Brevard Community College/Health Sciences
Rabies Virus
Exposure Control Plan

2006

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Approved:
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**HEALTH SCIENCES BIOMEDICAL WASTE PLANS**  
Titusville Campus  
Cocoa Campus  
Palm Bay Campus
BCC Health Sciences – RABIES Exposure Control and Post-exposure Plan

PURPOSE:
The purpose of this Exposure Control and Post-exposure Plan is to provide guidelines for minimizing or eliminating occupational exposure of employees and students of Health Sciences, Veterinary Technology to Rabies virus and to provide guidelines for the appropriate actions after Rabies exposure.

DEFINITIONS:
Rabies virus: Rabies is a viral infection transmitted in the saliva of infected mammals. The virus enters the central nervous system of the host, causing an encephalomyelitis that is almost always fatal.

Exposure incident means: introduction of the Rabies virus into bite wounds or open cuts in skin or onto mucous membranes that occurs during the performance of an employee’s duties. Any penetration of the skin by teeth, regardless of location, constitutes a bite exposure. The contamination of open wounds, abrasions, mucous membranes, or theoretically, scratches, with saliva or other potentially infectious material (such as neural tissue) from a rabid animal constitutes a non-bite exposure.

Occupational exposure means: reasonably anticipated skin, eye, mucous membrane, or with saliva or other potentially infectious materials that may result from the performance of an employee’s duties.

Potentially infectious material means:

1. Saliva containing Rabies virus injected via a mammal bite or through open wounds, abrasions, or scratches in the skin or mucous membranes
2. Nervous tissues from animal containing Rabies virus.

SECTION I: EXPOSURE DETERMINATION

Category I

Following is a list of occupational training programs in Health Sciences in which all Health Sciences clinical or lab instructors, staff, or students have occupational exposure to Rabies virus:
• Veterinary Technology
The tasks, which have the potential for exposure to Rabies virus, are:

- Direct Patient Physical Contact
- CPR and First Aid Procedures
- Handling Biohazardous/Biomedical waste
- Specimen handling

Part-time, temporary, contract and per diem employees are covered by this Exposure Control and Post-exposure Plan and will be categorized according to their job requirements. Employees without patient/client contact or exposure to clinical/lab facilities will not be categorized.

SECTION II: METHODS OF MINIMIZING EXPOSURE

These procedures have been developed to minimize or eliminate occupational exposure:

- Implementation of Standard Precautions
- Implementation of work practice controls
- Use of personal protective equipment
- Proper handling and disposal of biohazardous waste
- Implementation of housekeeping/maintenance procedures
- Implementation/Use of engineer controls

A. Standard Precautions

Employees shall adhere to the practice of Standard Precautions which means disease control. Standard Precautions defines saliva as potentially infectious. As part of Standard Precautions Health Sciences shall practice the following infection control measures.

- Ensure that all patients being examined or utilized by Health Sciences, Veterinary Technology have a CURRENT rabies immunization.

- Change gloves multiple times during the care of one patient/client, if necessary.

- Wash hands before and after gloving, between tasks and procedures on the same patient and before and after any direct patient/client contact.

- Change gloves if they become torn, or if they contact infective material.

- Change gloves immediately before contact with mucous membranes.

B. Engineering Controls
Engineering controls and work practice controls will be used to prevent or minimize exposure to rabies virus. The specific engineering controls and work practice controls used are listed below:

1. Handwashing Facilities:
   
   a. Definition: Handwashing facilities shall include a sink, liquid soap, running water and disposable towels.
   
   b. Handwashing facilities shall be available for use by instructors, staff and students in all Health Sciences clinics or labs.
   
   c. If handwashing facilities are not available, antiseptic hand cleanser will be available. The use of antiseptic hand cleanser is not a substitute for handwashing and should be followed by regular handwashing as soon as a facility is available.

2. Emergency eye wash stations:

   Emergency eye wash stations can be found in the following locations:

   - Dental HS – Bldg. 20 room 111 B, room 125
   - MLT HS – Bldg. 20 room 213B
   - Cosmetology – Bldg. 20 room 118 (on order), room 124 A, and room 124 O
   - Technical Building Bldg. 17 room 227
   - Veterinary Tech Building Bldg. 21 room 111 (and shower)

3. Sharps Containers:

   a. Definition of Sharps Containers: rigid, leak-proof, puncture-resistant on the sides and bottom and labeled with bio-hazard warning labels.

   b. Definition of Sharps: scalpels, needles, razor blades, glass carpules or ampules, vials, or any item or instrument that has the potential to puncture.

   c. Sharps containers shall be placed in all Health Sciences labs, clinics and any work area where there is a potential for exposure.

   - SEE HEALTH SCIENCES BIOMEDICAL WASTE PLAN(S) FOR DISPOSAL OF SHARPS
4. Containers for other regulated waste:
   a. Other regulated waste shall be placed in a red bag at the point of origin. Red bags shall be placed in puncture resistant containers for transfer to the biomedical waste storage area.
   b. Secondary containers - If outside contamination of the primary red bag occurs, that container shall be placed within a second red bag, which prevents leakage during handling and storage.

   • SEE HEALTH SCIENCES BIOMEDICAL WASTE PLAN(S) FOR DISPOSAL OF OTHER REGULATED WASTE

5. Safety Devices:
   a. Devices which are appropriate for employees to use to prevent injury and exposure to biohazardous fluids include the following items: safety goggles, masks, and disposable gowns where applicable.

C. Work Practice Controls

In addition to engineering controls, the work practice controls described below have been implemented to minimize exposure to bloodborne pathogens.

1. Handwashing

   Employees shall wash their hands with soap and running water as soon as possible after removal of gloves or other personal protective equipment. An employee shall wash hands and any other skin with soap and water as soon as feasible following patient contact and immediately following any procedure. Should handwashing facilities not be available, antiseptic hand cleanser should be utilized. When handwashing facilities become available, the employees/students must wash their hands even though they have already used antiseptic hand cleanser.

2. Removal of contaminated personal protective equipment (PPE's).

   Any employee wearing personal protective equipment shall remove the equipment upon leaving the patient treatment area or immediate work area and shall place the used PPE's in the area or container designated for storage, washing, decontamination, or discarding.

3. Eating, drinking, smoking and hygiene:

   Eating, drinking, smoking, applying cosmetics, and handling contact lenses are prohibited in clinical/lab areas. Food is not to be stored in
clinical or lab areas where the potential exists for contamination. Any food must be stored, prepared, or consumed in a separate area.

4. Minimizing splashing, spraying, or production of aerosols.

All procedures involving saliva or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, or production of aerosols.

5. Handling laundry.

All linens in Veterinary Technology should be considered contaminated and will be laundered on site.

6. Contaminated equipment. Equipment that becomes contaminated is to be cleaned by:

Equipment: the Clinic Manager or Faculty or staff in charge of that area. Prior to sending contaminated equipment out of this building for repairs, maintenance, or disposal, the employee shall attach a biohazard-warning label to the equipment identifying the contaminated parts.

9. Overseeing work practice controls. The Academic Deans in Health Sciences are responsible for overseeing the implementation of work practice controls

D. Personal Protective Equipment

1. Personal protective equipment is an employee’s barrier against the rabies virus pathogen. An employee performing procedures or tasks where there is any anticipated potential of occupational exposure shall use personal protective equipment.

The following personal protective equipment shall be available at all times at no cost:

<table>
<thead>
<tr>
<th>Disposable Vinyl-Latex gloves</th>
<th>Aprons</th>
<th>Safety Eyewear</th>
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<tbody>
<tr>
<td>Sterile gloves</td>
<td>Resuscitation bags</td>
<td>Face shields</td>
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<tr>
<td>Gowns</td>
<td>Hypoallergenic gloves</td>
<td>Mouthpieces for CPR</td>
</tr>
<tr>
<td>Utility gloves</td>
<td>Hair caps</td>
<td>Masks</td>
</tr>
</tbody>
</table>

a. Gloves. Gloves shall be worn:

1) When an employee anticipates contact with saliva or other potentially infectious material including mucous membranes.
2) When performing any invasive procedures
3) When handling contaminated items or surfaces

b. Masks, eye protection, and face shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields or chin-length face shields, are to be worn whenever splashes or sprays may generate droplets of infectious materials

c. Gowns or aprons. Appropriate protective clothing such as gowns, aprons, lab coats, jackets, or similar outer garments are to be worn whenever potential exposure is anticipated.

d. Accessibility. Appropriate personal protective equipment is available in various sizes. Personal Protective Equipment is available in all Health Sciences educational labs and clinics.

e. Cleaning, laundering, discarding

1) Non-disposable or re-usable personal protective equipment is to be inspected and repaired or replaced as needed by Health Sciences Program Coordinators or their designees.

2) Health Sciences Program Coordinators or their designees will clean, launder, decontaminate, or replace reusable personal protective equipment as needed at no cost to the employee.

3) Contaminated personal protective equipment, which can be laundered, shall be placed in color-coded bags.

4) Contaminated single-use personal protective equipment (or equipment that cannot be decontaminated) that is defined as biomedical waste is discarded in red bags. If it does not meet the definition of regulated waste, it shall be disposed of in the regular trash.

E. Housekeeping Controls

Maintaining this facility in a clean and sanitary condition is a critical part of this plan.

1. Cleaning schedule. Each Health Sciences Program Coordinator or their designee with the assistance of Health Sciences Administrative Assistants shall be responsible for maintaining and implementing schedules for regular cleaning and decontamination of all educational labs and clinics.

2. Cleaning after spills, leakage. Health Sciences faculty and staff shall see that equipment or surfaces are cleaned with an appropriate disinfectant and decontaminated immediately after a spill or leakage.

3. Bins, pails, containers. Bins, pails, cans, and similar receptacles intended for reuse, which have a reasonable likelihood for becoming contaminated with potentially infectious materials, shall be inspected by the employee supervising the use of such receptacle on a regularly scheduled basis and cleaned and decontaminated within a reasonable time following discovery of contamination.
4. **Laundry.**
   All linen in Veterinary Technology should be considered contaminated, and standard precautions shall be used in the laundering process. Linens that are contaminated will be laundered on site. Hampers for soiled linen shall be available.

**F. Biohazardous Waste Control:**

Refer to Health Sciences Biomedical Waste Plan(s). Located in Building 20, Room 233 and online.
SECTION III: RABIES VACCINATION, POST EXPOSURE EVALUATION AND FOLLOW-UP MEDICAL, RECORDKEEPING

A. Rabies Vaccination of Employees and Students

To protect employees (faculty and staff) and students from Rabies, a pre-exposure vaccination must be obtained. The Intramuscular Primary Vaccination is the one currently implemented by the County Health Department. Three 1.0-mL injections are administered intramuscularly on days 0, 7, and 21 or 28 vaccination program training and notices. Employees (faculty/staff) shall be informed of the necessity of the vaccinations program upon employment and students will be informed upon admission to the Veterinary Technology Program.

Patient Assistance Information as follows, is also available in the student handbook and the student web site. Hard copies of the applications will also be available to the student upon request.

Patient Assistance Programs

The Proleukin®, TOBI® and RabAvert® Patient Assistance Programs are consistent with Chiron's belief that no patient should be denied treatment because of financial status. This program covers the FDA-approved labels for U.S. citizens only. The program is designed to assist patients who do not have healthcare insurance or have exhausted their insurance coverage and other resources.

In order to receive assistance, a patient's physician must request application materials from Chiron's Reimbursement Service.

Chiron / Vaccines
RabAvert (Rabies vaccine)
Patient Assistance Program
PO Box 4008 Clinton New Jersey 0809
Tel: 866 972 2437 Fax: 908 713 7713

Any employee or student who declines to undergo the Rabies pre-exposure vaccination protocol must a) sign a release form(* see Rabies Declination) or b) produce documentation of a timely and adequate titer level. This form must be kept in the employees or students file and a copy will also be kept in the Health Science office. See Appendix B.

B. Rabies Vaccination of Patients

To protect employees and students from Rabies, a dog, cat, or ferret being utilized at the Veterinary Technology facility will be required to have a current Rabies vaccination. Evidence of this status will be a valid rabies certificate from a licensed veterinarian. The immunization must have occurred at least 10 days prior to being presented to Veterinary
Technology unless this was a booster vaccination. The previous and current Rabies certificate must be provided as documentation.

1. Vaccination notices. Employees and students shall be informed of the necessity of the vaccination program upon employment or admittance to the Veterinary Technology Program.

2. Clients or their agents bringing dogs, cats, or ferrets to the Veterinary Technology program will be informed of this requirement before admission to the facility.

B. Post-exposure Protocol:

It is mandatory that any employee (faculty/staff) or student incurring an exposure fill out a complete Accident/Incident Report form within 24 hours of the incident.

All employees (faculty/staff) or students who incur an exposure incident will be offered post-exposure evaluation and follow-up, in accordance with the OSHA standard. Listed below are the steps to follow in that event.

1. Documentation of the route of exposure and the circumstances related to the incident.

2. If possible, the source individual and the status of the source individual should be identified.

3. Results of isolation for signs of rabies or testing of the source individual will be made available to the exposed employee (faculty/staff) or student with the exposed employee (faculty/staff) or student informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.

4. The employee (faculty/staff) or student will be offered post-exposure prophylaxis in accordance with the current recommendations for the U.S. Public Health Service at no expense to the employee or student through Brevard Community College. The most current Rabies post-exposure follow-up recommendations for an exposure incident made applicable by the bloodborne pathogens standard are found in the CDC Morbidity and Mortality Weekly Report (MMWR) Recommendations and Reports: “Human Rabies Prevention – United States, 1999 Recommendations of the Advisory Committee on Immunization Practices (ACIP),” January 8, 1999/Vol 48/No.RR-1, pp. 1-21.

http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/00056176.htm

Follow-up counseling will be provided by the post-exposure treatment facility.

5. The employee (faculty/staff) or student will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee (faculty/staff) or student will also be
given information on what potential illnesses to be alert for and to report any related experience to appropriate personnel.

6. The following person has been designated to assure that the Post-Exposure Policy outlined here is effectively carried out as well as to maintain records related to this policy: Darla Ferguson, Human Resources, Employee Benefits Specialist. 321-433 7080.

C. POST EXPOSURE STEP-BY-STEP INSTRUCTIONS:

The following steps should be taken, in the event of an occupational exposure to the saliva or nervous tissue of a rabid animal:

STEP 1. The exposed faulty or staff member or student (hereinafter Referred to as "exposed person") will inform the clinical and work supervisor of an accident significant exposure. If in a clinic situation, the clinical supervisor will bring the patient procedure to a reasonable stopping point, and have the patient maintained in the Veterinary Technology Building until a licensed veterinarian is available to examine the patient and review the medical history.

*The "exposed person" must complete an Accident-Incident Report Form (see Appendix A) as soon as reasonably possible, which must be within 24 hours of the exposure incident.

STEP 2. As STEP 1. is being accomplished, the "exposed person" shall treat the wound as follows: Wash the wound thoroughly with soap and water, and cover the wound with a sterile dressing and an adhesive bandage.

STEP 3. The supervising employee will notify Human Resources Employee Benefits Specialist (day) 433 -7080 or College Police Department (night) 433 7086 of the injury. The Human Resources Employee Benefits Specialist will deal with any insurance questions and the health care facilities. The College Police will have immediate access to this manual in order to provide post exposure step by step instructions.

STEP 4. The "exposed person" should report to the nearest emergency care facility within 30 minutes after the exposure. The treating healthcare facility personnel will provide follow-up counseling. Questions about Workman's Compensation eligibility and post-exposure testing need to be addressed to Human Resources Employee Benefit Specialist, Ms. Darla Ferguson, 433 7080.

Brevard Community College will provide the funds for the "exposed person" to receive follow-up treatment as outlined by the initial health care facility treating the exposed employee.

SECTION IV: INFORMATION AND TRAINING
Brevard Community College recognizes that having informed employees is important when attempting to prevent or minimize occupational exposure to pathogens. Employees who have a potential for exposure to pathogens are presented a comprehensive training program and furnished with information on a variety of subjects dealing with pathogens. Employees will be trained at least annually to keep their knowledge current. Any new employees or any employee who is changing tasks or job classifications, will be given additional training the new position requires at the time of the new job assignment.

A. RESPONSIBILITY:

The Dean of Health Sciences is responsible for developing the training programs for the division of Allied Health. Each Health Sciences employee with the potential for occupational exposure is responsible for having an in-depth knowledge of the OSHA standard on bloodborne pathogens and specific compliance requirements of the office.

B. TRAINING TOPICS:

- A copy of the OSHA standard and an explanation of its contents
- An explanation of the epidemiology and signs of Rabies in animals and humans.
- An explanation of the modes of transmission of rabies virus.
- An explanation of Brevard Community College’s exposure control plan and where the employee can readily obtain a copy of the plan.
- Appropriate methods for recognizing tasks and other activities that may involve exposure
- A review of the use and limitations of practices which will prevent or reduce exposure, including engineering controls, work practice controls, and use of personal protective equipment
- Information concerning the types, proper use, location, removal handling decontamination and/or discarding of personal protective equipment.
- An explanation of the basis for selection of personal protective equipment
- Information on the Rabies vaccine, including information on its effectiveness, safety, methods of administration and the benefits of being vaccinated;
- An explanation of the procedures which apply in the event of an exposure incident, including the method of reporting the incident, the medical follow-up that will be made available and the counseling that will be provided; and principals concerning post exposure prophylaxis;
- A description of the signs, labels and coloring coding required.

C. PROGRAM METHODS AND SCHEDULE:

Training presentation makes use of the following techniques:
- Classroom atmosphere with personal instruction
- Professional presentation by individuals trained in the specific program being presented
- Training manuals, videotapes, and handouts

Time is allotted for a question and answer session.

D. TRAINEE RECORDS:

Human Resources department (Darla Ferguson, Bld. 2, ext. 7080) shall maintain employee training records which shall include:
- Dates of training sessions
- Material covered
- Names and job titles of the trainers
- Names and social security numbers of the employees in attendance

The employee must attend the full session. No partial attendance of a session will be permitted. Training records shall be on file for three years from the date of the training program. Training records are available upon request of the employee or if requested by an OSHA officer. If Brevard Community College should cease to do business and there is no administrative officer to take over the files, the office must notify OSHA at least three months prior to discarding of records.

SECTION V: PLAN MANAGEMENT

A. ANNUAL TRAINING AND REVIEW

This plan shall be reviewed annually by Health Sciences OSHA and Safety Committee and updated as necessary. This review and updating shall include, but shall not be limited to;
- Review of tasks and procedures in which exposure might occur
- Additions and changes to job classifications

B. AVAILABILITY OF PLAN TO EMPLOYEES

A copy of this exposure control plan must be available to all employees at any time. The plan is available in Health Sciences office and Brevard Community College Human Resources department.

C. RESPONSIBILITIES

1. The Academic Deans in Health Sciences are responsible for:
   - Implementation of the plan
   - Acting as a liaison during OSHA inspections
   - Overseeing the training of all Health Sciences employees holding Category I and II job classifications

2. Health Sciences OSHA and Safety Committee is responsible for:
   - Annual review and updating of the Exposure Control Plan and the Biomedical Waste Plan(s) to ensure compliance with National and State regulations, as well as Brevard Community College-wide policies.
- Participation in planning of educational training of Allied Health Faculty and Staff
- Participation in any college wide OSHA and Safety Committee activities as designated by the Dean of Allied Health

*Health Sciences OSHA and Safety Committee is composed of the Dean of Health Sciences (as a Standing Member) and a minimum of three (3) faculty and one Health Sciences Staff as appointed by the Deans. Members will serve a three year term. Staggered terms of membership will allow for continuity.

3. Health Sciences Employees. Employees with a potential for occupational exposure are responsible for:
- Knowing what tasks they perform that may result in occupational exposure
- Attending the training programs
- Conducting their tasks in accordance with designated work practice controls
- Practice of Universal/Standard Precautions
APPENDIX A

BCC Accident-Incident Report Form

Occupational Exposure Incident Report Form
OCCUPATION EXPOSURE INCIDENT REPORT

Name of Employee: ______________________________________________________

Date of Incident: _______________  Time of Incident: _______________

Date of Report: ________________  Reported to: _______________________

Type of Exposure Incident: _____________________________________________

How did Exposure Incident Occur: _______________________________________

List Personal Protective Equipment Used at Time of Exposure:

________________________________________________________________________

Description of Employee’s Duties as Related to Occupational Exposure:

________________________________________________________________________

Date of Rabies Vaccination: ___________________________________________

________________________________________________________________________

(Signature of Person Preparing Report)       Date

________________________________________________________________________

(Employee’s Signature)       Date

Source Animal’s Name _________________________________________________

Source Animal’s Species & Breed_________________________________________

Source Animal’s Description______________________________________________

Counseling on Testing and Effective Post Prophylaxis:  Yes _______ No _________
APPENDIX B

Declination of Rabies Vaccination
DECLINATION OF RABIES VACCINATION

I understand that due to my occupational exposure to the saliva of animals and other potentially infectious materials, I may be at risk of acquiring Rabies virus infection. I have been given the recommendation to be immunized with Rabies vaccine. However, I decline the Rabies vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Rabies, a potentially fatal neurological disease. If in the future I continue to have occupational exposure to the saliva of animals or other potentially infectious materials and I want to be vaccinated with Rabies vaccine, I can receive the vaccination series at a later date. I also understand the College will not bear the vaccination expense.

______________________________
Employee Name (please print)

______________________________
(Employee Signature)

______________________________
Social Security Number

______________________________
(Signature of Witness)

______________________________
Date

I previously received the Rabies vaccine series in the year of _________ and decline immunization at this time.
APPENDIX C

Rabies Plan
Confirmation Document
Rabies Plan
Confirmation Document

I have received Health Sciences Employee Exposure Control
and Safety Plan document on ________________ (date). I understand that it
is my responsibility to review this booklet and adhere to the guidelines stated
therein.

______________________________
Name (please print)

______________________________
(Employee’s Signature)       Date

______________________________
(Witness Signature)           Date

Even in the best of conditions, exposure incidents can occur. As a result Brevard
Community College has implemented this Rabies Exposure
Control and Safety plan outlining it’s Rabies vaccination protocol, as well as
set-up procedures for post-exposure evaluation and follow-up.
APPENDIX D

Checklist for Implementing the Plan
A Checklist for Implementing The Exposure Control Plan

0 A plan is written that focuses on minimizing or eliminating occupational exposure to rabies virus.

0 The plan is updated when necessary and at a minimum of once a year.

0 The plan designates job classifications

0 The plan establishes how exposure determinations are made according to job classification.

0 The plan states what methods are used to comply with OSHA

- Universal/Standard Precautions
- Handwashing facilities
- Engineering Controls
- Work Practice Controls
- Personal Protective Equipment
- Housekeeping Requirements
- Training Requirements
- Rabies Vaccinations
- Post-Exposure Follow-up
- Hazard Communication
- Recordkeeping for Training
APPENDIX E

OSHA Compliance Inspection Checklist
## OSHA Compliance Inspection Check List

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<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1. Employee observing universal/Standard Precautions?</td>
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<tr>
<td>2. Handwashing facilities readily accessible?</td>
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<tr>
<td>3. Employees wash hands at appropriate times?</td>
<td></td>
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<tr>
<td>4. Contaminated needles not recapped?</td>
<td></td>
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<td>5. Contaminated needles discarded properly?</td>
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<td>6. Biohazardous labels are on refrigerator?</td>
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<td>7. Gloves, gowns, masks, and eyewear are available in all patient care areas?</td>
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<td>8. Regulated waste containers are labeled with biohazardous label?</td>
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<td>9. Personal protective equipment is readily available in correct sizes?</td>
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<td>10. Employees able to obtain Exposure Control Plan immediately upon request?</td>
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<td>11. Are sharps containers accessible in all areas where sharps are likely to be used?</td>
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<tr>
<td>12. Is contaminated laundry correctly bagged?</td>
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<tr>
<td>13. Are posters properly displayed?</td>
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<tr>
<td>14. Is plan in place for evaluating exposure incident?</td>
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<tr>
<td>15. Has exposure determination been made for each employee and job classification?</td>
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APPENDIX F

Housekeeping Schedule
HOUSEKEEPING SCHEDULE

A written schedule must be provided to housekeeping personnel for cleaning work areas.

<table>
<thead>
<tr>
<th>Area/Surface</th>
<th>Date Schedule for Cleaning</th>
<th>Date Cleaned</th>
<th>Cleaning Agent Disinfectant Used</th>
<th>Personnel Signature</th>
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