

The Skull Museum

Infection Prevention and Control Plan – Piercing Only



**INFECTION PREVENTION AND CONTROL PLAN**

**FACILITY NAME:** The Skull Museum (Piercing Only) **FACILITY ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS:** 3932 Ponderosa Rd **CITY:** Shingle Springs **STATE:**CA  **ZIP:** 95682

**OWNER’S NAME:** Nicolas Westfall  **PHONE**: (707) 772- 7709

The owner, employees and practitioners of the above body art facility have developed this Infection Prevention and Control Plan (IPCP) to prevent accidents, to eliminate or minimize occupational exposure to blood or other bodily fluids, and to break the cycle of cross- contamination between practitioners and clients. This plan is intended to comply with the current AB 300, OSHA standards and applicable local regulations.

**This plan is effective as of:** 10/1/2022

**The IPCP is kept within the facility at:** The Piercing Station

All body art practitioners and employees have access to the plan and can review it at any time during their work shifts.

The facility owner is responsible for administering the IPCP and providing training to all practitioners that operate in the facility. Training will be provided annually and whenever changes are made to this document and resubmitted to the El Dorado County Environmental Management Department for approval.

IPCP training records must be available for inspection upon request and maintained on site for a period for 3 years.

Note: Each practitioner is required to have proof of annual Bloodborne Pathogen (BBP) certification and

Hepatitis B testing, vaccinations, or declaration.

**Section 1**

**PROCEDURES FOR DECONTAMINATION AND DISINFECTING ENVIROMENTAL SURFACES**

**Describe how each workstation and procedure area will be decontaminated or disinfected:** The piercing station is to be mopped daily with disinfectant before and after every procedure, including all surfaces such as the client chair, arm rest, mayo stand, counter tops, and all other surfaces are to be thoroughly decontaminated in accordance with the manufacturers label (madacide 1- 6 min) (sani-cloth-2 min) using paper towels or wipes. All disinfection is to be accomplished with Madacide, Sani-cloth, Formula 409, and Pine Sol All Purpose.

* **What EPA registered solutions will be used?**

**Sani-Cloth Germicidal Wipes- EPA Registration # 9480-4**

**Madacide 1- EPA Registration # 1130-15-11703**

**What surfaces and objects will be disinfected?** All surfaces, bed, mayo stand, workstations as well as door handles, sink fixtures and cabinet handles

**How often will these surfaces and objects be disinfected?** Before and after every client

**Section 2**

**Procedures for decontaminating, packaging, sterilizing, and storing reusable instruments**

An instrument or other reusable item that comes into contact with non-intact skin or mucosal surfaces shall either be single-use or be washed, disinfected, packaged, and sterilized after each procedure.

**Describe how instruments or other reusable items shall be washed, disinfected, and packaged:**

All piercing instruments will be one time use and disposable. Products used: Pre-sterilized Stiletto piercing clamps (lot number logged for every piercing on consent form)Pre-Sterilized Stiletto Disposable Needles (lot number logged for every piercing on consent form) Pre-Sterilized Stiletto Piercing Packs (lot number logged for every piercing on consent form) All Pre-Sterilized packs will be visually examined for holes and expiration prior to use, discarded if compromised.

**List all Personal Protective Equipment (PPE) used when cleaning and washing instruments and equipment:** Gloves, eye protection, bib, arm sleeves, face mask. All items one time use and disposable.

An instrument or reusable item that does ***not*** come in contact with non-intact skin or mucosal surfaces shall be washed with a solution of soap and water, using a brush that is small enough to clean the interior surfaces and decontaminate after each procedure. A reusable item that cannot be immediately washed, disinfected, and sterilized following the completion of the body art procedure shall be placed in a basin of water with or without detergent.

**Describe the type of container that is used to store the instruments when soaking or washing. What solution is used?**

Soaked in a stainless-steel medical soak tub with lid located in THE BIO ROOM. Solution Sklar Soak and Madacide

**Location of the soaking instruments:** Bio room, bio room is located 20 feet from stations in a private locked room with employees only signage.

**List all chemicals (e.g., NON-EPA registered solutions) used in this facility:**

Madacide, Sani-Cloth Germicidal wipes, Sklar Soak

**Are the chemical bottles labeled?** YES X NO

**The Material Safety Data Sheet (MSDS) for all chemicals are in:**

Bio Room and Piercing Station

**How are sterile instrument packs evaluated prior to use?** Each Pack is to be evaluated visually and with a class V indicator. We will visually inspect for rips, tears, holes or other imperfections. If the pack is compromised the process is to start from the beginning and repackaged. Class V indicators are used to ensure a proper sterilization cycle has been ran. If the cycle fails, the process is to start from the beginning

Statim Autoclave with a class V indicator strip for evaluation before use.

**Are sterile instrument packs opened in front of the customer prior to the procedure?**

YES X NO

Clean instruments to be sterilized shall first be sealed in peel packs that contain either a sterilizer indicator or internal temperature indicator. The outside of the pack shall be labeled with the name of the instruments, the date sterilized, and the initials of the person operating the sterilizing equipment.

Sterilizers shall be loaded, operated, decontaminated, and maintained according to the manufacturer’s directions.

**Describe the location of your decontamination area/clean room and sterilization equipment in the facility:** Equipment Is disposable and one time use, decontamination of jewelry happens in the bio room. The bio room is located in a located private room 20 feet from the piercing station. The door is to remain closed and locked at all times.

**Is the decontamination room more than 5 feet from the procedure area or separated by a solid, cleanable barrier?** YES X NO

**Is an ultrasonic machine used for washing and cleaning instruments?** YES X NO



Sterilized packs must be labeled with the date, load number, initials of the person sterilizing and the contents of the pack (unless it has a clear window on one side).

 **Only equipment manufactured for the sterilization of medical instruments shall be used.**

**Describe the 3 instances you would use a commercial biological indicator monitoring system (spore test) in your sterilization load:**

1. Initial Installation

2. After All Repairs

3. Standard Monthly Testing

Biological indicators monitoring test results shall be recorded in a log that shall be kept on site for **5** years after the date of the results.

**Each sterilization load shall:**

**A)** Be monitored with mechanical indicators for time, temperature, and pressure

**B)** Include a **Class V Integrator**

**C)** Each sterilization pack shall have an **indicator**

**Describe how you load your sterilizer/tray and where you place your Class V indicator in each load:**

All piercing is disposable one-time use, please see TATTOO EPC for tattoo procedures

**Sterilized items are left in this location** N/A **to fully dry for this length of time** N/A

**A written log of each sterilization cycle shall be maintained for 3 years and shall include all of the following information:**

**a.** The date of the load

**b.** A list of the contents of the load

**c.** The exposure time and temperature

**d.** The results of the Class V Integrator

**e.** For cycles where the results of the biological indicator (spore test) monitoring are positive, how the items were cleaned, and proof of a negative test before reuse.

**Section 3**

**PROCEDURES FOR PROTECTING CLEAN INSTRUMENTS AND STERILE INSTRUMENT PACKS FROM EXPOSURE TO DUST AND MOISTURE DURING STORAGE**

**After sterilization, describe the location where the packaged instruments are stored:** All tools are one time use and disposable, stored in the piercing station.

**Is each peel pack evaluated at the time of storage and before use?** YES X NO

**Describe the procedure followed if a sterilized package has been compromised:** Dispose of that package, and begin the process from the beginning with a new package and indicator

**If disposable, single use, pre-sterilized instruments are used, a record of purchase must be maintained for a minimum of 90 days after use. Where are these records maintained?**

Piercing Station

**If the above instruments are used, a log must be kept of all procedures, the practitioner performing the procedure, client name, and date of procedure. Where are these records maintained?**

Piercing Station

**SECTION 4**

**A SET UP AND TEAR DOWN PROCEDURE FOR ANY FORM OF BODY ART PERFORMED AT THE FACILITY**

Wash and dry hands. Put on a clean apron, bib, or lap pad over clean clothing. Put on any personal protective equipment that is appropriate for the task. Put on clean, previously unused, disposable examination gloves on both hands just prior to the procedure. Gloves shall be worn throughout the procedure. If gloves come into contact with an object or surface other than the client’s prepared skin or material to be used for the procedure, or if a glove is torn or punctured, both gloves shall be removed, hand hygiene performed, and a new, clean, previously unused, disposable gloves shall be donned. If gloves are removed for any reason during a procedure, hand hygiene shall be performed prior to donning new, clean, previously unused, disposable examination gloves.

The practitioner shall wear disposable gloves on both hands when touching, decontaminating, or handling a surface, object, instrument, or jewelry that is soiled or that is potentially soiled with human blood.

The piercing station is to be mopped daily with disinfectant before and after every procedure, including all surfaces such as the client chair, arm rest, mayo stand, counter tops, and all other surfaces are to be thoroughly decontaminated in accordance with the manufacturers label (madacide 1- 6 min) (sani-cloth-2 min) using paper towels or wipes. All disinfection is to be accomplished with Madacide, Sani-cloth, Formula 409, and Pine Sol All Purpose.

**Describe the location of gloves available within your facility:** Gloves are located at EVERY station and the Bio Room

Under no circumstances shall a single pair of gloves be used on more than one individual.

Piercing set up and tear down procedures:

***Set Up Procedures:***

Wash Hands. Put on Gloves and all other required PPE. Sterilize gauze, jewelry, Q-tips, toothpick, and disposable tool with Statim Autoclave for 3.5min. Decontaminate all surfaces using Sani-Wipes (2min). Prepare Mayo trey with sterile bib. Prepare bed with bib. All sterile tools and Jewelry to remain in mayo trey during the procedure. Mopping and sweeping will be done at least once a day, or as needed

***Tear Down Procedures:***

Wash Hands with soap and water, Put on gloves and other required PPE. Dispose of needle and pin taper in SHARPS container located on the wall at the station. Replace Gloves, as often as necessary. Wipe down all surfaces with Sani-Wipes. Dispose of gloves and bibs into trash. Wash Hands. Mopping and sweeping will be done at least once a day, or as needed

**SECTION 5**

**TECHNIQUES TO PREVENT THE CONTAMINATION OF INSTRUMENTS OR THE PROCEDURE SITE DURING THE PERFORMANCE OF BODY ART**

**Describe the use of barrier film, dental wraps, absorbent pads, paper towels, aprons, bibs, wax paper, aluminum foil, plastic wrap and any other film used in your facility prior to the performance of body art: Describe what equipment is covered and with what type of barrier is used in each instance:**

All mayo stands are wrapped with saran wrap and a dental bib. Stations are to be covered with dental bibs. Beds are to be covered in dental bed covers. Sterile gauze is to be used at the procedure site. Aprons and gloves are to be worn on every procedure.

**If skin at the procedure site is to be shaved, describe the solution used to prepare the skin, type of razor, and the method of razor disposal:** Disposable, one time use, BIC razors will be used for hair removal. 70% alcohol will be used to clean the skin of the procedure site using all PPE. Always dispose in SHARPS CONTAINERS

**What solution or transfer agent is used to apply stencils or mark piercing sites?** Surgical grade skin disposable skin markers will be used to mark piercings

**What personal protective equipment (PPE) is worn during these procedures:**

**Tattooing:**

**Piercing:** Gloves, Face Mask, Apron

**Branding:**

**Permanent Cosmetics:**

**Washing of contaminated instruments or items:**

 **SECTION 6**

**PROCEDURES FOR SAFE HANDLING AND DISPOSAL OF SHARPS WASTE**

The sharps waste container shall be labeled with the words: “sharps waste” or with the international biohazard symbol and the word “BIOHAZARD”

Each procedure area and decontamination/sterilization area shall have a container for the disposal of sharps waste. Sharps waste containers must be easily accessible to the practitioner.

Sharps waste must be removed and disposed of by a company, or removal and transportation through a mail-back system approved by the department pursuant to the subdivision (b) of Section 118245

**Provide the location of each sharp’s container in your facility:** One SHARPS container is located at each workstation, and one in the BIO ROOM

**Provide the method or licensed biohazard waste hauler used to dispose of the sharps generated at this facility:** Stericycle Inc ACCT # 6136467

**What is the frequency of your sharp’s disposal?** When container is full, 30 days from install, and when damaged

**SECTION 7**

**HANDWASHING**

All sinks must be equipped with hot and cold running water, containerized liquid soap, and single-use paper towels that are dispensed from a wall-mounted, touchless dispenser that is accessible to the practitioner

**Describe the type and location of each handwashing sink in your facility:** Please see the attached map. One handwashing station in dedicated 4-5 stations. The piercing hand station is located on the wall near the station

**Describe when handwashing is required in your facility:** Before and after all procedures, lunch breaks and bathroom breaks, after eating and drinking, coughing, sneezing and any other time hands become contaminated.

**Are wall and floor surfaces at the workstation, cleaning room instrument storage, and procedure areas smooth and cleanable?** YES X NO

**Describe the cleaning procedures and frequency for each of these areas:**

|  |
| --- |
| **Customer Waiting Area:** This area is to be swept and mopped daily or as frequently as needed. The following items are to be cleaned and disinfected at the beginning of each day: Floors, Shelves, Tables, Displays, Furniture etc. Cleaning and disinfecting these areas will be accomplished using Formula 409, Pine Sol All Purpose, and Windex Ammonia D |
| **Procedure Areas:** This area is to be swept and mopped daily or as frequently as needed. All aspects of the area are to be thoroughly disinfected at the start of each procedure. All work area surfaces are to be always kept at a high level of disinfection. The following items are to be disinfected before and after each procedure: Client chair, arm rest, mayo stand, counter tops, and all other contaminated surfaces. All disinfection is done with Madacide 1, Sani Cloth, Formula 409, and Pine Sol All Purpose |
| **Restroom:** This area is to be swept and mopped daily or as frequently as needed. The following items are to be cleaned and disinfected at least TWICE a day to reduce risk: Sink, fixtures, mirror, paper towel dispenser, doorknob, light fixtures, toilet. Cleaning will be accomplished with Formula 409, Pine Sol All Purpose, Windex Ammonia D |
| **Decontamination Room:** This area is to be swept and mopped daily or as frequently as needed. All areas, counters, and walls are to be decontaminated at the beginning of each day or as frequently as needed to reduce risk of exposure to BBP and OPiM and to reduce the risk of cross contamination between areas. Cleaning and disinfecting will be accomplished with Madacide, Alconox All Purpose Cleaner, Windex Ammonia D, and Pine Sol All Purpose. Decontamination of all reusable equipment shall take place in the designated decontamination area only. The area is labeled as restricted biohazard area and is not easily accessible to the public. Posted signs indication the need to full PPE when working in this area. In this area you are required to wear: Disposable gloves, Plastic sleeves |
| **Break Room:** This area is to be swept and mopped daily or as frequently as needed. The following items are to be cleaned each day: Floors, shelves, tables, displays, furniture etc.. Cleaning and disinfecting these areas will be accomplished using Formula 409, Pine Sol All Purpose, and Windex Ammonia D |

**Is the decontamination room labeled “Restricted” or “Employees Only”?** YES X NO

**Are animals allowed in your facility** YES NO X

**If “yes”, where are they allowed?**

**SECTION 8**

**JEWELRY STANDARDS**

Jewelry placed in newly pierced skin shall be sterilized prior to piercing as specified in Section 119315 or shall be purchased pre-sterilized. Sterile jewelry packs shall be evaluated before use and, if the integrity of a pack is compromised, including but not limited to, being torn, wet or punctured, the pack shall be discarded or reprocessed before use.

Only jewelry made of ASTM F 138, ISO 5832-1 and AISI 316L or AISI 316LVM implant grade stainless steel, solid 14-karat through 18-karat yellow or white gold, niobium, ASTM F 136 6A4V titanium, platinum, or other materials found to be equally biocompatible shall be placed in newly pierced skin.

**All jewelry placed in newly pierced skin will meet the above requirements:** YES X NO

Only commercially manufactured inks, dyes, and pigments shall be used in any procedure conducted in this facility.

**SECTION 9**

**FIRST AID**

**POST EXXPOSURE AND FORMS**

**The location of the first aid kit is:** The reception desk

**The location of the nearest healthcare facility is:**

**NAME:** MDSTAT Urgent Care **PHONE:** (916) 941-9222

**ADDRESS:** 3860 El Dorado Hills **CITY:** El Dorado Hills **STATE:** CA **ZIP:** 95762

Two (2) attachments have been provided as part of this plan in case of an exposure incident:
See attachments: The attachments must go with the practitioner/client to the healthcare facility.

**POST-EXPOSURE PROCEDURE**

***(You should arrive at the healthcare facility within 30 minutes of exposure)***

1. **APPLY FIRST AID**
2. Wash the area immediately with soap and water, control any bleeding, and apply bandage.
3. For exposure to eyes, mouth, and/or nose flush area with water.
4. **GET THE POST-EXPOSURE PROCEDURE PACKET**

**The Exposure Packet is kept at the following location:**

**THE BIO ROOM**

1. **Immediately go to primary healthcare facility or physician:**
2. Name: MDSTAT Urgent Care
3. Healthcare Facility Address: 3860 El Dorado Hills Blvd
4. Healthcare Facility Phone Number: (916) 817-3730
5. **If primary healthcare facility or doctor is unavailable go to:**
6. Name: Sutter Health Urgent Care
7. Healthcare Facility Address: 2575 E Bidwell St Unit 160
8. Healthcare Facility Phone Number: (916) 817-3730
9. **Take source individual with you to the healthcare facility, if possible, for testing.** A completed Source Individual’s Consent or Refusal form should accompany you to the healthcare facility.
10. **Complete the Needle Stick and Sharp Object Report at the healthcare facility**
11. **NOTIFY FACILITY OWNER/AND/OR THE SAFETY MANAGER IMMEDIATELY**
12. **PROCEDURE FOR SOURCE TESTING**
	1. Obtain source individual consent. Have source individual complete and sing the consent or refusal form.

Source Individuals Consent or Refusal

For HIV, HBV, and HCV infectivity

Source Individuals is the person whose blood and body Fluids provided the source of the exposure

Exposed Individuals Information

Name

Address

Phone

Exposure Date

Source Individuals Statement of understanding

I understand that employers are required by law to attempt to obtain consent for HIV HBV and HCV infectivity testing each time and employee is exposed to the blood or bodily fluids of any individual. I understand that a body art practitioner has been accidently exposed to my blood and that testing for HIV HBV and HCV infectivity is requested. I am not required to give my consent, but if I do, my blood will be tested for these viruses at no expense to me.

I have been informed that this test is not completely reliable. This test can produce a false positive result and that a follow up may be necessary

I understand that the results of these tests will be kept confidential and will only be released to medical personnel directly responsible for my care and treatment, to the exposed body art practitioner and others required by law

Source Individuals ID

Name

Signature

Piercing ICP Additional info:

Sterilization Methods and Spore Testing (Piercing):

All Equipment is pre-sterilized. A record or purchase will be kept for 90 days

Jewelry will be Sterilized by a Statim G4 2000 immediately prior to piercing. The Jewelry will be removed from the case, using gloves; the jewelry, along with a Qtip and gauze will be placed with a class V indicator into a sterilization pouch, then into the Statim G4.

After the cycle the Pouch will be examined along with the class V indicator to insure the cycle has been ran properly, and that nothing has been compromised.

If the Class V indicator fails or the pouch has been compromised, a new cycle will be ran with a new pouch and a new indicator.

Autoclave Standards;

-135 degrees

-10 min

**Monitoring:**

Mechanical, chemical and biological tests are used to monitor the sterilization process

* + - * Gauges, dials and read-outs on unit
			* Chemical class 5 steam sterilization indicator strip with every load
			* Biological Spore Tests monthly

Biological indicators always to be used during:

* Initial Installation
* After Major Repairs
* At least once per month

All information shall be logged on every load: Date, Load #, Content, operator, time, temp, indicator results, and spore tests results when included.

**Spore Testing:**

Spore tests are conducted on a monthly basis on all autoclaves. Spore testing for Westfall Tattoo is done at:

Mesa Laboratories, inc. Po Box 10310. Bozeman Mt 59719

* 24 hour incubation of steam tests
* Prompt telephone notification on all failed tests
* Quarterly Statement of Test Results
* Secure access to test results online 24 hours a day, 7 days a week
* Email Reminders to Test
* Gram staining verification on all failed tests
* A control strip that accompanies each test strip
* Certificate of Participation

If A monthly Spore test fails, the unit is to be turned off until cleaned and repairs are made. Unit will remain out of commission until we have a passed test from Mesa Labs, If repairs are not possible a new unit will be purchased. Only Disposable tubes will be used until Spore test is passed

Sterilization logs will be help for 5 years

If a sterilization pouch is compromised, start the sterilization process from the beginning

Accidental Spill Procedure:

-If biohazard or sharps are to accidently spill, ensure full PPE is being worn, carefully place cleanup in non-puncture SHARPS container and transfer to the biological waste receptacle located in the BIO room, Use Germicidal Sani wipes to thoroughly wipe the area down, let stand for at least 2 minutes.

Infectious Disease Information:

At this facility employees are informed of the risk of exposure to infectious diseases, and educated on how to prevent contracting such diseases. Education includes but is not limited to: Hepatitis B, Hepatitis C and HIV. Employees have been informed of the following:

**Hepatitis B:**

-Hepatitis B also known as HBV, is a BBP disease primarily transmitted by blood contamination, sexual contact, needle sharing and at birth being carried over from the mother

-The virus has been found in semen, breast milk, vaginal secretions, urine tears and blood

-The HBV Virus attacks and destroys liver tissue and can lead to death

-Hepatitis B poses the most significant risk to healthcare professionals

-Employees who come into contact with blood or OPIM are at risk of HBV

-Hepatitis B vaccine is available and is safe and effective for preventing this serious disease

-Some people never experience symptoms, however the most common symptoms are:

* + - * Fatigue
			* Mild Fever
			* Muscle and joint Aches
			* Nausea
			* Vomiting
			* Diarrhea
			* Abdominal Pain
			* Jaundice

**Hepatitis B Vaccination Program:**

Inthisfacility all employees have been made aware of the following:

* + - * Hepatitis Vaccination is available to all employees at no cost
			* HBV vaccination will be administer by a professional health care physician
			* All associated Lab test will be done at an accredited facility
			* Employees who decline the vaccination are required to sign a HBV declination form
			* Records will be kept for each employee in a locked secure location

**Hepatitis C:**

-Hepatitis C, also known as HCV, is an infection of the liver and is spread by the direct contact with the blood of the infected person.

-HCV can be transmitted from needle sticks occurring in the workplace where the source individuals infected blood is transmitted to the employee, or the other common vectors for a BBP.

-Unlike HBV, there is no vaccine for Hepatitis C

-Many people with HCV do not have symptoms, however, some people with HCV experience the following symptoms:

* + - * Fatigue
			* Mild Fever
			* Nausea
			* Lack of appetite
			* Diarrhea
			* Dark Yellow Urine
			* Light colored stools
			* Jaundice

**HIV:**

-HIV, Human immunodeficiency Virus is a BBP that has no cure.

-There is no vaccination for HIV

-Employees who come into contact with blood or OPIM are at risk of exposure to HIV

-Symptoms of HIV include but are not limited to:

* + - * Weakness
			* Fever
			* Sore throat
			* Nausea
			* Headaches
			* Diarrhea
			* White coating on tongue
			* Weight loss
			* Swollen Lymph glands

Exposure Incident Policy:

In the case of an incident the location of the FIRST AID KITS are located in the bathroom and the procedure area.

* In case of contact with blood or OPIM Wash the area immediately with soap and water,
* For exposure to eyes, mouth, and /or nose flush with water
* Immediately go to a healthcare facility
* Take source individual with you for testing if possible

**Procedure for reporting, investigating and documenting:**

When an employee experiences an exposure incident, the employee should immediately report to the Owner: Nic Westfall or Manager on Duty

The facility Owner Nic Westfall will be responsible for investigating and documenting the incident:

 Entry in the Injury and Illness incent Report (OSHA form: 301)

 Entry in the Sharps injury log, identity of injured employee will be protected

 This person shall be responsible for ensuring the effectiveness of the exposure incident policy and appropriately maintain all records related to the exposure incident, ensuring the confidentiality of the exposed employee.

**Exposure Incident Report:**

The exposure incident report and evaluation will include the following information:

* + - * Route of exposure
			* Type of Sharps involved
			* Circumstances surrounding the exposure
			* ID source individual if possible
			* If Permissible and consent is given, the blood of the source may be tested
			* The Source individual’s blood test results will be made available to the exposed employee

**Employee Exposure Incident Follow-Up**

Should the employee choose the following steps may be taken after am exposure occurs:

* After providing consent, employee may have blood sample taken to be tested for HIV, HBV and BCV status. This sample will be collected as soon as feasible, testing will be performed at no cost to the employee
* Employees blood sample will be preserved for up to 90 days for a second testing at no cost to the employee
* Exposed employees will be offered post exposure evaluation, and follow-up at no cost to the employee
* Exposed Employee will be offered exposure prophylaxis measures at no cost to the employee, in accordance with the current recommendations of the U.S. Public Health Service.

**Exposure Information Provided to Healthcare Professionals:**

In the event of an exposure incident, Nic Westfall shall ensure that the attending healthcare professional is provided with the following information regarding the exposure incident

* + - * Copy of BBP standard
			* Written explanation of the exposed employees duties as they pertain to the incident
			* Copy of the completed BBP Exposure Incident Report
			* Results of the source individuals blood testing if available
			* Exposed employees medical records, including vaccination status

A written opinion shall be obtained from the healthcare professional(s) who evaluate the employees of this facility. The employer shall obtain and provide the employee with a copy of the evaluation health care professionals written opinion within 15 days of the completion of the evaluation

Nic Westfall will provide a copy of the written evaluation to the employee and only the employee

Healthcare professionals will be instructed to limit their written opinions to the following:

* + - * Summary of Vaccination Status
			* Written verification that the exposed employee has been made aware of the evaluation results
			* All other finding or diagnoses shall remain confidential and shall not be included in the written report

Employee Record Keeping:

All records of Vaccinations, Declinations, and Exposure Reports shall be:

* + - * Maintained under lock and key by Nic Westfall
			* Kept in strict confidentiality and will not be released without employee’s written consent
			* Made available to the employee for examination upon request
			* Made available to the Chief of the Division of Occupational Safety and Health and the National Institute of Occupational Safety and Health

In the event that records must be transferred and there is no successive owner/employer to receive and retain records for the prescribed period of employment, plus 30 years. The Chief of DOSH shall be contacted for final disposition,

Training:

BBP training, for all employees, will be conducted before initial assignment to tasks where occupational exposure may occur. Employee training will include an explanation of the following

* + - * The OSHA BBP standard
			* Epidemiology and the symptoms of blood borne disease
			* Modes of BBP transmission
			* Exposure plan
			* Procedures in this facility that may lead to exposure to blood or OPIM
			* Control methods used at this facility to control exposure
			* PPE
			* Important contact information
			* Post exposure evaluation and follow-up
			* Signs and Labels used for this facility
			* HBV vaccination program

Training shall occur at the point of hire, annually, when change in duties occurs and whenever there is a change in standard

All training will be done by Nic Westfall and appropriate agencies. At this facility employees will receive training in the following formats:

* + - * Witten Materials
			* Videotapes and lecture material
			* Product examples
			* Questions and Answers