

The following constitutes agreement between the Department of Veterans Affairs (VA) and the AFGE, National VA Council (NVAC) regarding VHA Directive 10-92 , Occupational Exposure to Bloodborne Pathogens.

1. A copy of the Exposure Control Plan and all changes/modifications will be provided to the Local AFGE Union representative.
2. All employees working in a hazardous area will be properly trained.
3. The union's safety and health representative will receive the same training as described in paragraph 4.g.1. of the directive.
4. Local Personnel Officers will, upon receipt, provide a copy of this policy and MOU to the local Union President.
5. Local management shall meet its labor management obligations at the local level prior to implementation.
6. Issues relevant and not specifically addressed in the policy or MOU, may be addressed in local bargaining. This does not affect local management's right to declare certain union proposals as non-negotiable.
7. In paragraph 4.1.(1) of the directive, insert after "environmental management staff" the following:  

"and a union representative"
8. It shall be the responsibility of each facility to purchase sufficient and necessary Personal Protective Equipment, (PPE), including but not limited to gowns, aprons, lab coats, and specialized clothing or equipment, worn by an employee for protection against hazards associated with bloodborne pathogens. General Work Clothes (e.g., uniform, pants, shirts, and blouses) are not considered to be PPE.
9. Each Service Policy will be forwarded to the Union for Local Negotiations, if it affects personnel policies, practices or working conditions.
10. All employees involved in patient care (direct or indirect) with known breaks in skin will be treated as exposed if they come in contact with blood and body fluids. (E.G. an employee stuck with used needle; an employee having a small arm cut that is inadvertently exposed to body fluids).

11. All appropriate exposure forms (CA-1, CA-2, OWCP forms) will be completed on an exposed employee and copies maintained by the agency in employee health and OWCP file, forwarded to the appropriate outside agencies, and available to the affected employees.

12. VA policy will be no less stringent than CDC and OSHA recommendations for HIV and HBV post exposure follow-up.

13. VA will encourage employees to report exposure through its policy and practices. This may be done in station memorandum, flyers, employee newsletters, etc.

14. The local facility will provide training concerning what to do if you believe you have been exposed and the importance of ensuring documentation of exposure and information regarding HIV.

15. If an employee seroconverts to HIV positive and has no known risk factors, it is possible that it is occupationally acquired.

16. Exposure Incident means a specific eye, mouth, other 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.

Occupational Exposure means 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.

17 The content of numbers 10 and 11 above will be included in annual training.

18. In the directive, paragraph 4e(2), delete the second sentence.

19. Each health care worker who has sustained a potential occupational exposure should be evaluated and an epidemiologic follow-up should be conducted by professional health care staff as soon as possible following the exposure event.

20. Management will comply with 29CFR Part 1910.1030.

  
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For Management

  
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For the NVAC

11/10/93