



OMPA PROGRAM 28 BLOODBORNE PATHOGENS

Date
Assessment Date

Command Name

Date of Command Brief

Assessment completed by

Clinic Name

Program Purpose

Healthcare and Emergency Response personnel are at risk for occupational exposure to bloodborne pathogens, including hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV). This program establishes guidelines to minimize the risk to those workers of acquiring blood-borne pathogen disease due to occupational exposure during the course of their duties.

Program Goals

The goal of a successful BLOODBORNE PATHOGENS (Program 28) assessment for Navy OM clinics includes:

1. Providing superior quality occupational health-related services to reduce the exposure to Bloodborne pathogens to the lowest level possible in accordance with references (a) through (m).
2. Monitoring and assessment of potentially exposed personnel immunization and antibody status.
3. Regular or repeated collection, analysis, and interpretation of post-exposure incidents.
4. Ensuring annual, effective, up-to-date training and education tools are provided to personnel and OEM clinic staff regarding:
 - (a) bloodborne pathogen exposures
 - (b) post exposure treatment protocols
 - (c) needlestick/sharps prevention
5. Participating in collaborative work with (as applicable) Infection Control, Safety, Risk Management, and unit supervisors to develop, implement, and maintain proactive exposure control plans, command instructions, and environment of care plans.
6. Identifying potential exposure risks (including ensuring supplies are within needle-less system standards) to reduce risk of bloodborne pathogens to its lowest possible level.

SUPPORTING DATA

Regulations, Instructions, and References

Select which type of access you have for each of the references listed

(a) OSHA Directive: CSP-03-01-005 , (01/20) <i>"Voluntary Protection Program (VPP) Policies and Procedures Manual"</i>	Hardcopy	Electronic	None
(b) OSHA CPL 2-2.69 , (5/18) <i>"Enforcement Procedures for the Occupational Exposure to BBP"</i>	Hardcopy	Electronic	None
(c) 29 CFR 1910.1030 , (current) <i>"Bloodborne Pathogens Standard"</i>	Hardcopy	Electronic	None
(d) CDC MMWR , (05/18) <i>"Updated U.S. PHS Guidelines for the Mngmt Exposures to HIV & Recommendations for PEP"</i>	Hardcopy	Electronic	None
(e) National Clinician Consultation Center -PeP Steps , (04/16) <i>"PEPline Quick Guide for Occupational Exposures "</i>	Hardcopy	Electronic	None
(f) CDC MMWR , (10/02, Vol. 51 / No. RR-16) <i>"Guidelines for Hand Hygiene in Health Care Settings"</i>	Hardcopy	Electronic	None
(g) CDC MMWR , (07/12, Vol. 61, No. RR-3) <i>" Updated CDC Recommendations for the Mngmt of HBV -Infected HCW and Students"</i>	Hardcopy	Electronic	None
(h) CDC MMWR , (11/11, Vol. 60/No.7) <i>" Immunization of Health Care Personnel APIC recommendations"</i>	Hardcopy	Electronic	None
(i) The Joint Commission References , (current edition) contact your local JC rep <i>"Comprehensive Accreditation Manual for Hospitals (CAMH)"</i>	Hardcopy	Electronic	None
(j) OPNAVINST 5100.23 Series , (current edition) <i>" Chapter 28 Bloodborne Pathogens Program"</i>	Hardcopy	Electronic	None
(k) BUMEDINST 6220.14 (February 2011) <i>"Bloodborne Pathogen Control Program"</i>	Hardcopy	Electronic	None
(l) NMCPHC Occupational Health Program Evaluation Guide (OHPEG) <i>"Bloodborne Pathogens"</i>	Hardcopy	Electronic	None
(m) NMCPHC-TM-OEM-6260.7 (November 2010) <i>"Bloodborne Pathogens Exposure Control"</i>	Hardcopy	Electronic	None

Local Command Instructions

Enter local instruction number in space provided--must be reviewed and updated (as needed) **annually** for a Yes response.

	Last Updated	<input type="radio"/>	YES	NO
(n)	"Bloodborne Pathogen Exposure Instruction/Control Plan"	<input type="radio"/>	YES	NO
(o)	"Hazardous Material/Waste Control and Management"	<input type="radio"/>	YES	NO
(p)	"Infection Control"	<input type="radio"/>	YES	NO
(q)	"Other"		YES	NO

**Tracking and Program Management Tools
INSTRUCTIONS**

This Occupational medicine Program Assessment tool is designed as an interactive self-assessment picture of the program being review. Using the color coded scoring range of 1/RED (absolute system failure and noncompliance) to the highest score 5/GREEN (perfect compliance and best practice methods). Any score 3 or lower will require a validation comment in the space provided. This does not mean you cannot add comments of your choice .

#	Assessment Questions	Response
28.01	Are there documented current (annual updates are required) Infection Control and Exposure control programs that address quality assurance, occupational health and safety? (Please provide date of last update in the sections provided last update in the sections provided in items (n) through (q) above.	
28.02	Is the Exposure Control Plan (ECP) updated annually to address the process of selecting and testing commercially available safer medical devices?	
28.03	Is there documentation of solicitation of employee input in the identification, evaluation, and selection of engineering work practice controls that reduce the risks of exposure incidents?	
28.04	Does the current ECP include the following elements?: (1) Locations and likelihood of exposure. (2) Schedule and method of implementation for units with differing exposures or exposure types. (3) Hepatitis B vaccination and post-exposure evaluation, plan, and follow-up program. (4) Training, labeling, & general location and types of warning signs provided to communicate hazards. (5) Stipulation of the need for signs with the biohazard symbol. (6) Training and medical record keeping requirements. (7) List of job classifications with reasonable potential occupational exposure to blood & other potentially-infectious materials? (8) Protocols for handling of infectious waste.	

#	Assessment Questions	Response
28.05	Is there a written procedure to ensure that workers involved in an exposure incident report for a medical evaluation that includes: (1) The most current US Public Health Service CDC guidelines. (2) Explanation of the circumstances of the exposure incident.(3) Exposed individuals counseled regarding confidentiality of source testing results?	
28.06 NON-COUNT	Are training content and completeness documented and maintained for the required period?	Yes No
28.07	Is required annual employee BBP training updated and current for this reporting time frame?	
28.08 NON-COUNT	How are employees informed of the reporting process and points of contact for needlestick/ body fluid exposures?	
28.09	Have all command healthcare workers (HCW) and other identified at-risk personnel been evaluated for Hep B immunization and/or antibody status? <i>(IMPORTANT: You must be able to provide documentation--Failure to positively respond results in automatic overall assessment of amber Caution Needs Improvement response.</i>	
28.10	Are employees who decline HBV offered the option sign a declination form?	
28.11 NON-COUNT	Who has responsibility for validation of BBP regulatory compliance for contracted HCWs? <i>(select from the options right--if "other" explain below)</i>	
28.12 & 28.13	Are exposure control reports/logs current and complete? How many post exposure incidents have been reported this FY? <i>Enter FY quarterly figures below (a tabulated annual total will appear to the right)</i>	
	1st QTR 2nd QTR 3rd QTR 4th QTR FY Total	
28.14	Is there post exposure training available to employees? <i>If Yes, select all available methods that apply:</i> Handouts Powerpoint Web-based Counseling	
28.15	Are all employees that have been exposed been provided with the required physician's written opinion (PWO)?	
28.16	Is there a formal up-to-date command post-exposure prophylaxis (PEP) protocol in place?	

#	Assessment Questions	Response
28.17	Does the command laboratory have Rapid HIV kits available? If not, do they have a referral process in place to obtain this test on the 'source' blood?" ?	
28.18	Does the command pharmacy or ER have PEP medications available for use in the event of post-exposure? If not, does the current ECP specify the location and process for 24 hour access to PEP?	
28.19	Are post exposure medical records complete and thorough with all follow-up intervals clearly documented?	
28.20	Enter number of BBP records reviewed per quarter below <i>(a tabulated annual total will appear to the right)</i>	
	1st QTR 2nd QTR 3rd QTR 4th QTR FY Total	
28.21	Do you have access to a web-based protocol or documentation system?	Yes No

ADDITIONAL COMMENTS:

Provide specific information to support your responses from the questions above in the space provided below

DASHBOARD REPORT

The importance of assessing and scoring your program for successes and challenges cannot be underestimated in value. The scoring results of this assessment will be reviewed by your program manager or regional nurse to better assist, support and mentor your clinic as needed. If during the self-assessment process above you have determined that your program needs improvement (or you have a total program score of 3,2, or 1) you must complete the performance Improvement plan section of this OMPA Tool.

BASED ON YOUR SELECTED RESPONSES TO THE ASSESSMENT ITEMS ABOVE

YOUR SCORE



General Color Dashboard Definitions

Full compliance. No changes or improvements necessary during this assessment period or minor updates, changes, or improvements needed for compliance during this assessment period
(No additional follow-up performance improvement plan (PIP), assist visit, or report necessary)

Caution Need Improvement. Major updates, changes, or improvements needed for compliance during this assessment period.
(Performance improvement plan (PIP) for this program is required to bring program to green)

Danger Significant Challenges or System Failure. Major missing, non-compliant, unsupported components or no program viability or compliance during this assessment period.
(Performance improvement plan (PIP) and a support/assist visit from program manager/regional nurse and CO notification is required for this program)

SUBMISSION and PRINT SECTION

When you have completed each block be sure to save an electronic copy for your records (change the name of the document first and print a hard copy as needed for your chain of command). Submit your form to your program manager or regional nurse by attaching your saved document to an email.

REMEMBER!! If your program has a <3 you must complete the PIP portion at the end of this tool before submitting your document.

CONGRATULATIONS!
YOU HAVE COMPLETED THE PROGRAM 28
BLOODBORNE PATHOGENS PROGRAM!

PROCESS IMPROVEMENT PLAN

If during the self-assessment process above you have determined that the PROGRAM INTEGRATION program needs improvement (or you have a total program status of <3) complete the following PIP. This is an ongoing plan that must be updated until your program status has improved to >3.

Date PIP initiated: _____

Describe your plan including steps for success in the box below then proceed to submission section:

Date of PIP update #1

Enter 1st PIP status and update information in box below:

HAS YOUR PROGRAM IMPROVED TO >3?

(If YES no additional PIP is needed. If NO proceed with PIP and update at required interval)

YES

NO

Date of PIP update #2

HAS YOUR PROGRAM IMPROVED TO >3?

(If YES no additional PIP is needed. If NO proceed with PIP and update at required interval)

YES

NO

Date of PIP update #3

HAS YOUR PROGRAM IMPROVED TO >3?

(If YES no additional PIP is needed. If NO --CONTACT YOUR COMMAND OM CONSULTANT OR REGIONAL MANAGER FOR ASSISTANCE)

YES