

**DEPARTMENT OF NATURAL RESOURCES
MARYLAND PARK SERVICE**

**Maryland Park Service Guide to Bloodborne Pathogen Protection
Procedures**

I. Policy

A. It is the policy of the Maryland Park Service (MPS) to conform to the standards set forth in the Occupational Safety and Health Administration (OSHA) regulation 29 CFR part 1910.1030. This regulation pertains to occupational exposure to bloodborne pathogens.

B. The MPS Superintendent shall designate an employee to coordinate compliance with this policy. The designated employee is Capt. Robin Melton at the Maryland Park Service Training Division, w -410-260-8159 h-301-274-3723, c-443-534-1990. In her absence contact Ranger Cineva Kline w-410-713-3865, h-443-365-7289, c-410-251-7328, or Lt Angie Hummer, w-301-842-2110, h-301-748-8380, c-240-285-2967.

II. Purpose

The purpose of this policy is to provide employees with information and procedures to protect themselves and the public from exposure to bloodborne pathogens. This responsibility is a shared one. The Service will provide the training and materials to enable personnel to protect themselves. The employees must be conscientious and exercise good judgment in taking the necessary steps to use safety equipment and to follow the exposure control policies.

III. Definitions

A. Approved - one of the following agency or organization has approved the item or the procedure for the intended use or purpose: OSHA; MOSHA; CDC; EPA; MdDHMH; MDE or MPS.

B. Biohazard container - a puncture-resistant container with the biohazard symbol or words like "biohazard- danger infectious waste" on it, or a container with the same properties that has a biohazard label attached. The container may be a plastic bag or a solid-sided container. If the contaminated material is wet, the container must be leak-proof.

C. Blood - human blood, human blood components, and products made from human blood.

D. Bloodborne pathogens - pathogenic microorganisms that are present in human blood and 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).

E. Body fluids, contaminated - fluids that have been recognized by the Center for Disease Control as directly linked to the transmission of HIV, HBV and/or HCV, and to which the universal precautions apply. Examples are: blood, semen, blood products, vaginal secretions, cerebrospinal fluid, synovial fluid, pericardial fluid, amniotic fluid, and saliva.

- F. Contaminated - the presence, or reasonably anticipated presence, of blood or other potentially infectious materials on an item or surface.
- G. Contaminated laundry - laundry which has been soiled with blood or other potentially infectious material, or which may contain sharps.
- H. Contaminated sharps - any contaminated object that can penetrate the skin, including, but not limited to needles, scalpels, broken glass, and broken or exposed ends of dental wires.
- I. Decontaminating solution - any solution with antiseptic germicidal properties. Example: 1 part bleach to 100 parts water (1/4 cup bleach to 1 gal water) solution (made fresh daily) or 70% isopropyl alcohol.
- J. Decontamination - the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item. The pathogen is no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.
- K. Engineering controls - controls that isolate or remove the bloodborne pathogen hazards from the workplace.
- L. Exposure incident - a specific eye, mouth or mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
- M. Hand washing facility - a facility that provides an adequate supply of running potable water, soap, and single-use towels or hot air drying machines.
- N. HBV - Hepatitis B Virus.
- O. HCV – Hepatitis C Virus
- P. HIV - Human Immunodeficiency Virus.
- Q. Licensed healthcare professional - a person who's legally permitted scope of practice allows him to independently perform the activities required in section VI and post-exposure evaluation and follow up.
- R. Occupational exposure - 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.
- S. Parenteral - piercing mucous membranes or the skin barrier by an event such as needle sticks, human bites, cuts and abrasions.
- T. Personal protective equipment - specialized clothing or equipment worn by an employee for protection against a hazard.
- U. Service - the Maryland Park Service.
- V. Sharps transport tube - a puncture-resistant, leak-proof container that is used to transport recovered contaminated sharps for disposal or evidence processing.

W. Source individual - any person, living or dead, whose blood or other potentially infectious material may be a source of an occupational exposure to the employee.

X. Sterilize - the use of physical or chemical procedures to destroy all microbial life, including highly resistant bacterial endospore.

Y. Universal precautions - an approach to infection control. According to the concept of universal precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV and other bloodborne pathogens.

IV. Exposure determination

A. Employee classifications in which all employees in the classification are at risk for occupational exposure:

1. Park Ranger Series
2. Park Service Associate series
3. Lifeguards, contractual
3. Designated Contractual Public Restroom Cleaners
4. Cabin Cleaners

B. Employee classifications in which some of the employees in the classification are at risk for occupational exposure:

1. Conservation Aide
2. Maintenance Assistant
3. Maintenance Chief series
4. Maintenance Mechanic
5. Maintenance Supervisor
6. Park Service Supervisor
7. Park Manager series
8. Park Technician series
9. Civilian Conservation Corps Coaches and Crew Leaders

C. All other Employee classifications will be provided with training and updates. If an exposure occurs they will be provided with post exposure services. Employees in this group will be considered for pre-exposure vaccinations at the request of the project manager and approval of the BPP Coordinator. Requests should be forwarded to the Bloodborne Pathogen Protection Coordinator.

Capt. Robin Melton at the Maryland Park Service Training Division, 443-534-1990.

D. Tasks and procedures that present a risk for occupational exposure:

1. Cardio-pulmonary resuscitation
2. First response to fires
3. First response to provide emergency medical care

4. Handling of deceased and their property
5. Searches and evidence collection
6. Handling of contaminated waste
7. Contact with blood or blood-contaminated body fluids
8. Crime scene searches
9. Control of unpredictable, violent, or psychotic people
10. Fights and assaults
11. Attacks with weapons or by biting
12. Hand-to-hand defense
13. Airborne particles of dried blood
14. Autopsies
15. Handling or cleaning contaminated equipment
16. Cleaning rental cabins
17. Cleaning public restrooms
18. Handling and laundering bed sheets from rental cabins
19. Rescues from aquatic environments
20. Performing service on sewer lines and septic systems

V. Methods of compliance

A. Universal precautions

Employees will treat all human blood and certain human body fluids as if they are known to be infectious for HBV, HCV, HIV or other bloodborne pathogens. In circumstances where it is difficult or impossible to differentiate between body fluid types, all body fluids are assumed to be potentially infectious.

B. Engineering controls

1. Personal protective equipment (PPE): A key aspect of the exposure control plan is the use of engineering controls to eliminate or minimize exposure to bloodborne pathogens. Therefore, employees will use cleaning, maintenance, and any other equipment that is designed to prevent contact with blood or other potentially infectious material.

a. A bloodborne pathogen protection kit will be kept with every first aid kit in the Service. The kit will contain:

- 4 pair of disposable, approved nonsterile medical grade gloves
- 1 pair of rubber utility gloves (e.g. Playtex)
- 2 surgical masks with wrap-around visors, or other approved appliances to provide the same protection
- 1 CPR face mask with a HEPA filter and disposable one-way valve
- 2 sharps containers, individual size
- 2 biohazard bags with twist ties
- 6 alcohol wipes, or other approved germicidal product

b. The following PPE will be made available to and shall be carried by each employee who has the potential for an occupational exposure (section: IV A & B),

while they are working. If the employee's job description requires them to respond to medical emergencies:

1 resuscitation barrier device and 1 pair of approved nonsterile medical grade gloves

c. The following PPE will be made available for each employee while they are performing, certain activities (presence of sharp edges or repeated exposure to rough surfaces) that may put them at risk for an occupational exposure (examples: dumping trash receptacles, picking up litter, responding to auto accidents):

1 pair of leather gloves

d. The following PPE will be made available to all employees that will be cleaning cabins or restrooms:

1 pair of approved rubber utility gloves (e.g. Playtex)
or approved non-sterile medical grade gloves

e. Employees will have this equipment provided to them at no cost to the employee.

f. The Service shall ensure that the employee uses the appropriate personal protective equipment. Under rare and unusual circumstances the employee may elect not to use personal protective equipment, if in their professional judgment the use of such equipment would hinder or prevent the safe delivery of healthcare. When this judgment is made, this information will be included in the First Aid report that will be filed with the employee's supervisor. The Bloodborne Pathogen Protection Coordinator shall investigate the circumstances in order to determine whether changes in policy or PPE need to be made to prevent such occurrences in the future.

g. The Employee shall clean, launder, or dispose of contaminated or non-servicable personal protective equipment, State equipment or clothing. The employee's supervisor shall be consulted prior to disposal of items not generally considered as medical emergency consumables, to determine if disposal is the best course of action. Upon notification to the Service by the employee that items were disposed, the Service will, as soon as possible, replace the Items, at no cost to the employee. The Bloodborne Pathogen Protection coordinator may be contacted for consultation.

h. The Service shall repair or replace damaged or defective personal protective equipment, as needed, to maintain its effectiveness, at no cost to the employee.

i. A mask in combination with eye protection devices shall be worn whenever an eye, nose, or mouth contamination can be reasonably anticipated from splashes, spray, splatter or droplets of blood or other potentially infectious material from a source individual.

2. Work practices

- a. Employees will wash their hands with soap and water immediately after removal of potentially contaminated gloves or other personal protective equipment. If it is not feasible to wash immediately, employees will wipe their hands with alcohol wipes or other approved germicidal product. Then the employee will wash their hands with soap and water as soon as possible.
- b. Following any contact of exposed body areas with blood or any potentially infectious material the employee will wash the exposed area with soap and water. If soap and water is not immediately available, the area may be cleaned using alcohol wipes or other approved germicidal product. Mucous membranes should be flushed with water. Employees will then follow the post-exposure guidelines, given later in this document.
- c. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens.
- d. Food and drink shall not be kept in refrigerators, freezers, on countertops, or in storage areas where blood or other potentially infectious materials are present.
- e. In all procedures that involve blood or other potentially infectious material, the employee shall minimize splashing, spraying, or other actions that may generate droplets.
- f. Contaminated evidence items or specimens/evidence of blood or body fluid shall be placed in approved designated leak-proof biohazard containers and appropriately labeled before processing, transporting, or storing.
- g. If the outside surface of a biohazard container becomes contaminated, that container shall be placed within a second leak-proof biohazard container.
- h. Equipment that becomes contaminated shall be examined prior to servicing, shipping, or use and decontaminated, by the employee, as necessary. If decontamination is not feasible, the item shall be placed in an appropriate biohazard container and disposed of properly. See B-1.g above for additional guidance.
- i. In the event that an employee's service firearm becomes contaminated, the employee may decontaminate the outside of the firearm. The employee will wear approved medical gloves and use a detergent solution. The firearm will be blown dry. If internal contamination has occurred, the employee must contact the Lead Regional Firearms Instructor for direction. The Lead Regional Firearms Instructor will use appropriate personal protective equipment while disassembling and decontaminating the service firearm.
- j. Contaminated needles and other contaminated sharps shall not be bent, broken or recapped. Needles and other sharps shall be picked up using the one handed scoop method, or with tongs. They must not be picked up using

unprotected hands. They must be placed in an appropriately labeled puncture-resistant, leak-proof container for storage, transport or proper disposal.

k. Uniforms or items of clothing that become contaminated should be removed and the skin area underneath washed thoroughly. The clothing shall be washed, by itself, using the technique given in Section V(B)3 (see below) of this policy, or it can be dry-cleaned. The dry cleaner must be advised of the contamination.

l. Whenever possible, gloves should be changed between patients and before handling other equipment.

m. Unprotected mouth-to-mouth resuscitation shall only be performed as a last resort for a life-threatening situation for a non-breathing patient.

n. If appropriate, at the end of an incident, the work area will be decontaminated.

3. Laundry

a. Laundry items shall be handled as little as possible with a minimum amount of agitation.

b. Laundry items shall be bagged or containerized at the location where it is used. It must not be sorted or rinsed at the location of use, such as in the cabin.

c. Laundry that is cleaned on-site must be placed in approved containers that all on-site personnel recognize as containing contaminated laundry. Red biohazard bags are not mandatory in this situation. For wet laundry, the containers must be leak-proof.

d. The Service shall ensure that all employees having contact with contaminated laundry wear approved protective gloves and other appropriate personal protective equipment.

e. Surfaces that have come into contact with contaminated laundry shall be decontaminated before clean laundry is placed on them.

f. Laundry shall be laundered in hot water (120-130°F) with ½ cup of chlorine bleach and 1 cup of liquid detergent, for a 16-gallon capacity washer. Double rinsing of laundry should be done.

g. If laundry is sent to a commercial laundering facility, and the laundering facility does not use the universal precautions with all laundry, the contaminated laundry should be sent in red bags, or in bags that are supplied by the facility.

4. Cabin cleaning

a. Employees that clean cabins shall use universal precautions; to include the use of rubber utility gloves or other approved gloves (e.g. Playtex) when handling

laundry, cleaning the bathroom/restroom and the kitchen. Germicidal cleaning products will be used when cleaning these areas.

b. The employee will never place his hands inside a trash receptacle containing trash.

c. When necessary, needles and contaminated sharps will be picked up using approved techniques, such as tongs, sharps containers, or dustpan and brush.

d. Employees will follow the handling and laundry procedures as outlined in B3. (shown above)

5. Public restroom cleaning

a. Rubber utility gloves or other approved gloves must be worn by anyone cleaning public restrooms. The utility gloves must be removed or decontaminated before touching other tools, doorknobs, or vehicles.

b. Gloves and cleaning equipment must be decontaminated prior to storing.

c. Germicidal cleaning products must be used for cleaning public restrooms.

6. Public trash receptacles

a. Anyone dumping public trash receptacles must wear leather work gloves.

b. An employee must never reach into a trash receptacle to remove trash. The receptacle is to be dumped or if plastic bags are used, see item "c".

c. Plastic bags must be removed from trash receptacles by closing with a tie or by tying the neck of the bag. The bag must be lifted from the receptacle using the neck of the bag. The bag must never be grasped in the area of the trash.

d. An employee must never walk, jump, push with hands/feet or lie on trash in an attempt to compact it.

VI. Vaccinations for Hepatitis B

- A. In order to protect employees, to the greatest extent possible, against the possibility of Hepatitis B infection, the agency will provide Hepatitis B vaccinations to all employees listed in Sections IV(A) and IV(B) of this policy. The employee's supervisor must notify the Bloodborne Pathogen Protection Coordinator about a new employee. The BPPC will arrange for the vaccinations to be administered.

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B. Appropriate training and pre-exposure vaccinations must be offered within 10 working days after assignment to a classification listed in Sections IV(A) and IV(B) of this policy.

C. Vaccinations will be provided at no cost to the employee.

D. The Service shall not make pre-screening for antibodies a prerequisite for receiving the HBV vaccination.

E. After completing the training process regarding HBV, an employee may elect to refuse to be vaccinated against HBV. The employee must then sign an HBV vaccination declination.

F. At any time after refusing an HBV vaccination, an employee may change their mind. The Service will be required to arrange for administration of the vaccination series in a timely manner.

VII. Post-exposure evaluation and follow-up

A. An employee who has a suspected occupational exposure to bloodborne pathogens shall wash the affected area immediately with soap and water and apply alcohol or other approved germicidal product. If washing is not possible, the area should be cleansed with alcohol or other approved germicidal product, then washed with soap and water as soon as possible. If the exposure is to mucus membranes, flush the area with copious amounts of water.

B. Immediately after washing or flushing mucous membranes the employee will notify their supervisor. The supervisor and the employee will complete the Exposure Control Checklist (Appendix). If the answer to any of the questions is yes, the employee will be sent to a healthcare facility for a confidential medical evaluation. The notification to the supervisor, completion of the Exposure Control Checklist, completion of the Release Of Information form and the arrival at the healthcare facility must be completed within 2 hours of the suspected exposure. It would be helpful if the IWIF paperwork is completed and the employee can take the case number with them. The BPP Coordinator or alternate should be advised as soon as possible. The employee's immediate supervisor may contact the Park Manger or the Bloodborne Pathogen Protection Coordinator for assistance and direction. Other employees or supervisors must not be involved in the notification process. The exposure incident must not be discussed with other employees or supervisors.

1. The Park Manager or the BBPPC will notify the healthcare facility that an employee is enroute, and that an occupational exposure has occurred. A request will be made that the source individual's blood be tested for HIV or Hepatitis.
2. If a needle stick or any other object that shows signs of blood or other potentially infectious material causes the injury, the needle or object shall be retrieved, if safe to do so. The needle or object will be transported in an approved sharps container to the healthcare facility for testing.
3. Hospital Emergency rooms are capable of handling the initial evaluation and treatment. Follow-up medical treatment may be directed to the employee's personal physician.

4. The following documents will be provided to the healthcare facility:
 - a. Copy of the federal bloodborne pathogen regulation 29 CFR part 1910.1030.
 - b. Description of the exposed employee's duties, as they relate to the exposure incident. (incident Report, First Aid Report, IWIF Form)
 - c. Documentation of the route of exposure and the circumstances under which the exposure occurred.(Exposure Control Checklist)
 - d. Results of the source individual's blood test, if available, or the source individual's previously established HBV, HCV or HIV status.
 - e. The exposed employee's relevant medical records.
 - f. Employee's approval to release medical information
5. As soon as feasible after the exposure incident, and with consent, the exposed employee's blood should be collected. After consent is obtained, a baseline blood test should be done. The blood sample will be stored for 90 days, if consent for HIV serological testing is not given. If within that 90 days, the employee gives consent for HIV baseline serological testing, the sample will be tested as soon as feasible.

C. As soon as feasible after the incident, and after consent has been obtained; the source individual's blood may be tested for HBV, HCV and HIV. If consent cannot be obtained, the current laws and procedures concerning obtaining samples and notifying emergency personnel must be followed. This request will be made by the BPPC or alternate or Park Manager.

1. When the source individual is known to be infected with HBV, HCV or HIV, testing of the source individual's blood need not be repeated.
2. The results of the source individual's blood test will be made available to the employee, after the employee has been informed of the applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual. This may be done by the Health Care facility, the BBPPC, the Park Manager or the employee's personal physician.

D. The supervisor will begin an investigation within 24 hours. All information concerning the exposure is to be kept confidential. Only the employee, the employee's supervisor, the Park Manager, the BPPC, the Healthcare facility, the Superintendent of the Maryland Park Service, those with a legal need to know and anyone given written access by the employee, will have access to the information. The BPPC or alternate will notify the Superintendent of MPS. Any reports that mention that the employee had an exposure or any medical records pertaining to the incident are to be sent to the BPPC for filing and maintaining. They are to be sent directly from the supervisor. Copies are not to be kept at Park Offices. A log notation may be made that the report is on file with the BBPPC.

E. Reports to be generated:

1. The Employee's First Report of Injury and a First Aid Report will be completed.
2. The employee's supervisor will assist the employee with obtaining and completing all required forms, to be submitted by the employee directly to the Workers' Compensation Commission. Linda Davis at MPS Headquarters is the IWIF coordinator, she and IWIF are legally authorized to have knowledge of the incident and receive the appropriate reports to process a claim.
3. The reports, as applicable, will include the following information:
 - a. Date and time of incident
 - b. Location of incident
 - c. Type of infectious material
 - d. Source of the infectious material
 - e. Circumstances surrounding the incident
 - f. Personal protective equipment used
 - g. Employee actions following the exposure
 - 1). Employee decontamination
 - 2). Clean up
 - h. Copy of the Exposure Control Checklist

F. Healthcare professional's written opinion.

- a. Within 15 days following the evaluation, the healthcare professional will provide the MPS Bloodborne Pathogen Protection Coordinator with a written opinion. The BPPC will, in turn, provide the employee with a copy of the opinion, if not provided by the healthcare facility.

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- b. The healthcare professional's opinion should include:
 1. The healthcare professional's opinion as to whether a Hepatitis B vaccination is indicated and whether it was administered.
 2. An indication that the employee has been informed of the results of the healthcare professional's evaluation.
 3. An indication 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.

G. All records pertaining to an exposure will be kept confidential. Except as required by law, or by MPS Policy, this information will not be reported or disclosed to anyone without the written consent of the employee. Records should be mailed to :

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H. Medical records are required to be maintained for 30 years following the last day of employment of the employee.

VIII. Biohazard labels and signs

- A. Biohazard labels and signs will contain the international biohazard symbol, which is usually red or orange.
- B. Red containers will be used and known as biohazard containers. They may or may not have the biohazard symbol. In the absence of other information, red containers should be considered as containing biohazard material.
- C. A label should be attached to a closed biohazard container. It should indicate the contents and why it is a biohazard.

IX. Disposal of special medical waste and contaminated items

A. The purpose of this Section is to provide procedures for the disposal of special medical waste (SMW) and contaminated sharps, clothing, evidence, and other similar items.

B. Definitions

1. Special medical waste - anatomical material, blood, blood-soiled articles, contaminated material, microbiology laboratory waste, needles, sharps and syringes.
2. Special medical waste box (SMW box) - a cardboard box with one, or a combination of three different, designations (caution - infectious waste, biohazard, the universal symbol for biohazard). The box will be lined with a red biohazard bag.

C. Procedure

1. Disposal of suspected contaminated sharps (broken glass, broken restroom fixtures)
 - a. While wearing rubber or latex gloves and eye protection, decontaminate the material using a germicidal cleaning solution or a 10:1 water/bleach mixture.

b. Use a broom to wash the contaminated material with the solution. Be sure to thoroughly cover the material with the germicidal cleaning solution. Let the contaminated material sit in the germicidal solution for at least 10 minutes.

c. After decontamination, the material may be swept up with a broom and dustpan and placed in the regular trash.

2. Disposal of needles

a. Contaminated needles will be placed in sharps containers (resistant to punctures).

b. Needles will be picked up using the one-hand scoop method, or by using tongs or forceps. Needles will be placed in the sharps containers using only one hand. The other hand will not be used to stabilize the container.

c. Used sharps containers will be placed in the Facility's SMW box.

3. Disposal of liquid-soaked articles (clothing, gauze, alcohol pads, gloves)

a. Items should be picked up using gloved hands, forceps or tongs. Items will be placed in leak-proof red plastic bags. The bags will be doubled if the first one develops a leak, or if the item is heavy or bulky.

b. Contaminated items generated in the field will be placed in the red bag provided with the bloodborne pathogen kit, then placed in the SMW box at the first opportunity.

c. Contaminated items generated at a first aid station (used first aid supplies, contaminated gloves and gowns) may be placed directly in the SMW box.

4. Disposal of SMW box

a. When the SMW box becomes full, the box and twist-tied bag, or the twist-tied bag only, will be disposed of at an approved facility or in an approved manner. An empty bag, or box and bag will be provided in exchange. If a regulated SMW disposal facility is contacted, the MPS SMW number is 3557.

b. The SMW box may be disposed of locally, provided that all applicable regulations and procedures are followed.

D. Security of special medical waste

1. Special medical waste does not need to be held in a locked container, but care should be taken that the public does not have access to the material. This will prevent theft of needles or contamination of the public.

E. Evidence

1. Items held for evidence should be packaged in an appropriate container (leak-proof red bag or sharps container). The evidence tag should clearly indicate the contents.
2. When the items are no longer needed, they should be disposed of using the guidelines indicated above.

X. Training

- A. The MPS will ensure that all employees participate in a training program, within 10 days of assignment to the agency. The training will be provided at no cost to the employee.
- B. Annual refresher training is required of all employees.
- C. The person conducting the training shall be knowledgeable in the subject matter covered.
- D. Training records will be maintained for 3 years from the date of training.

E. Training topics

1. Explanation/applicability of OSHA/MOSHA standards
2. Epidemiology and symptoms of bloodborne diseases
3. Methods of disease transmission
4. Explanation of the exposure control plan policy
5. How to recognize tasks that may involve exposure to bloodborne pathogens
6. Methods of preventing exposures
7. Limitations of prevention measures
8. Engineering controls to minimize exposure
9. Personal protective equipment use
10. Hepatitis B vaccination
11. Exposure procedures and required documentation
12. Post-exposure procedures
13. Records to be maintained by the Department
14. Signs or color-coding used to identify potentially infectious items
15. Question and answer period

XI. Annual policy review

- A. The EMS instructors will review the exposure control plan, either annually or whenever new information is provided by MOSHA or OSHA.

APPENDIX

FORMS

Hepatitis B Vaccination Declination

Medical Records Release

Exposure Control Checklist

Medical Release

Physician's Written Opinion

Maryland Hospitals and Phone Numbers

Forms to use with Concentra Medical Centers

These forms are not electronic. If you are within the Concentra service area, please request the forms from the Training Division.

1. Authorization for Examination or Treatment
2. Patient Information
3. Authorization for the Use and Disclosure of Protected Health Information
4. Map of Concentra locations



MARYLAND PARK SERVICE
 TRAINING DIVISION
 580 Taylor Ave
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Hep B VACCINATION DECLINATION/ACCEPTANCE FORM

Employee Name: _____

Date: _____

Employee ID Number (DOB and 3 Initials): _____

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring a Hepatitis B virus (HBV) infection. I have received training in Bloodborne Pathogen protection. I have been given the opportunity to be vaccinated with the HEP B vaccine, at no charge to me. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I may continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, during my employment in an at risk category with the Maryland Park Service, I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Capt. Melton at the MPS Training Division (410-260-8159) is the person to contact to arrange to be vaccinated.

At this time, I am declining the offer to receive the Hepatitis B vaccination series.

Employee signature _____

Date: _____

Parent Signature: _____

Date: _____

Employees under 18

I would like to receive the Hepatitis B Vaccination.

Employee Signature _____

Date _____

Parent Signature _____

Date _____

Employees under 18

02-13



MARYLAND PARK SERVICE
TRAINING DIVISION
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Medical Records Release Form

To Whom It May Concern:

I _____ hereby authorize the release of my
medical records related to an incident which occurred on _____ to The Maryland
Park Service. Date

Send my medical records to:

Maryland Park Service Phone: 410-260-8159
Capt. Robin Melton, Training Officer Fax: 410-260-8191
Tawes State Office Building E-3
580 Taylor Ave
Annapolis, MD 21401

As outlined in the OSHA Compliance Encyclopedia under section 1910.1030 (h) (i) and (ii) (A)-(C) (page 10), which instructs the employer to maintain copies of results of examinations, medical testing, and follow-up procedures as required by paragraph (f) (3).

FROM: _____

Physician's Name

Address

City

State

Zip

Phone

Fax

Employee's Signature

Date



MARYLAND PARK SERVICE
TRAINING DIVISION
580 Taylor Ave
Tawes State Office Building E3
Annapolis, Maryland 21401

Exposure Control Checklist

Employee's Name: _____ Date: _____ Time: _____

Name of Person Completing Checklist: _____

Time of Exposure Incident: _____ Date of Exposure: _____

Bloodborne Pathogen Exposure

Did you come in contact with the blood, urine, saliva, or any other body fluid in any of the following ways?

- | | | | |
|----|---|-----|----|
| 1) | Did it make contact in your eyes? | Yes | No |
| 2) | Did it make contact with the inside of your mouth? | Yes | No |
| 3) | Did it make contact with the inside of your nose? | Yes | No |
| 4) | Did it make contact with any previous or new laceration, scrape, or abrasion on your body? | Yes | No |
| 5) | Did you get stuck with a needle or other sharp object that had another person's blood or body fluid on it or that had been used previously on another person? | Yes | No |

If the answer to any of the above questions was YES, then the employee must IMMEDIATELY be taken to a health care facility, along with the appropriate paperwork.

Employee: _____
(Signature to verify your answers)

Supervisor: _____
(Signature to verify you completed the form)

Refusal of transport and treatment at a healthcare facility:

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection, Hepatitis C virus (HCV) infection or Human Immunodeficiency Virus (HIV) infection. I have received Training in Bloodborne Pathogen protection. I have been given the opportunity to be transported to a healthcare facility for evaluation and, if necessary, treatment against these infections, at no charge to me. However, I decline to be transported to a healthcare facility and to be evaluated and treated. I understand that by declining, I continue to be at risk of acquiring hepatitis B, hepatitis C or HIV/AIDS, all serious diseases. Also, I understand that I may be losing my right to have the expenses from this exposure incident covered by IWIF.

Employee: _____
(Signature to verify refusal of treatment)

Supervisor: _____
(Signature to verify employee signature)



MARYLAND PARK SERVICE
TRAINING DIVISION
580 Taylor Ave
Tawes State Office Building E3
Annapolis, Maryland 21401

Bloodborne Pathogens Standard: Post-Exposure Evaluation
- C O N F I D E N T I A L -
Physician's Written Opinion

To: Maryland Park Service, Training Division
Capt. Robin Melton, Pathogen Coordinator
Tawes State Office Building E-3
Annapolis, MD 21401

Telephone – 410-260-8159

From: Physician's Name: _____
(Please Print)

Telephone #: _____ Fax #: _____

Employee's Name: _____ SSN: _____

Date of examination: _____ Time of Examination: _____

Physician's Recommendation

1. Evaluation: The employee has been informed of the results of this evaluation. The employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious material and the need, if indicated, for any further evaluation or treatment. YES NO

2. Please Circle One: Hep B Vac Booster Immunoglobulin

(check one) ___ Is Indicated Date Administered: _____

___ Is Not Indicated

___ Employee declined vaccination series

3. If HIV antibody testing is performed on the employee, follow-up testing should be performed at the following intervals: (please check all that apply)

___ 6 weeks post incident ___ 6 months post incident

___ 3 months post incident ___ 1 year post incident

Physician Signature

Date

Maryland Hospitals and Phone Numbers

Allegany County

Western Maryland Regional Medical Center, 12500 Willowbrook Rd, Cumberland, Md 21502, Hospital 240-964-7000, Emergency Dept 240-964-1200

Anne Arundel County

AA County Medical Center, 2001 Medical Parkway, Annapolis, Md 21401, 443-481-1200

Baltimore Washington Medical Center, 301 Hospital Dr, Glen Burnie, Md, 21061, 410-787-4565

Baltimore City

Johns Hopkins Bayview Medical Center, 4940 Eastern Ave, Baltimore, Md 21224, 410-955-2280

Saint Agnes Hospital, 900 Caton Ave, Baltimore, Md, 21229, 410-368-2000

Baltimore County

Northwest Hospital Center, 5401 Old Court Rd, Randallstown, Md, 21133, 410-521-5950

Franklin Square Hospital Center, 9000 Franklin Square Dr, Baltimore, Md, 21237, 443-777-7357

Baltimore Metro Area

Concentra Medical Centers, Check Concentra map for hours of operation and locations.

Calvert County

Calvert Memorial Hospital, 100 Hospital Rd Prince Frederick, Md, 20678, 410-535-8344

Carroll County

Carroll Hospital Center, 200 Memorial Ave, Westminster, Md, 410-871-6700

Cecil County

Union Hospital of Cecil Hospital, 106 Bow St, Elkton, Md. 410-392-7061

Charles County

Civista Medical Center, 701 E Charles St, LaPlata, Md., 301-609-4160

Dorchester County

Dorchester County Hospital, 300 Bryn St, Cambridge, Md. 410-228-5511 ext 8360

Frederick County

Frederick Memorial Hospital, 400 W 7th, Frederick, Md 301-698-3500

Garrett County

Garrett County Memorial Hospital, 251 N 4th St, Oakland, Md. 301-533-4190

Harford County

Harford Memorial Hospital, 501 S Union Ave, Havre de Grace, Md 21078 443-843-5500

Upper Chesapeake Medical Center, 500 Upper Chesapeake Dr, Bel Air, Md. 443-643-2000

Howard County

Howard County General Hospital 5755 Cedar Ln, Columbia, Md. 410-740-7777

Kent County

Chester River Hospital Center, 100 Brown St Chestertown, Md, 410-778-3300 ext 2505

Montgomery County

Shady Grove Adventist Hospital, 9901 Medical Center Dr, Rockville, Md. 20850, 301-279-6000

Prince George's County

Laurel Regional Hospital Center, 7300 Van Dusen St, Laurel, Md. 20707, 301-497-7954

Southern Maryland Hospital Center, 7503 Surratts RD, Clinton, Md, 20735, 301-877-4500

St Mary's County

St Mary's Hospital, 25500 Point Lookout Rd, Leonardtown, Md. 20650, 301-475-6110

Somerset County

McCready Memorial Hospital, 201 Hall Highway, Crisfield, Md., 21817, 410-968-0332

Talbot County

Memorial Hospital at Easton, 219 S. Washington St, Easton, Md. 410-822-1000 ext 5557

Washington County

Washington County Hospital, 251 E Antietam St, Hagerstown, Md., 301-790-8300

Wicomico County

Peninsula Regional Medical Center, 100 E Carroll St, Salisbury, Md. 21801, 410-543-7101

Worcester County

Atlantic General Hospital, 9733 Healthway Dr, Berlin, Md., 410-641-1100

This Page will start the Concentra forms
(Request forms if they are needed)