment 1).

9.2 Provisional Public Health Service Recommendations For Chemoprophylaxis After Occupational Exposure to HIV, 05/15/1998, U.S. Public Health Service. (Attachment 5).

9.3 Initial Report of an Exposure/Injury, Research Lab Worker (Attachment 7).

9.4 Code of Federal Regulations, Access To Employee Exposure and Medical Records, 29 CFR 1910.1020 (Attachment 15).

9.5 Occupational Safety and Health Administration (OSHA) Regulations, Bloodborne Pathogens, Standard Number 1910.1030 (Attachment 16).

9.6 JHBMC Exposure Control Plan to Prevent Transmission of Bloodborne Pathogens (in the JHBMC Infection Control Manual) (Attachment 17)

9.7 JHBMC Needlestick/Exposure to Potentially Infectious Materials (in the JHBMC Infection Control Manual) (Attachment 18)

9.8 The Privacy Act of 1974 as amended (Attachment 27)

10.0 Attachments

10.1 JHU COEH, Occupational Medical Services, Statement of Work, Terms and Conditions, Pages 1-3, 10/01/99-09/30/2000. (Attachment 1)

10.2 Hepatitis B Vaccine Declination Form (Attachment 2)

10.3 Informed Consent and Agreement to HIV Testing (Attachment 3)

10.4 Consent for Release of Information From Medical Records (Attachment 4)

10.5 Provisional Public Health Service Recommendations For Chemoprophylaxis After Occupational Exposure to HIV, 5/15/1998, U.S. Public Health Service. (Attachment 5)

10.6 Recommendation of Immunization Practices Advisory Committee (ACIP) Postexposure Prophylaxis of Hepatitis B, MMWR 33(21); 285-90, 11/22/91 (Attachment 6)

10.7 Initial Report of an Exposure/Injury, Research Lab Worker (Attachment 7)

10.8 Illness / Injury Report Form (Attachment 8)

10.9 Guidance for A Claim of an Occupational Injury, CA-1 for filing a Workers' Compensation Claim. (Attachment 9)

10.10 NIA IRP Referral Form for Occupational Health Services (Attachment 10)

10.11 Facts About HIV Testing and Consent Form for HIV Testing (Attachment 11)

10.12 What is HIV?, What is Hepatitis B?, and What is Hepatitis C? (Attachment 12)

10.13 Information Sheet for Healthcare Workers (Attachment 13)

10.14 Exposure Instruction Packet (Attachment 14)

10.15 Code of Federal Regulations, Access To Employee Exposure and Medical Records, 29 CFR 1910.1020 (Attachment 15)

10.16 Occupational Safety and Health Administration (OSHA) Regulations, Bloodborne Pathogens, Standard Number 1910.1030 (Attachment 16)

10.17 JHBMC Exposure Control Plan to Prevent Transmission of Bloodborne Pathogens (in the JHBMC Infection Control Manual) (Attachment 17)

10.18 JHBMC Needlestick/Exposure to Potentially Infectious Materials (in the JHBMC Infection Control Manual) (Attachment 18)

10.19 Source Individual Declination of Consent for HIV Testing After an Employee Exposure at the NIA IRP (Attachment 19)

10.20 Clinical Assessment of Risk to a NIA IRP Employee Exposed to a Bloodborne Pathogen (Attachment 20)

10.21 Employee Exposure Reference Guide for Security (Attachment 21)

10.22 Employee Exposure Reference Guide for Administrative Officer (Attachment 22)

10.23 Employee Exposure Reference Guide for NIA IRP On-call physician (Attachment 23)

10.24 Employee Exposure Reference Guide for Clinical Core Lab (Attachment 24)

10.25 Employee Exposure Reference Guide for COEH (Attachment 25)

10.26 Employee Exposure Reference Guide for NIA Employees (Attachment 26)

10.27 The Privacy Act of 1974 as amended (Attachment 27)

11.0 Concurrence

_____

Dan L. Longo, M.D., Scientific Director, NIA

_____

Edward F. Sorensen, III, Occupational Safety and Health Specialist, Office of Research Services, Division of Safety (ORS DS), NIH

_____

Christopher Daniels, NIA IRP Safety Officer

_____

L. Jane Clarke, NIA IRP Safety Officer

NIA IRP
Employee Blood Borne Pathogens Exposure Policy

GLOSSARY

ACIP	Advisory Committee for Immunization Practices
ACUC	Animal Care and Use Committee
AESP	Animal Exposure Surveillance P;rogram
APD	Animal Program Director
BBP	Bloodborne Pathogen
BBPIR	Bloodborne Pathogen Incident Report
BLOODBORNE PATHOGENS	Microorganisms that are present in human blood and/or body fluids that can cause disease in humans.
BLSA	Baltimore Longitudinal Study on Aging
BSO	Biosafety Officer
CEREBROSPINAL FLUID (CSF)	Fluid surrounding the brain and spinal cord.
COEH	Center for Occupational and Environmental Health
CONTAMINATED	The presence or the reasonably anticipated presence of blood or other potentially infectious materials on a person, item or surface.
DHHS	Department of Health and Human Services
DS	Division of Safety
ECP	Exposure control Program
EPB	Environmental Protection Branch
EXPOSURE INCIDENT	A specific work-related contact with blood or other potentially infectious materials.
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus

HIV	Human Immunodeficiency Virus
INFORMED CONSENT	A release form signed by an employee when he/she receives treatment. This allows the employer to be given certain medical information.
IPA	Inter-Governmental Personnel Act
IRP	Intramural Research Program
JHBMC	Johns Hopkins Bayview Medical Center
JHU	Johns Hopkins University
MPW	Medical Pathological Waste
NIH	National Institutes of Health
NRC	National Research Council
OCCUPATIONAL EXPOSURE	Work-related contact with blood or other potentially infectious materials.
OMS	Occupational Medical Services
OPIM	Other Potentially Infectious Material
OSHA	Occupational Safety and Health Administration
OSHB	Occupational Safety and Health Branch
PARENTERAL	Piercing mucous membranes or the skin through such any event such as needlesticks, human or animal bites, cuts, abrasions, etc.
PEP	Post Exposure Prophylaxis
PERICARDIAL FLUID	Fluid surrounding the heart.
PERITONEAL FLUID	Fluid found in the gut cavity.
PI	Principal Investigator
PLEURAL FLUID	Fluid surrounding the lungs.
PPE	Personal Protective Equipment

PROPHYLAXIS	Prevention of a disease or a process leading to a disease.
RESP	Retrovirus Exposure Surveillance Program
RRB	Research Resources Branch
RSB	Radiation Safety Branch
SIV	Simian Immunodeficiency Virus
SOURCE INDIVIDUAL	Any individual or animal, living or dead, whose blood or other potentially infectious materials may be a source of work-related exposure to the employee.
SRV	Simian Retrovirus
SYNOVIAL FLUID	Fluid normally found inside the joints (joint oil).