# Annual OSHA Review Learner Course Guide

## FY 2014-2015

To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

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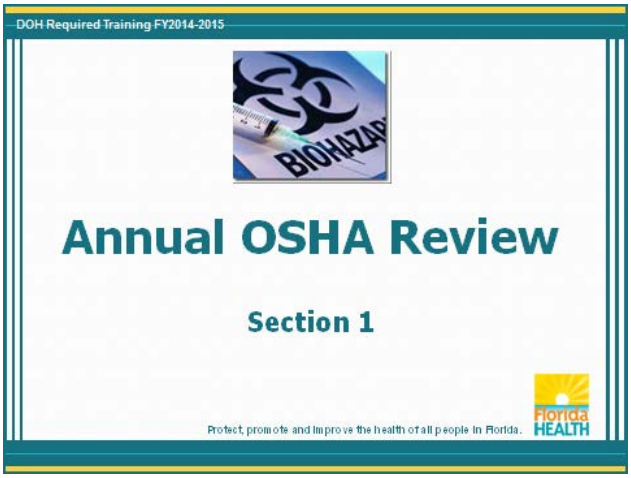
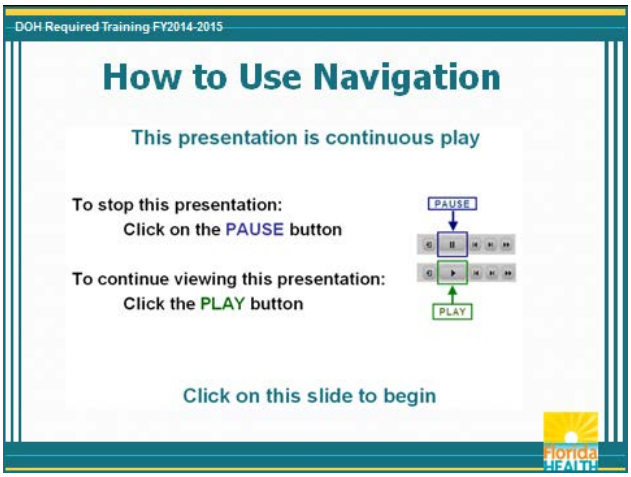
# Section 1

## Slide 1 - Title Slide Section 1




Welcome to Section 1 of the Annual OSHA Review.

## Slide 2 – How to Use Navigation

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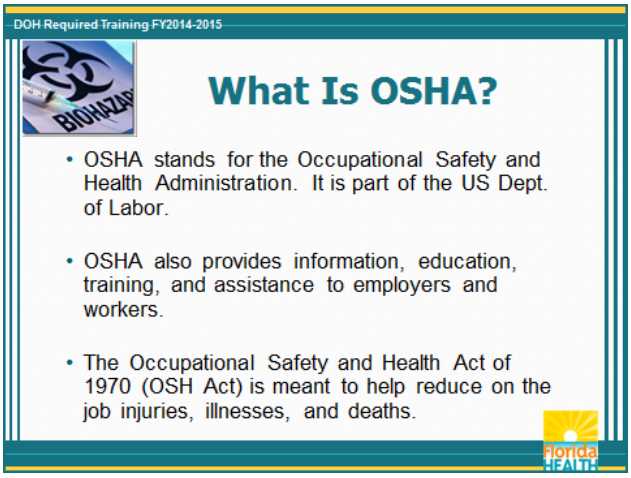
## Slide 3 – What Is OSHA?

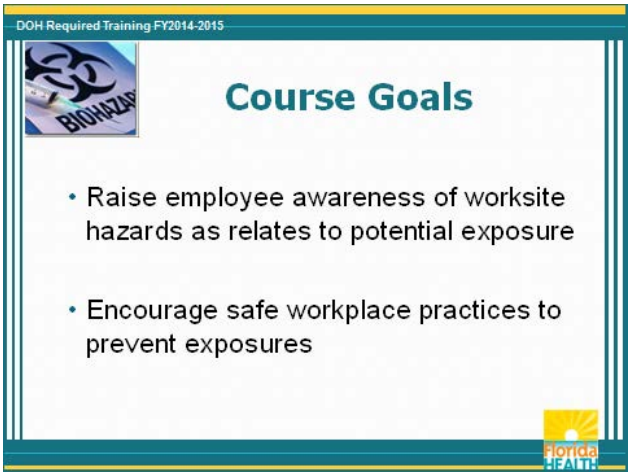



OSHA is the acronym for the Occupational Safety and Health Administration, which establishes and enforces workplace safety and health standards. OSHA also provides information, training, and assistance to employers and workers. OSHA was created in 1970 after the passage of the Occupational Safety and Health Act of 1970. It helps employers and employees reduce on the job injuries, illnesses, and deaths. OSHA encourages continual improvement in workplace safety and health.

OSHA is part of the United States Department of Labor. The administrator for OSHA is the Assistant Secretary of Labor for Occupational Safety and Health. OSHA's administrator answers to the Secretary of Labor, who is a member of the cabinet of the President of the United States.

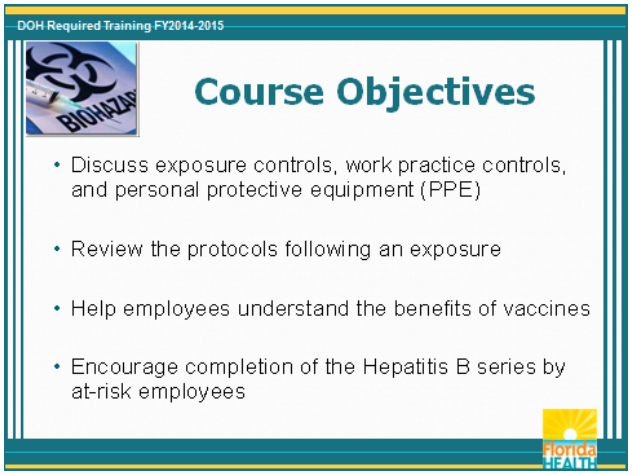
OSHA's mission is to assure safe and healthful working conditions for working men and women by setting and enforcing standards and by providing training, outreach, education and assistance.

## Slide 4 – Course Goals




The goals of this course are to raise employee awareness of worksite hazards that could lead to bloodborne pathogen or other disease exposures, and encourage workplace practices that will prevent, reduce, or avoid exposures.

## Slide 5 – Course Objectives




The course will also present and discuss exposure controls, work practice controls and personal protective equipment (PPE) designed to aid in these controls.

It will review and reinforce protocols to follow in the event of an occupational exposure and present employees information to help them understand the efficacy, safety and benefits of vaccines, as well as encourage completion of the Hepatitis B series vaccine by at-risk employees.

## Slide 6 – Rights and Responsibilities

Every employee has the right to a safe workplace.

OSHA was created to make sure your rights are protected. Employers must use hazard controls to lower employee risk and train employees in safety measures. Employers must also offer medical treatment for occupational exposures or injuries unless the employee refuses medical treatment.

Employees are responsible for complying with OSHA regulations and must report occupational illnesses and injuries to their supervisor and the Workers Compensation provider.

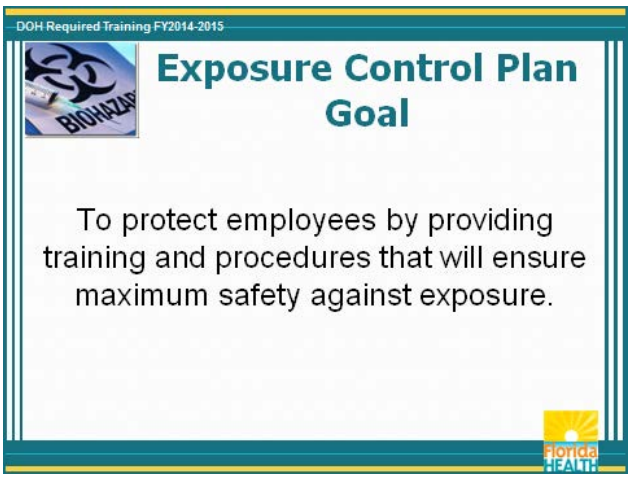
## Slide 7 – Employer Training

Employer workplace safety training in regards to the prevention of potential workplace exposures must include:

Information regarding an exposure control plan, hazard recognition in the workplace, what protective measures should be taken or made available, how to report occupational illnesses and injuries, and what follow-up procedures to take with employees after an incident.

Let's review each of these requirements.

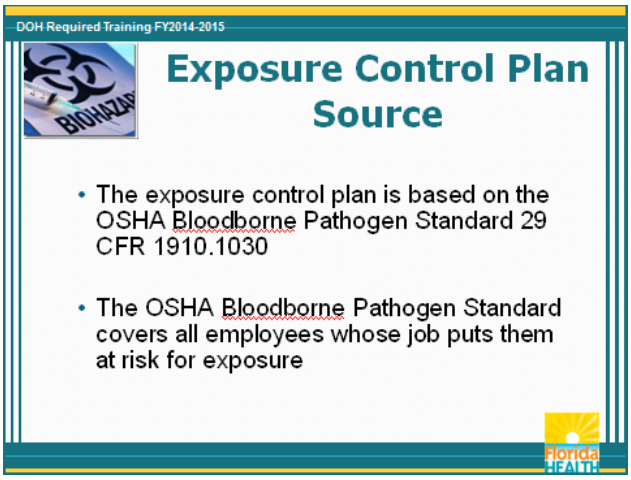
## Slide 8 - Exposure Control Plan - Goal




The goal of the exposure control plan is to protect employees by providing training and implementing specific procedures that will ensure maximum safety against exposure to bloodborne pathogens and other diseases.

The exposure control plan is the employer's written program that outlines the protective measures an employer will take to eliminate or minimize employee exposure to blood and other potentially infectious materials (OPIM).

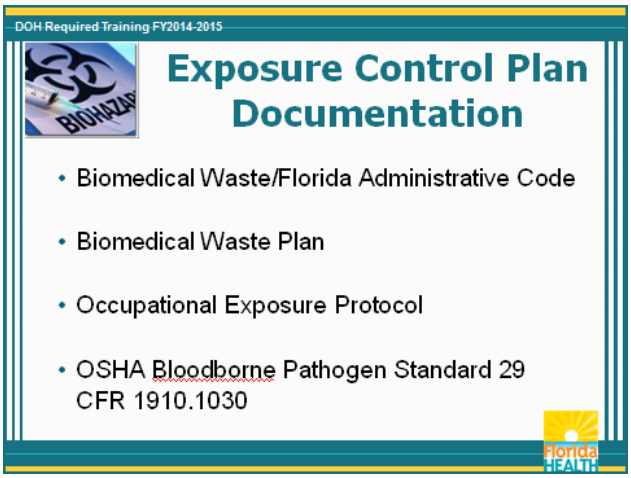
## Slide 9 – Exposure Control Plan - Source




The exposure control plan is based on the OSHA Bloodborne Pathogen Standard 29 CFR 1910.1030.

The OSHA Bloodborne Pathogen Standard covers all employees whose job responsibilities put them at risk for exposure to bloodborne pathogens. It provides requirements for employers to ensure employee safety with regard to occupational exposure to bloodborne pathogens.

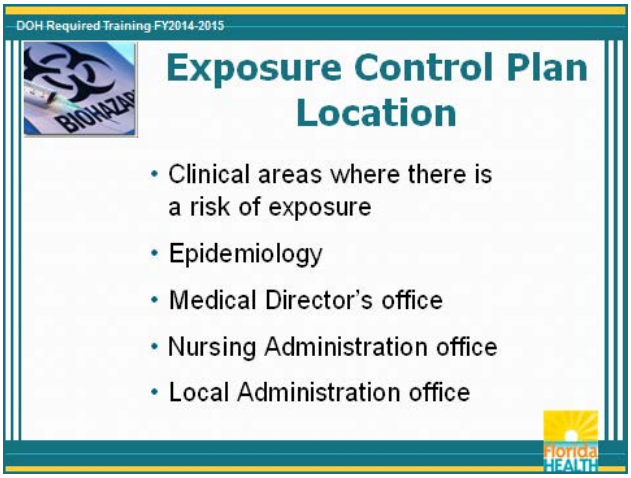
## Slide 10 – Exposure Control Plan - Documentation




The following documents are included in the exposure control plan:

- Biomedical Waste/Florida Administrative Code
- Biomedical Waste Plan
- Occupational Exposure Protocol
- OSHA Bloodborne Pathogen Standard 29 CFR 1910.1030

## Slide 11 – Exposure Control - Location

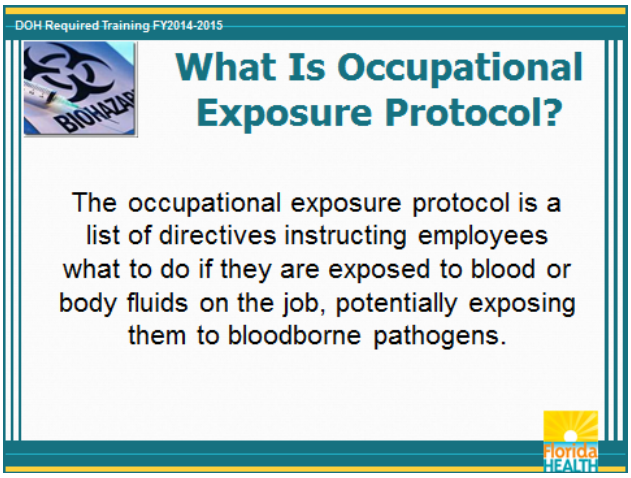



Copies of the exposure control plan (ECP) will be located in each county health department (CHD), in specifically designated areas.

Each local CHD should include the locations of their ECP, and related materials, in their employee training and annual updates.

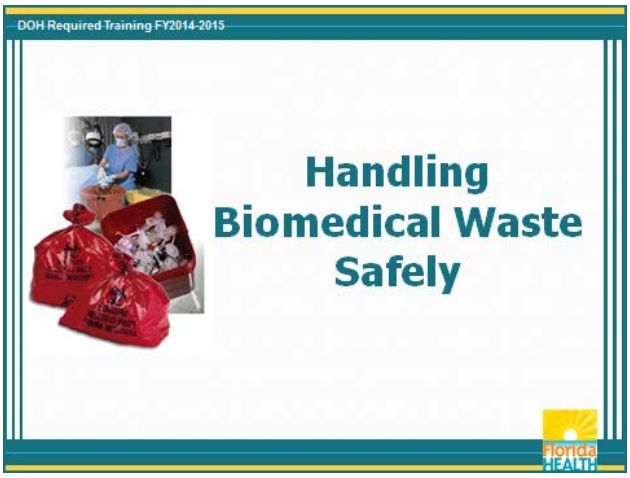
Areas where the ECP may be located in a CHD include: the supervisor's or manager's office for clinical areas where there is a risk of exposure to blood and other potentially infectious materials, epidemiology, the medical director's office, nursing administration office, and the local administration office.

## Slide 12 – What Is Occupational Exposure?



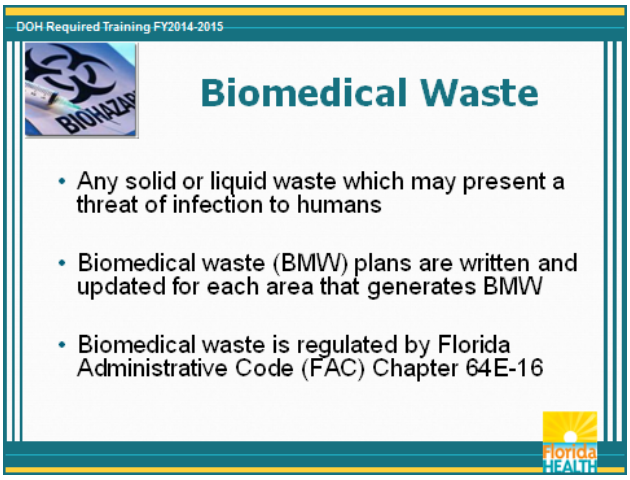

The occupational exposure protocol is a list of directives showing employees what to do if they are exposed to blood or body fluids on the job, potentially exposing them to bloodborne pathogens.

## Slide 13 – Handling Biomedical Waste Safely




This section will discuss hazard recognition and how to handle biomedical waste safely within a workplace environment.

## Slide 14 – Biomedical Waste




Biomedical waste (BMW) is defined as any solid or liquid waste which may present a threat of infection to humans.

Biomedical waste plans are written specifically for each clinical area that generates BMW. Plans are updated when regulations, facility policies, or procedures change.

Biomedical waste is regulated by Florida Administrative Code Chapter 64E-16.

## Slide 15 – Employer BMW Plan

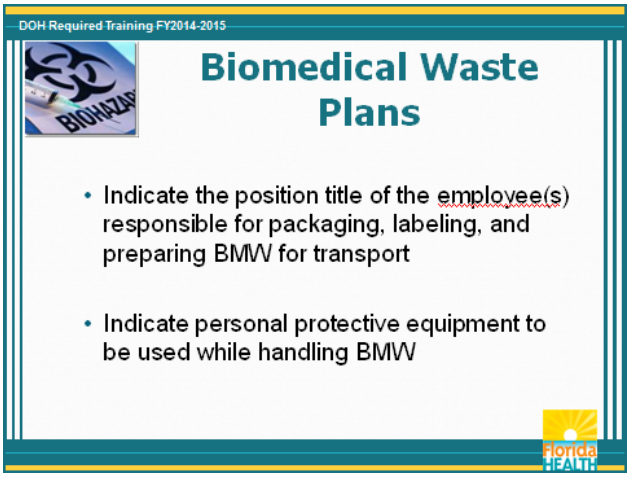
Employer biomedical waste plans must include procedures for decontaminating BMW spills, contingency plans for emergencies, descriptions of personnel training and documentation of that training.

New employees who will be handling BMW as part of their work responsibility must be trained prior to commencement of duties.

## Slide 16 – Biomedical Waste Standards

Florida Administrative Code Chapter 64E-16 has minimum standards for the segregation, packaging, labeling, transport, treatment, and storage of biomedical waste (BMW).

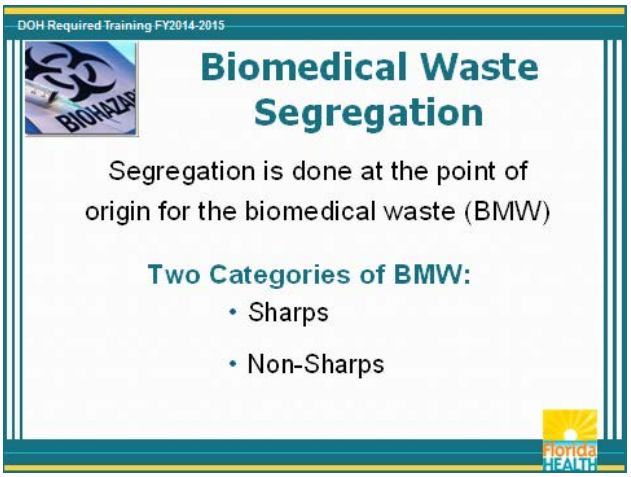
## Slide 17 – Biomedical Waste Plans




The BMW plans should indicate the position title of the employee responsible for packaging, labeling, and preparing BMW for transport.

It should also indicate what personal protective equipment should be used while handling the BMW.

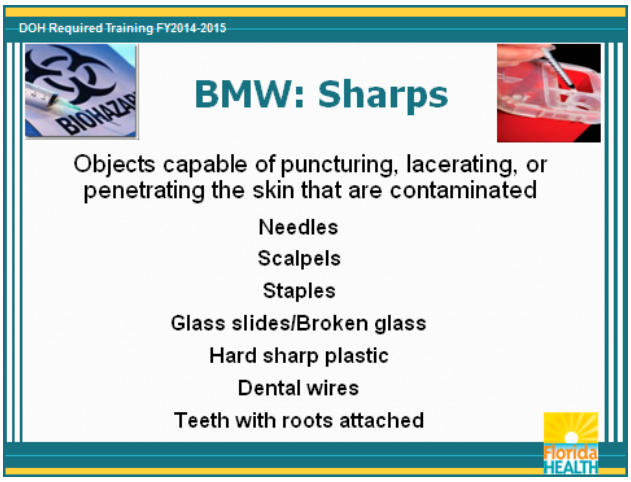
## Slide 18 – Biomedical Waste Segregation




Segregation is done at the point of origin for the biomedical waste. For example, in the room or area where the BMW is generated.

Biomedical waste is divided into two categories for segregation: Sharps and Non-Sharps

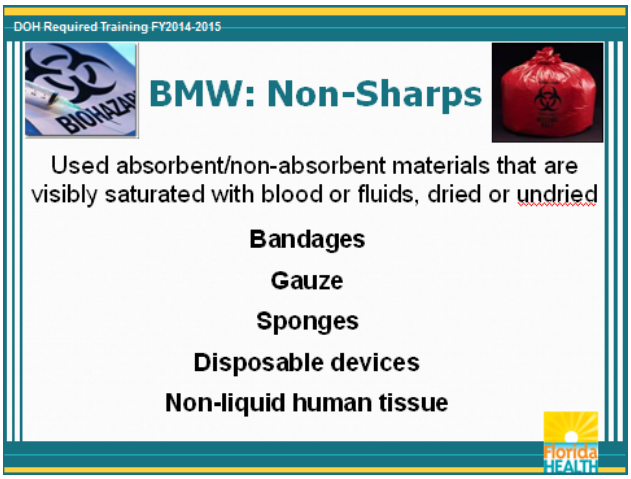
## Slide 19 – BMW: Sharps




Sharps are defined as objects capable of puncturing, lacerating, or penetrating the skin.

These objects include but are not limited to discarded needles, scalpels, staples, glass slides, broken contaminated glass or hard plastic with sharp or jagged edges containing blood, blood products or body fluids, dental wires, and extracted teeth with roots attached.

## Slide 20 – BMW: Non-Sharps




Non-Sharps are defined as used absorbent materials such as bandages, gauze, or sponges saturated with blood, blood products, body fluids, excretions or secretions contaminated with visible blood or blood products and the same absorbent materials saturated with blood or blood products that are dried.

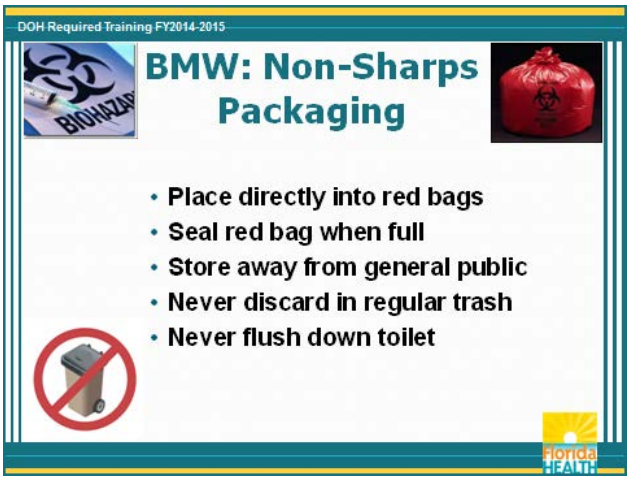
Non-Sharps also include non-absorbent disposable devices that have been contaminated with blood, body fluids, secretions or excretions or are visibly contaminated with blood and/or non-liquid human tissue, human blood, human blood products, and body fluids.

## Slide 21 – BMW: Sharps Packaging

Packaging biomedical waste sharps must adhere to the following guidelines.

Sharps to be discarded must be placed directly into a rigid, leak & puncture resistant sharps container, immediately after use. Sharps containers should be sealed when contents reach the "fill line" and stored away from the general public. Sharps containers must not be overfilled or shaken. Never place sharps in the red bags designated for non-sharps, regular trash, or flush down the toilet.

## Slide 22 – BMW: Non-Sharps Packaging




Packaging for biomedical waste non-sharps must adhere to the following guidelines.

Non-sharps to be discarded shall be placed directly into designated red bags that are tear & puncture resistant. Red bags are to be sealed when full and stored away from the general public. Never throw any red bag in the regular trash or flush down the toilet.

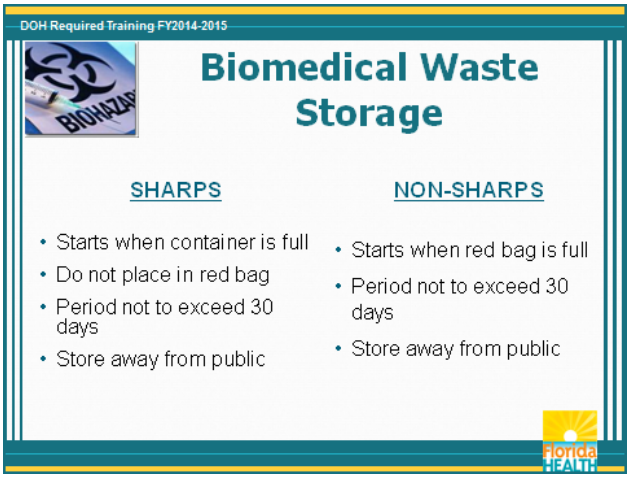
## Slide 23 – Biomedical Waste Labeling

Procedures for labeling biomedical waste are defined by both international standards as well as Florida administrative code.

Sharps containers and non-sharps red bags must have the international biological hazard symbol as well as the words "Biomedical Waste" or other phrases required by, and listed in, FAC 64E-16 clearly visible on their surface. The symbol shall be red, orange, or black and the background color shall contrast with that of the symbol.

All sharps containers & non-sharps red bags meant for removal from a facility must be labeled with the name & address of the facility prior to containerizing and/or removal from the facility.

## Slide 24 – Biomedical Waste Storage




For Sharps - The storage period starts when the container is full and is not to exceed 30 days.
If a non-sharp is placed in a sharps container, even if it is not considered full, the 30 day period begins immediately. Do not place sharps in non-sharp designated red bags. Sharps must be stored away from the general public.

For Non-Sharps - Red bags are to be sealed when full and stored. Their storage period may not exceed 30 days. Non-sharps must be stored away from the general public.

## Slide 25 – Biomedical Waste Transport / Treatment

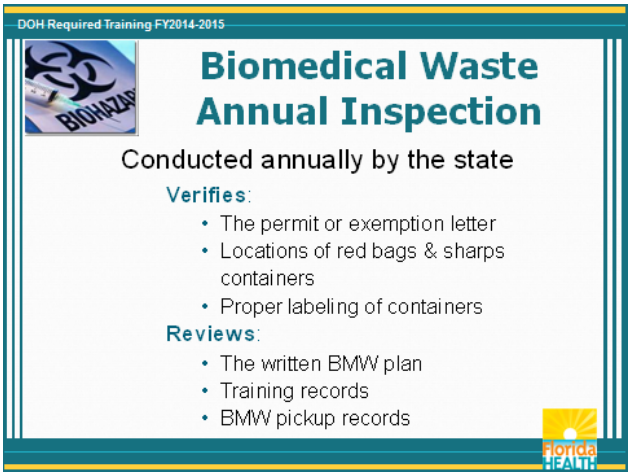
The transport and treatment of biomedical waste shall proceed using the following guidelines.

Biomedical waste shall not be compacted or subjected to mechanical stress that will compromise the integrity of the package during transfer.

Biomedical waste must be properly segregated, packaged, & labeled prior to transport. A contingency plan is needed if the transporter does not pick up the waste.

It is the responsibility of the management or the designated person to contact another transporter in this case. Transport records are to be kept for 3 years. Treatment of all biomedical waste is done at off-site facilities.

## Slide 26 – Biomedical Waste Annual Inspection

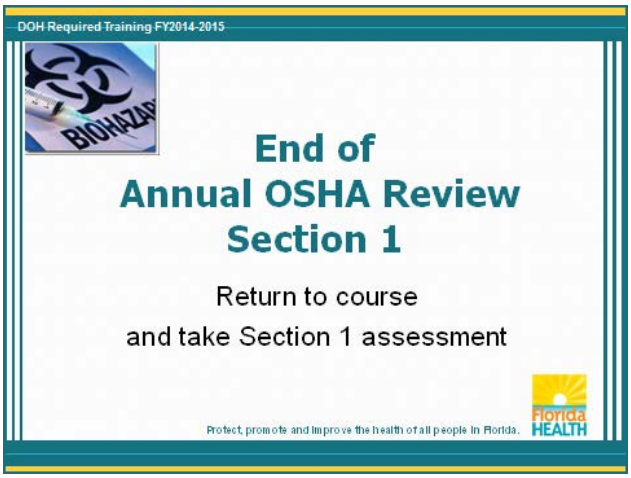



Biomedical waste inspections are conducted annually by the state environmental health office.

During the inspections, the inspectors will verify and review a number of things.

They will verify the permit or exemption letter of the facility, verify that red bags and sharps containers are located at the points of origin for biomedical waste, and verify that these containers are labeled according to code. The inspectors will also review the written BMW plan, employee training records, and BMW pickup records for the past three years.

### Slide 26 – End of Section 1

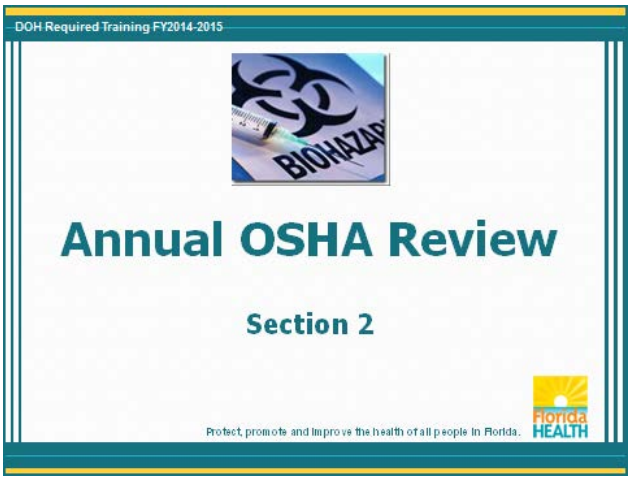



This is the end of the Annual OSHA Review - Section 1

Please return to the course registration management page and take the Section 1 assessment.

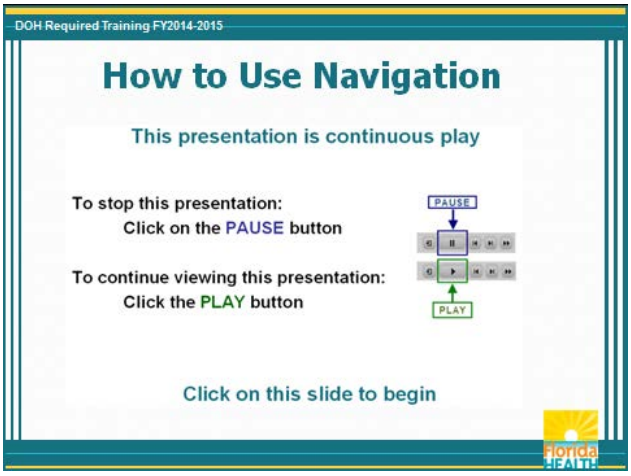
## Section 2

### Slide 1 – Title Slide Section 2




Welcome to Section 2 of the Annual OSHA Review.

## Slide 2 – How to Use Navigation

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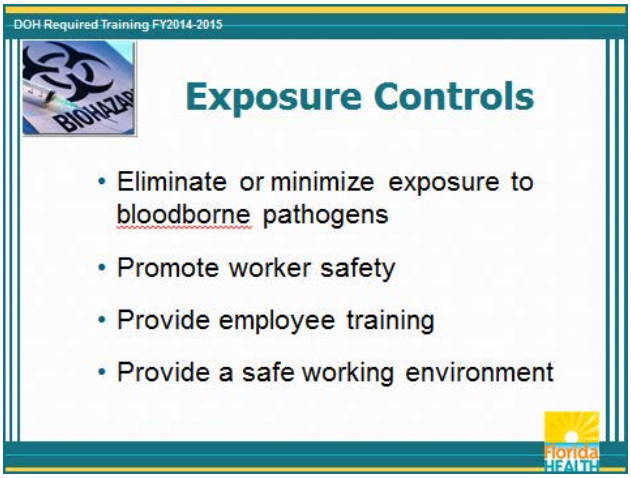
## Slide 3 – Exposure Controls




As you recall, the Occupational Safety and Health Administration (OSHA) was created to make sure your rights to a safe and healthy workplace are protected and requires employers to use hazard controls to lower employee risk and train employees in safety measures.

In regard to exposure controls, OSHA requires employers to use exposure controls to eliminate or minimize employee exposures to bloodborne pathogens, promote the safety of workers, provide employee training, and to provide workers with a safe working environment.

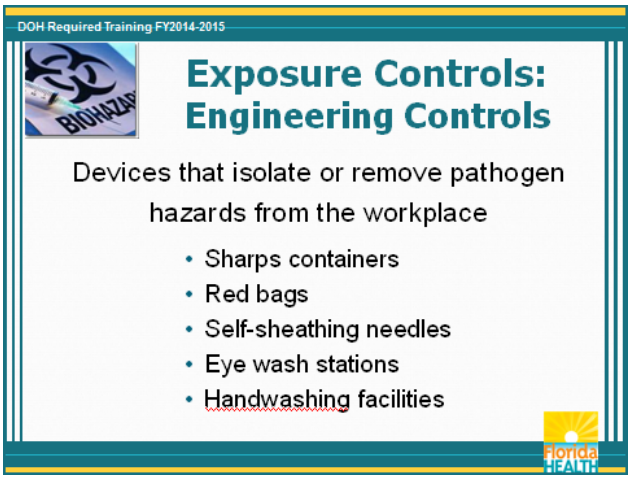
## Slide 4 – Exposure Controls II

This section will discuss the types of exposure controls that OSHA requires to be applied in the workplace. Exposure controls include engineering controls, work practice controls, and the use of personal protective equipment (PPE).

Exposure controls also include: standard, following pre-set housekeeping policies, and adherence to the safer needle regulations detailed in the OSHA Bloodborne Pathogens Standard (revised 2001) as part of the Needle Stick Safety & Protection Act (2000).

Let's review each of these examples.

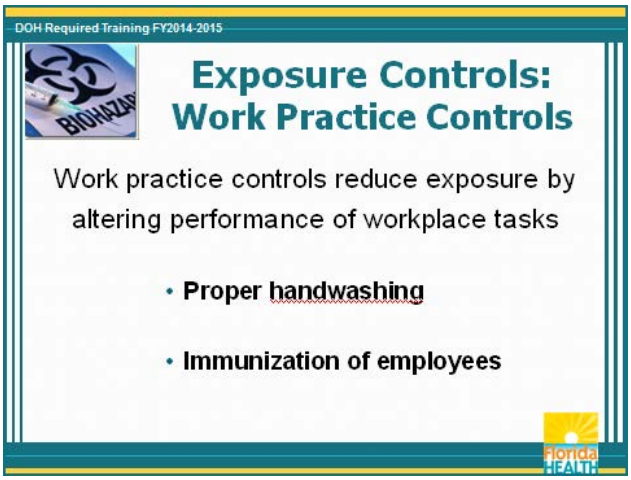
## Slide 5 – Exposure Controls: Engineering Controls




Engineering controls are structural or mechanical devices that isolate or remove bloodborne pathogen hazards from the workplace.

Examples of engineering controls include sharps containers, red bags, eye wash stations, and handwashing facilities.

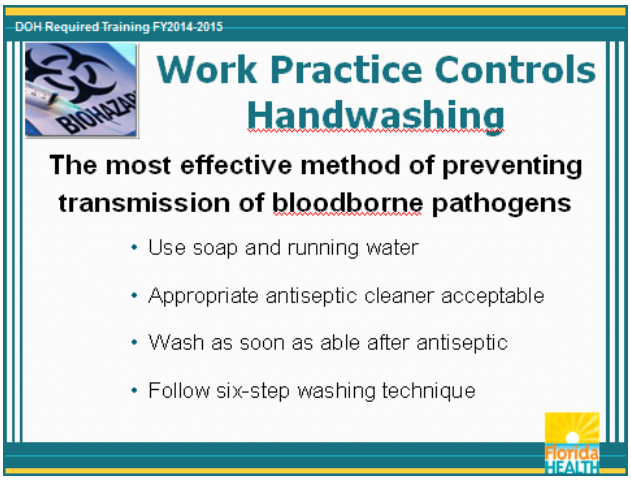
## Slide 6 – Exposure Controls: Work Practice Controls




Work practice controls reduce the likelihood of exposure by altering the manner in which a task is performed. There are many effective examples of work practice controls which will be presented.

The most effective of which, per the Centers for Disease Control (CDC), is proper handwashing followed by reducing disease exposure through immunization of employees.

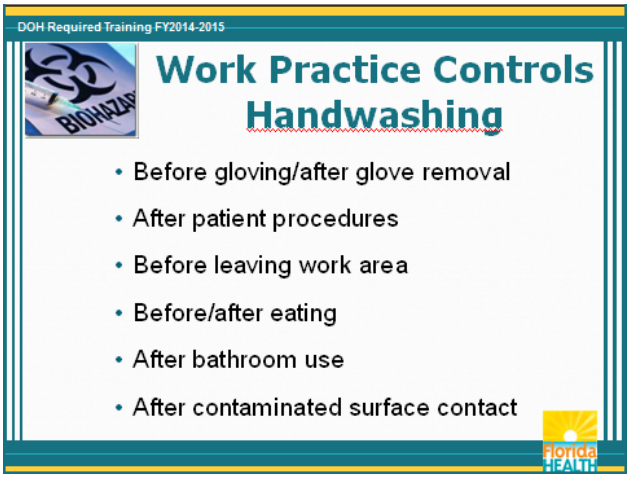
## Slide 7 – Work Practice Controls Handwashing




Handwashing is the most effective method of preventing transmission of bloodborne pathogens.

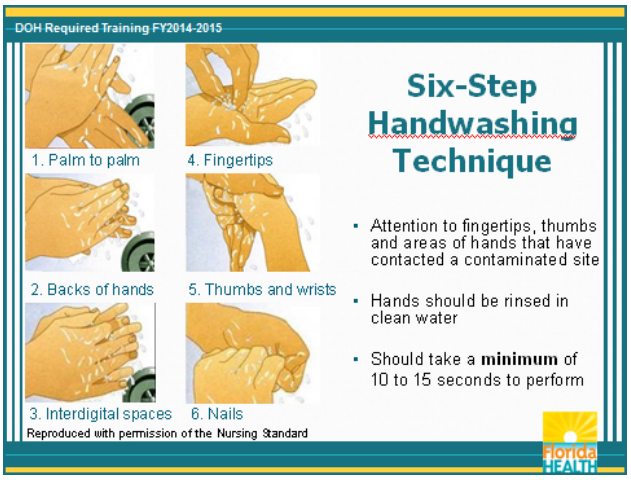
Hands should be washed using soap and running water following the six-step handwashing technique. If hand washing facilities are not available, an appropriate antiseptic hand cleaner in conjunction with clean cloth, paper towels or antiseptic towelettes should be provided, however hands should be washed with soap and running water as soon as possible.

## Slide 8 – Work Practice Controls Handwashing II




Hands shall be thoroughly washed with soap and running water before gloving, after removing gloves & other PPE, after each patient procedure, before leaving the work area, before & after eating, after using the bathroom, and after contact with blood, other potentially infectious materials (OPIM), or a possibly contaminated surface.

## Slide 9 – Six-Step Handwashing Technique

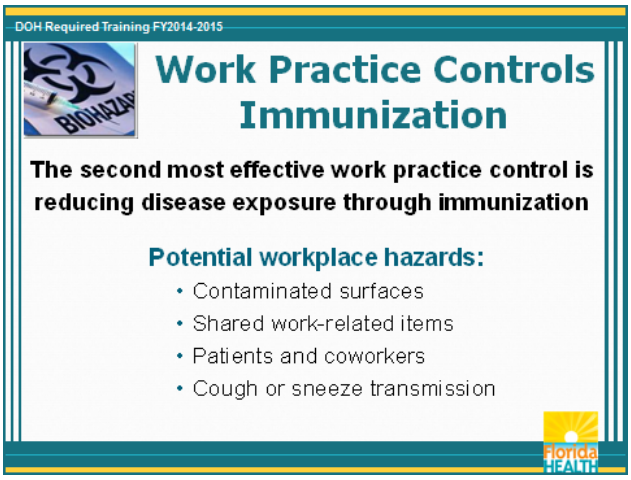



Here is the six-step handwashing technique as presented by the Nursing Standard:

1. Palm to palm
2. Backs of hands
3. Interdigital spaces (between fingers)
4. Fingertips
5. Thumbs and wrists
6. Nails

Special attention should be paid to fingertips, thumbs and other areas of hands likely to contact a contaminated site. Hands should be rinsed in clean water. This procedure should take a minimum of 10 to 15 seconds to perform.

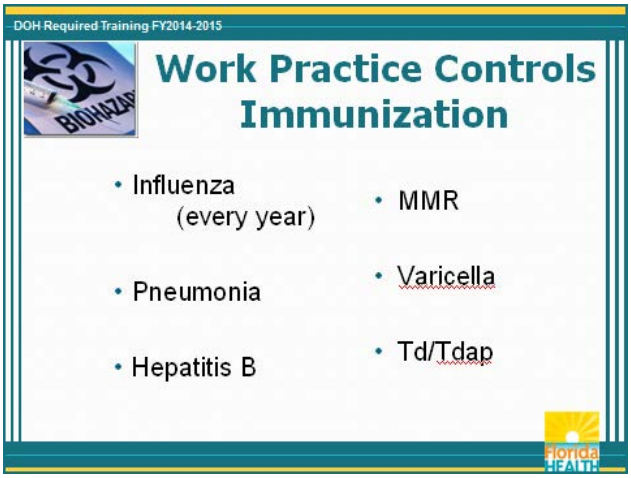
## Slide 10 – Work Practice Controls Immunization




The second most effective work practice control is reducing disease exposure through immunization of employees in the workplace.

Employees have potential for disease exposure at work through contaminated surfaces, shared work-related items such as phones or copy machines, patients, coworkers, and un-covered cough or sneeze transmission.

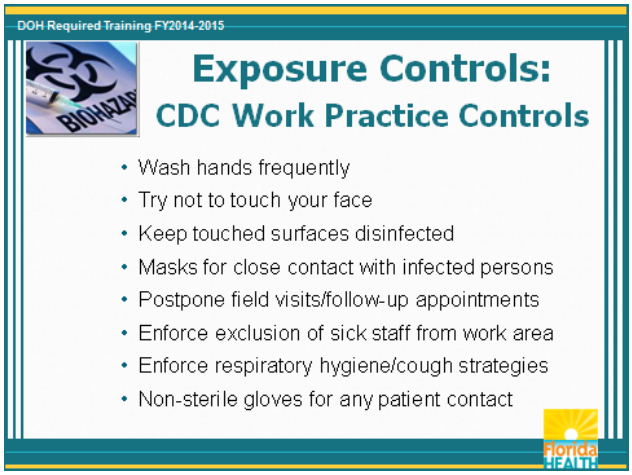
## Slide 11 – Work Practice Controls Immunization II




Many immunizations that can prevent the spread of disease are available to employees at no cost.

They include the immunizations for Influenza (which is recommended every year), Pneumonia, Hepatitis B, MMR, Varicella and Td/Tdap.

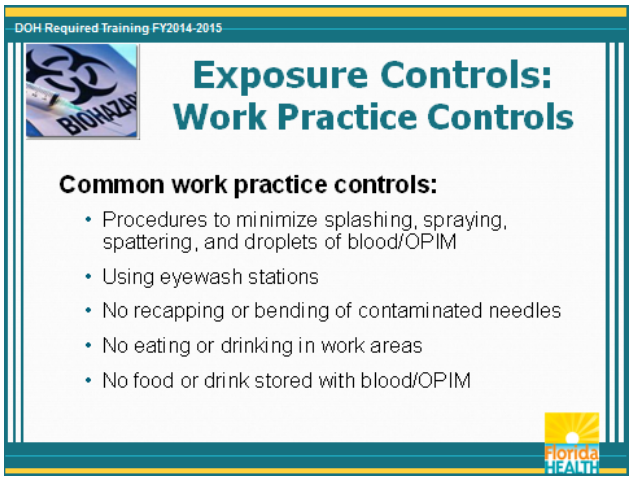
## Slide 12 – Exposure Controls: CDC Work Practice Controls




The CDC recommends the following work practice controls within the workplace:

- Wash hands frequently
- Try not to touch your face to prevent infection entering your nose, mouth, and eyes.
- Keep frequently touched surfaces disinfected
- Wear a mask if job duties require close contact with an infected person
- Postpone elective field visits and follow-up appointments
- Enforce exclusion of sick staff from the work area and enforce use of respiratory hygiene and cough strategies
- Use non-sterile gloves for any contact with patients

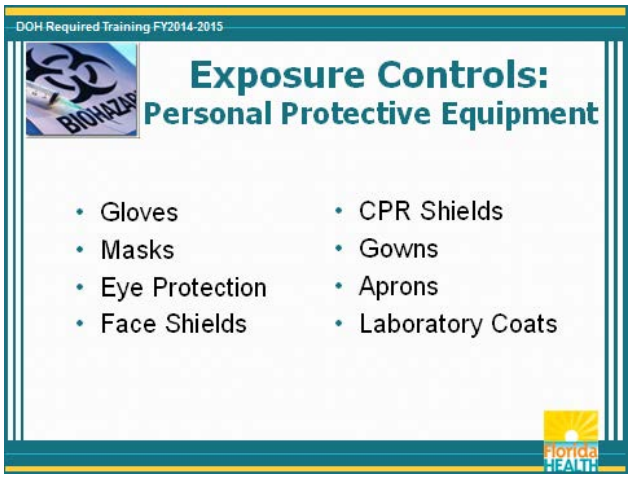
## Slide 13 – Exposure Controls: Work Practice Controls




The following are other common work practice controls frequently used in the workplace to help stop the spread of disease:

- Performing all procedures involving blood or OPIM in such a manner as to minimize splashing, spraying, spattering, and generation of droplets
- Using eyewash stations if splashes or spills of blood or OPIM to the eyes occur
- No recapping or bending of contaminated needles
- No eating or drinking, applying cosmetics or lip balms, or handling contact lenses in work areas where there is a reasonable likelihood of occupational exposure, and
- No food or drink kept in refrigerators or anywhere that blood or OPIM are present

## Slide 14 – Exposure Controls: Personal Protective Equipment

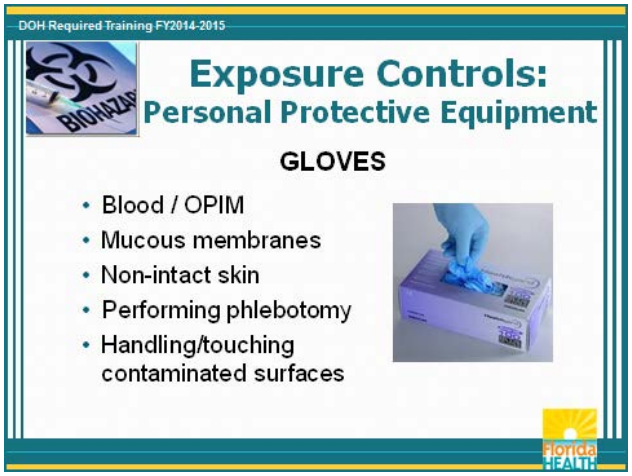



Personal protective equipment (PPE) is defined as specialized clothing or equipment worn by an employee for protection against a hazard.

PPE is acceptable to be worn if it prevents blood or OPIM from contaminating clothes, undergarments, skin, eyes, mouth, or other mucous membranes of the employee. The supervisor for the workplace will know the location of PPE at the work site.

Personal protective equipment most often includes gloves, masks, eye protection, face shields, CPR shields, gowns, aprons, and laboratory coats.

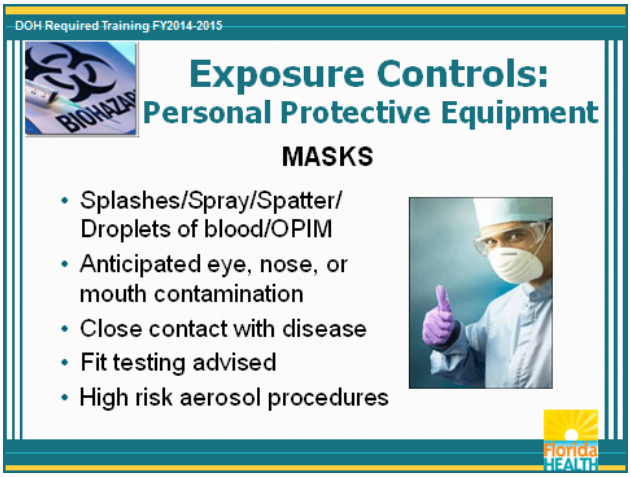
## Slide 15 – Exposure Controls: Personal Protective Equipment - Gloves




A few of the most commonly used items of PPE are gloves and masks, often in conjunction with eye protection such as goggles or glasses and face shields.

Gloves are to be worn when it can be reasonably anticipated that there may be hand contact with blood, OPIM, mucous membranes, and non-intact skin; when performing phlebotomy procedures; and when handling or touching contaminated surfaces.

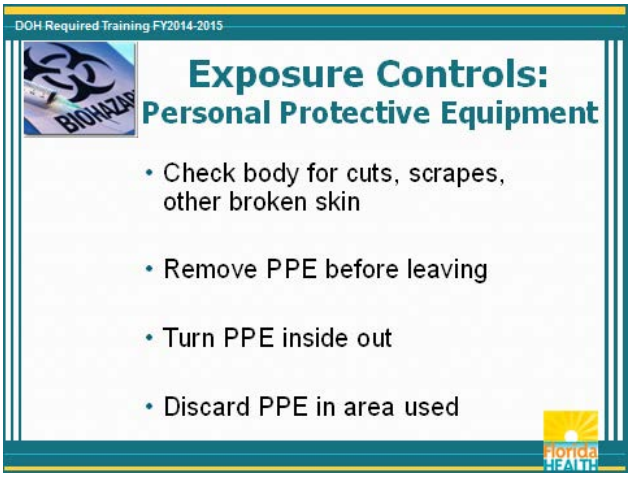
## Slide 16 – Exposure Controls: Personal Protective Equipment - Masks




Masks in conjunction with eye protection devices such as goggles or glasses with solid side shields and/or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Fit testing ensures appropriate mask protection for healthcare personnel whose job duties require them to be in close contact with confirmed or suspected diseases that are airborne or to perform high risk aerosol generated procedures.

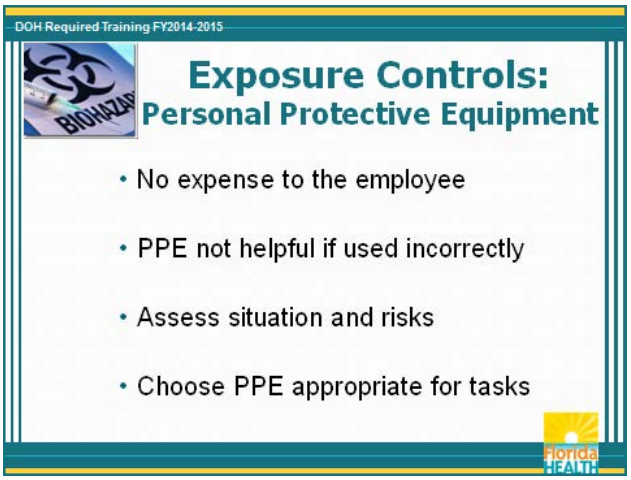
## Slide 17 – Exposure Controls: Personal Protective Equipment II




It is important to effectively prevent employee exposure when wearing PPE. Personal protective equipment should be worn and handled with extreme awareness. If PPE has been penetrated with blood or OPIM, check your body for cuts, scrapes, or other non-intact skin when removing PPE.

To prevent transmission of bloodborne pathogens to others and to prevent contamination of environmental surfaces, PPE must be removed before leaving the work area. Turn PPE wrong side out when removing and discard in the area where it was used.

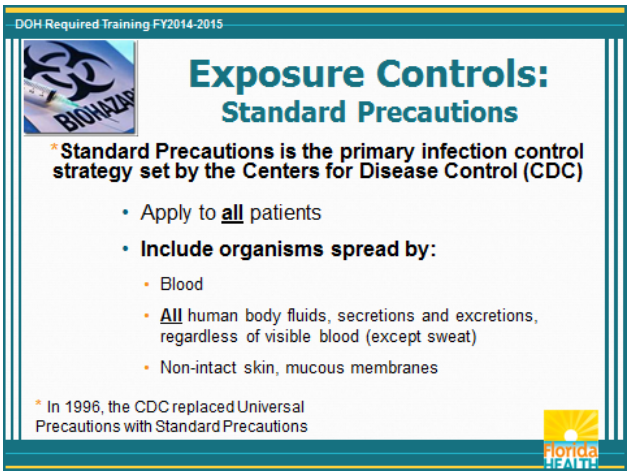
## Slide 18 – Exposure Controls: Personal Protective Equipment III




Personal protective equipment is to be provided by the facility at no expense to the employee.

PPE is not helpful if used incorrectly, so it is important to assess the situation and the risks involved before choosing items for employee protection. Be sure to choose protective equipment that is appropriate for the specific tasks being undertaken.

## Slide 19 – Exposure Controls: Standard Precautions



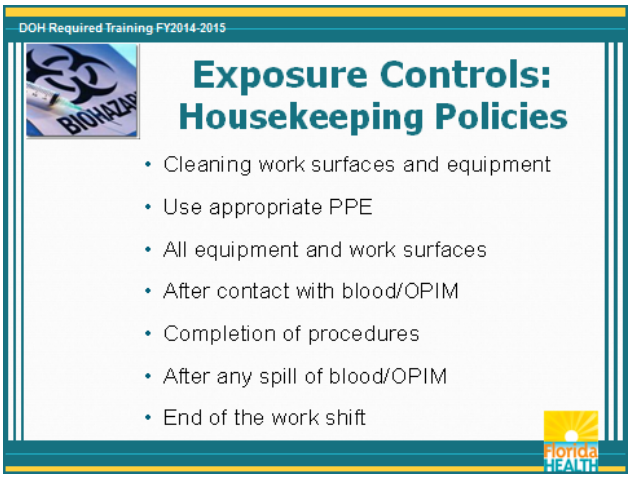

Standard Precautions is the primary infection control strategy set by the Centers for Disease Control and Prevention (CDC). They are applied to all patients, and are designed to minimize the risk of catching an infection from a patient or spreading infection among patients.

Standard Precautions integrate and expand Universal Precautions to include organisms spread by: Blood, **all** human body fluids, secretions, and excretions except sweat, regardless of whether they contain blood, non-intact skin, and mucous membranes.

Universal Precautions was first introduced in 1987 to prevent the spread or the transmission of bloodborne pathogens to the health care providers.

Standard Precautions is the outgrowth of Universal Precautions. The concept of Standard Precautions was established to expand the course of Universal Precautions and in 1996 the CDC replaced Universal Precautions with Standard Precautions.

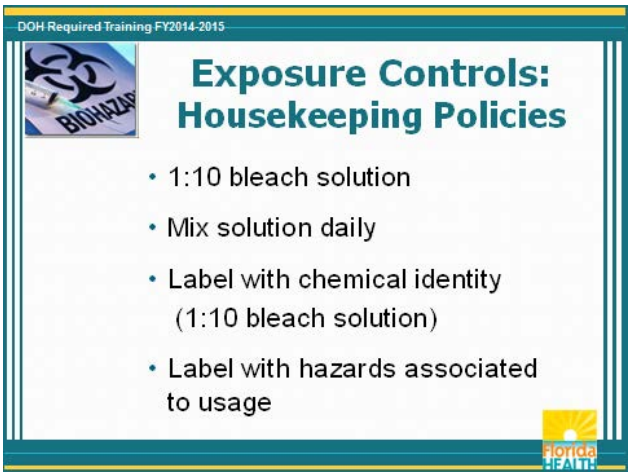
## Slide 20 – Exposure Controls: Housekeeping Policies




Housekeeping policies involve methods for cleaning work surfaces and equipment, to help protect employees from the spread of disease transmitted via potentially contaminated items or areas. Appropriate personal protective equipment is to be used during all housekeeping procedures.

All equipment and environmental work surfaces shall be cleaned and decontaminated after contact with blood or OPIM, after completion of procedures, after any spill of blood or OPIM, and at the end of the work shift.

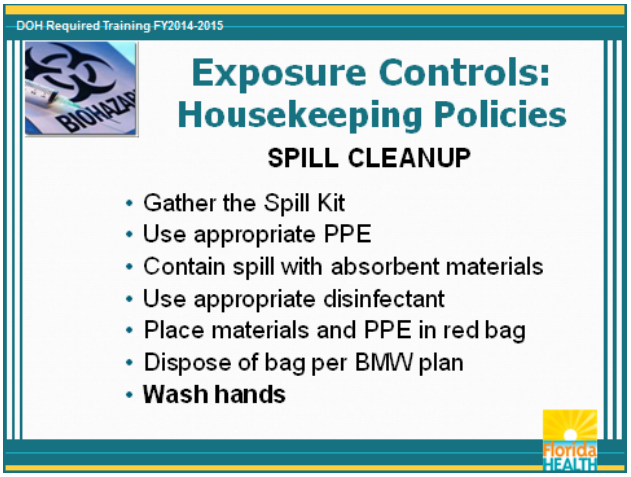
## Slide 21 – Exposure Controls: Housekeeping Policies II




Appropriate personal protective equipment PPE and an approved disinfectant are to be used while cleaning up potentially infectious materials.

A 1:10 (one to 10) bleach solution is an appropriate disinfectant. This solution must be mixed daily. The container must be labeled with the chemical identity (1:10 bleach solution) and the hazards (eye & skin irritant; may irritate nose, throat & lungs) associated with its use.

## Slide 22 – Exposure Controls: Housekeeping Policies - Spill Clean

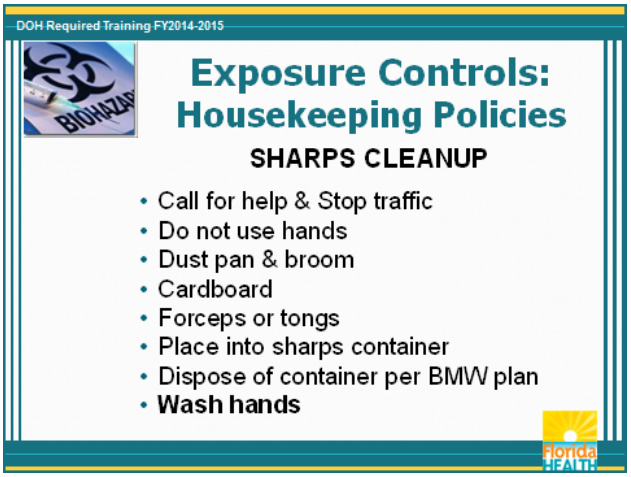



Clean up of spills in work areas must follow certain procedures in order to be done correctly and keep employees, as well as patients, safe from potential infection or contamination.

These procedures include gathering items to clean with or a designated “spill kit”, putting on and using appropriate personal protective equipment, containing the spill with absorbent materials and using an appropriate disinfectant according to label instructions.

The now contaminated materials should be placed in a red bag along with PPE. The bag should then be disposed of according to the biomedical waste plan. Anyone involved in the spill clean up should then wash their hands thoroughly.

## Slide 23 – Exposure Controls: Housekeeping Policies - Sharps Clean




Clean up of potentially contaminated sharps, such as broken glass or equipment in work areas must follow certain procedures in order to be done correctly and keep employees, as well as patients, safe from potential infection or contamination.

Immediately after the incident, call for help and stop traffic in the effected work area by cordoning it off. Do not use hands to pickup sharps. Instead, use a broom & dust pan, cardboard, forceps or tongs. Place all sharps into a designated sharps container.

The sharps container should then be disposed of according to the biomedical waste plan. Anyone involved in the clean up should then wash their hands thoroughly.

## Slide 24 – Exposure Controls: Safer Needle Regulation

The Needle Stick Safety & Prevention Act (2000) directed OSHA to amend the Bloodborne Pathogens Standard (revised 2001) to establish in greater detail requirements that employers identify and make use of effective and safer medical devices.

The revision specifies in greater detail the engineering controls, such as safer medical devices, which must be used to reduce or eliminate worker exposure.

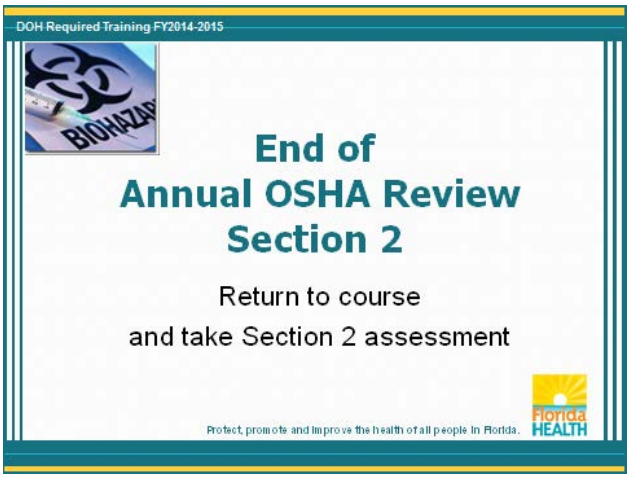
OSHA requires every employer that uses sharp medical devices on humans, and has at least one employee, to comply with the safer needle regulations detailed in the Bloodborne Pathogen Standard.

## Slide 25 – Exposure Controls: Safer Needle Regulation II

The safer needle regulations require employers to do the following every year, whether or not device failures or sharps injuries have occurred:

- Evaluate safer devices available on the market
- Include employee users in the evaluation process
- Document the evaluation, including names of employees who participated
- Choose and use devices that work for them
- Train employees on the proper use of the chosen device
- Re-evaluate as new technologies come on the market or at least every year.

### Slide 26 – End of Section 2

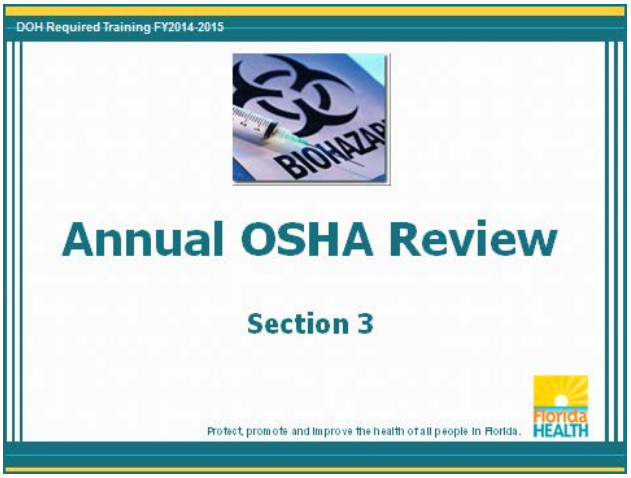



This is the end of the Annual OSHA Review - Section 2.

Please return to the course registration management page and take the Section 2 assessment.

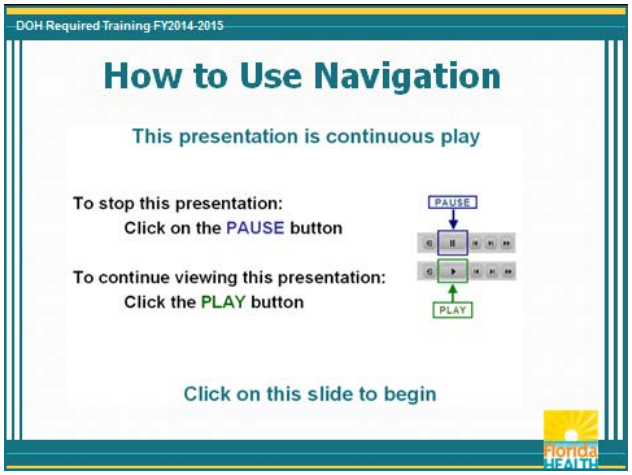
## Section 3

### Slide 1 – Title Slide Section 3




Welcome to Section 3 of the Annual OSHA Review.

## Slide 2 – How to Use Navigation




In order to make your viewing experience as easy as possible during the course of this DOH Required Training Course presentation we are providing these navigation instructions:

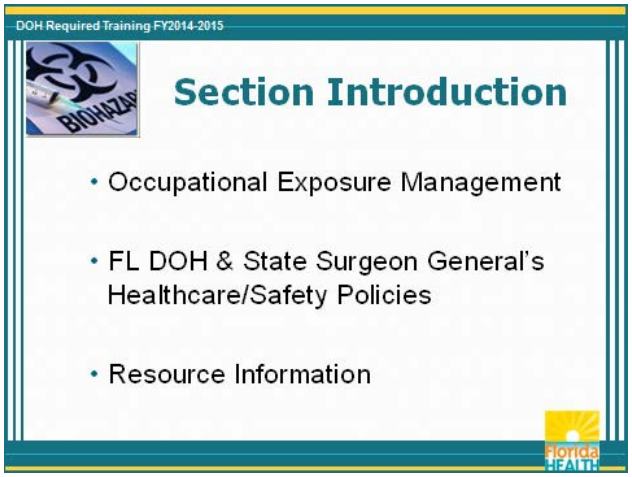
This presentation is formatted for continuous play. If you need to stop the presentation, click on the PAUSE button, on the bottom left of the screen.

When you are ready to continue your viewing, click on the PLAY button on the bottom left of the screen.

Please keep these instructions in mind as you proceed with this presentation.

To begin viewing this presentation you will need to click directly on **this** slide now.

## Slide 3 – Section Introduction

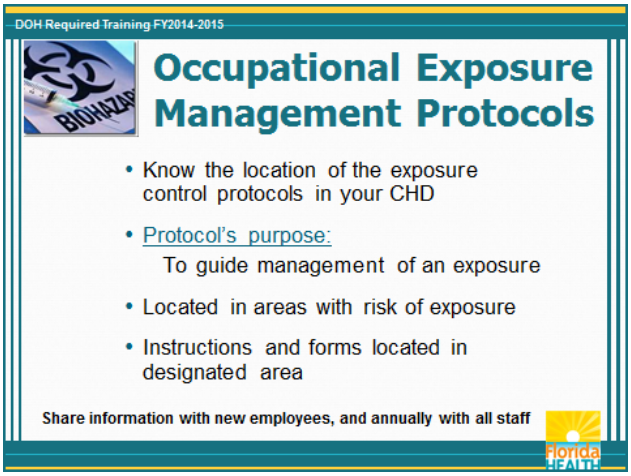



You should recall from the previous sections, the Occupational Safety and Health Administration, or OSHA, promotes a safe and healthy workplace environment for employees. In Florida, OSHA directs employers to use hazard controls to lower employee risk and train employees in safety measures.

This section will discuss management protocols in compliance with state and OSHA regulations to be used in case of an occupational exposure to potential bloodborne pathogens in the workplace.

This section will also review the Florida Department of Health and the state Surgeon General's policies on healthcare and workplace safety in regards to workplace exposures, and will present several resources relating to the subjects covered within the Annual OSHA Review presentation as a whole.

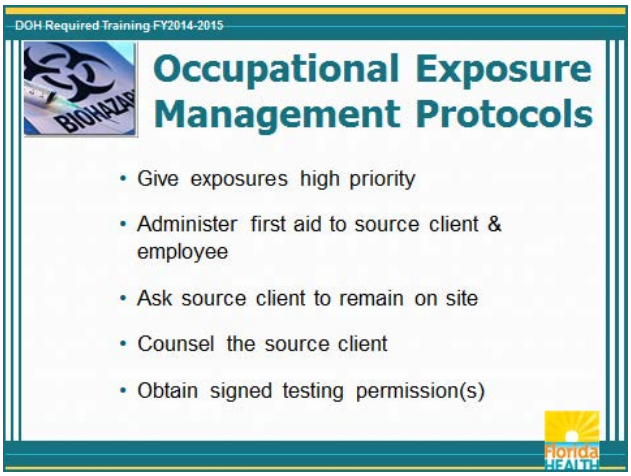
## Slide 4 – Occupational Exposure Management Protocols




If an occupational exposure to blood or body fluids and, potentially, to bloodborne pathogens occurs in the workplace, it is important to know the location of your local county health department's (CHD's) exposure control protocols. The purpose of the protocols is to guide and assist employees in managing an exposure or injury.

Exposure control protocols should be located in areas of your local CHD with risk of an occupational exposure. Instructions and forms needed for each incident should be located in a specifically designated area in your local CHD. This information should be shared with new employees and annually thereafter, with all staff.

## Slide 5 – Occupational Exposure Management Protocols II




Occupational exposures should be given high priority and treated as urgent, if not emergency, circumstances. Medical evaluation and initiation of treatment, if indicated, should begin as soon as possible.

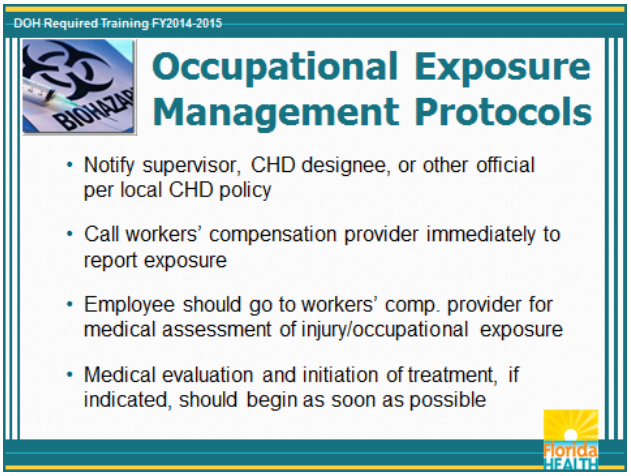
In the case of a workplace occupational exposure to blood or body fluids, and potentially to bloodborne pathogens, the following management protocols should be followed.

First, administer first aid to the source client and the injured employee involved in the exposure; ask the source client to remain on site so they can be counseled regarding the incident and permission can be obtained to test their blood for Hepatitis B, Hepatitis C, HIV, and Syphilis.

Though the source client cannot be forced to allow blood samples to be drawn, the law does allow results from previous tests already in the source client's chart to be shared with the employee and the workers' compensation provider, and allows HIV testing to be done on any blood already drawn.

Back to TOC

## Slide 6 – Occupational Exposure Management Protocols III



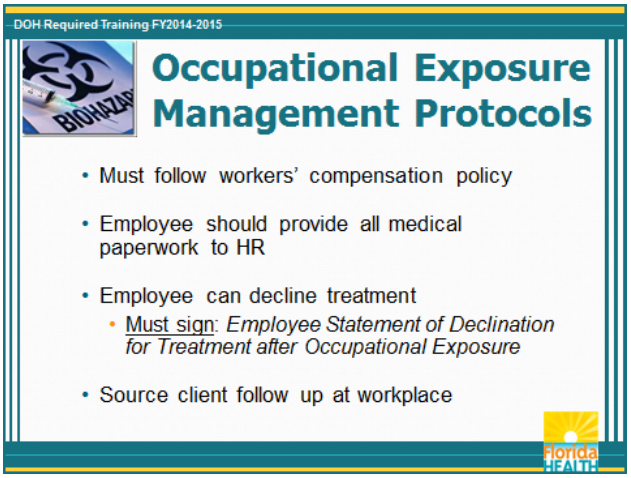

As soon as possible after an exposure incident, notify the immediate supervisor, CHD designee, or other official per local CHD policy of the exposure incident, who will notify the employee heath nurse, safety coordinator, and human resources.

Exposure to potentially infectious blood or body fluids that occurs as a result of occupational duties or employment-related activities shall be treated as a workers' compensation injury. Call the workers' compensation provider immediately to report the exposure case and be sure to mention "needle stick" or "blood exposure" when reporting.

Someone may need to accompany the injured employee to the workers' comp. provider for immediate medical assessment and to begin prophylactic medication if so directed by the medical provider. Post-exposure prophylaxis medication (PEP) should be continued until the medical provider instructs to discontinue or until laboratory results indicate they are safe without them. A PEP medication regimen is routinely taken for 28 days.

Post-exposure evaluation and determination of the need for treatment must be done in accordance with the most recent USPHS guidelines. Medical evaluation and initiation of treatment, if indicated, should begin as soon as possible – optimally within two hours of exposure.

## Slide 7 – Occupational Exposure Management Protocols IV




In the case of an occupational exposure, the workers' compensation policy is to be followed regarding the treatment and follow-up care of the injured/exposed employee.

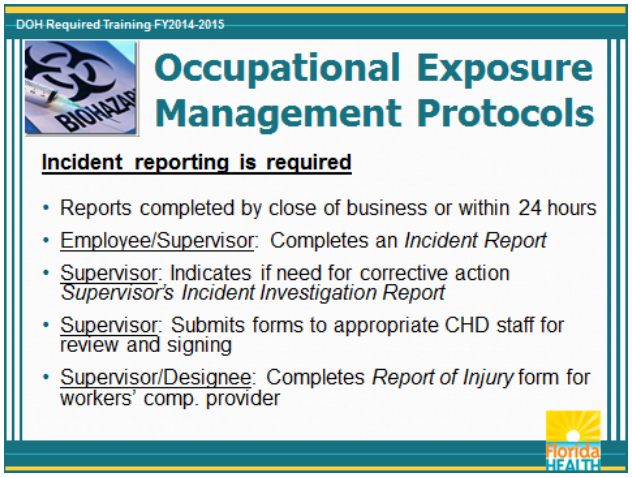
The employee is responsible for providing human resources with copies of medical information, forms, reports, or bills related to the case. The employee has the right to decline medical treatment.

However, if medical treatment is declined by the employee he or she must read and sign the "Employee Statement of Declination for Treatment after Occupational Exposure." Follow-up of the source client should be done at the workplace where the incident occurred.

All information that relates to the source client, such as consent forms, assessment form, and lab forms, should be kept in a specifically designated folder, book, etc. in your local CHD.

Back to TOC

## Slide 8 – Occupational Exposure Management Protocols V

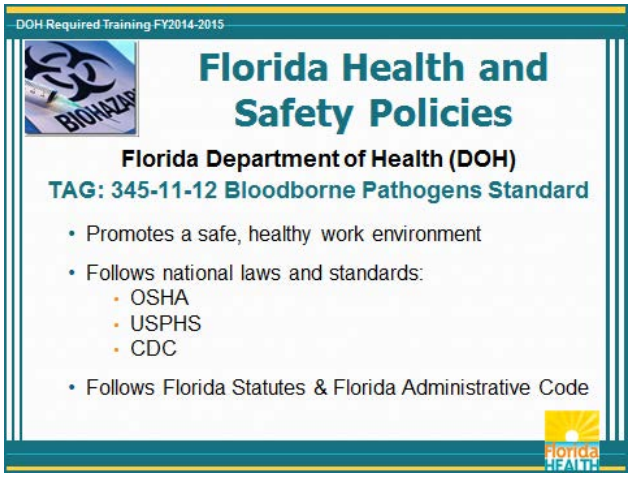



Incident reporting is required if an occupational exposure occurs. The employee should notify their supervisor or appropriate designee that an incident occurred. An "Incident Report" should be completed by the employee and/or supervisor by the close of business the day of the incident, but no later than 24 hours after the incident.

The supervisor must indicate if a corrective action plan is needed. The supervisor then must complete the "Supervisor's Incident Investigation Report" by the close of business or within 24 hours after the incident.

The supervisor then forwards all forms to the employee health nurse or CHD designee for review and signing. The supervisor or appropriate designee should then complete a Report of Injury form for the workers' comp. provider to notify the provider and document the incident. Reporting forms are provided to appropriate CHD staff per local CHD policy.

## Slide 9 – Florida Health and Safety Policies




The State Surgeon General has set policies to address the health and safety of the employees, agents, volunteers, visitors and clients of the Florida Department of Health.

Florida Department of Health (DOH) -Technical Assistance Guideline: TAG 345-11-12 -Bloodborne Pathogens Standard (revised December 2012).

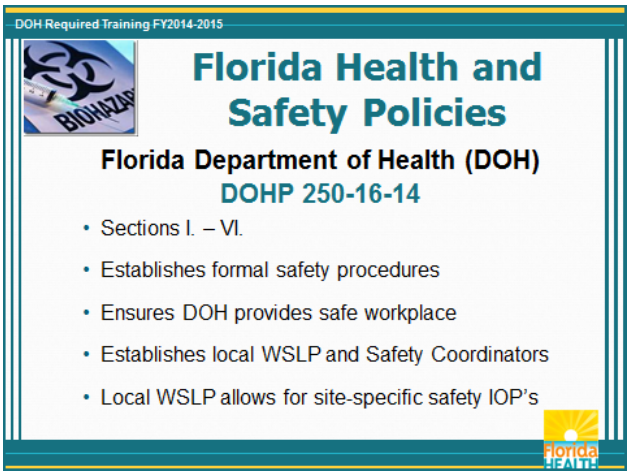
Section II (two) states - *The Florida Department of Health (DOH) is committed to providing a safe and healthy work environment for our entire staff and is responsible for the implementation of an Exposure Control Plan (ECP) in accordance with state and national standards as defined by Occupational Safety and Health Administration (OSHA) and the Centers for Disease Control and Prevention (CDC). In pursuit of this endeavor, the prevention of and treatment for occupational exposures to bloodborne pathogens will be executed in accordance with the directives and standards as defined by OSHA, the U.S. Public Health Service (USPHS), CDC, the Florida Statutes (F.S.), and the Florida Administrative Code (F.A.C.).*

*OSHA's ECP procedures will function as the key document to assist the Department of Health in implementing and ensuring compliance with OSHA standards designed to protect employees from exposure to bloodborne pathogens. The department will maintain, review, and update this ECP to maintain compliance with state and national standards.*

Note - A county health department (CHD) may have a written ECP protocol for the provision of PEP onsite. If this is the case, refer to your local CHD's ECP policy.

Back to TOC

## Slide 10 – Florida Health and Safety Policies II




The Department of Health, Bureau of General Services Safety and Loss Prevention Program Requirements Policy DOHP 250-16-14 addresses the safety and security of statewide facilities. Please pay specific attention to sections 1 through 6, while procedural information is also included in this document, it is not specifically relevant to the information in this presentation.

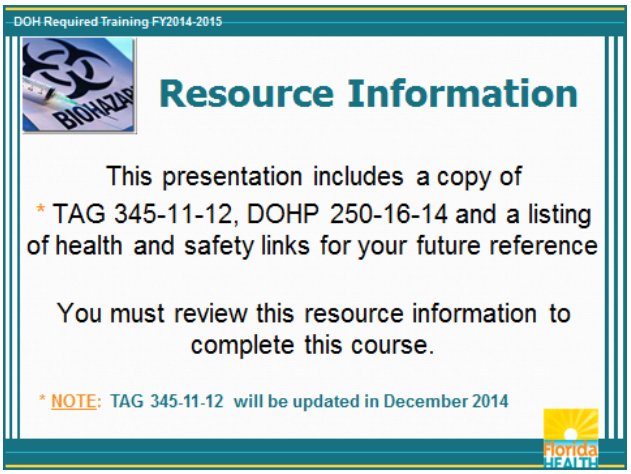
DOHP 250-16-14: This policy establishes formal procedures that each office shall follow to ensure the Department of Health provides a safe environment for employees, agents, volunteers, visitors, and clients we serve in accordance with Section **284.50 (1),** Florida Statutes and Executive Order 2000-292.

The policy states that: Every county health department (CHD), children's medical services (CMS) clinic, laboratory, and division must have an active workplace safety and loss prevention (WSLP) program and a designated safety coordinator.

Local WSLP should include site-specific internal operating procedures (IOP) for the safety and security of the facility they operate.

Both TAG: 345-11-12 and DOHP 250-16-14 are to be reviewed as part of this course.

## Slide 11 – Resource Information

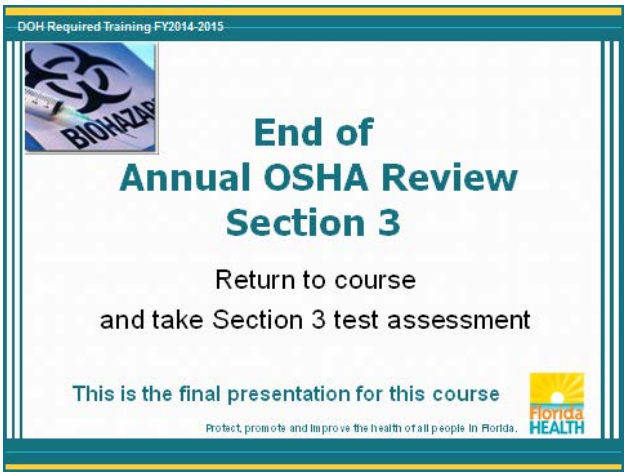



This presentation includes a copy of TAG 345-11-12 Bloodborne Pathogens Standard, DOHP 250-16-14 Safety and Loss Prevention Program Requirements Policy and a listing of health and safety links for your future reference.

**Please Note** – TAG 345-11-12 will be updated in December of 2014.

You must review this resource information to complete this course.

## Slide 12 – End of Section 3 and End of Course




This completes the Annual OSHA Review.

Please return to the course registration management page and take the Section 3 assessment.

This is the final presentation for this course.

We would like to thank:

The Department of Health's Division of Disease Control, HIV/AIDS and Hepatitis Section

And the Orange County Health Department

for providing invaluable help and resources for the production of this course.

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# Appendix I - RESOURCE INFORMATION

## 2014-2015 Annual OSHA Review - Health and Safety Links

Occupational Safety & Health Administration (OSHA) -www.osha.gov/index.html

Centers for Disease Control and Prevention (CDC) - www.cdc.gov

CDC – Hand hygiene resources - www.cdc.gov/handhygiene/

Immunization Action Coalition - www.immunize.org

National HIV/AIDS Clinicians' Consultation Center - www.nccc.ucsf.edu/

American Nurses Assoc. NursingWorld - www.needlestick.org

CDC – Hepatitis resources– http://www.cdc.gov/hepatitis/index.htm

FL Department of Health (DOH) – Hepatitis Prevention Program –
http://www.doh.state.fl.us/disease_ctrl/aids/hep/index.html

FL Department of Health (DOH) – HIV/AIDS & Hepatitis Section
http://www.doh.state.fl.us/disease_ctrl/aids/

U.S. Food and Drug Administration (FDA) -
http://www.fda.gov/ForConsumers/byAudience/ForPatientAdvocates/HIVandAIDSActivities/default.htm

HIV/AIDS Informational Links –
http://www.cdc.gov/hiv/links.htm
http://www.niaid.nih.gov/topics/hivaids/Pages/Default.aspx
http://www.thebody.com

## Lab Interpretation Links

Lab Tests Online – Hepatitis C - http://labtestsonline.org/understanding/analytes/hepatitis_c/test.html

Lab Tests Online – Hepatitis B –
http://labtestsonline.org/understanding/analytes/hepatitis_b/test.html

Lab Tests Online – Hepatitis A –
http://labtestsonline.org/understanding/analytes/hepatitis_a/test.html