Bloodborne Pathogens

1.0 REFERENCE STANDARD: Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens 29 CFR 1910.1030.

2.0 PURPOSE:

2.1 The purpose of this exposure control plan is to:

2.1.1 Eliminate or minimize employee occupational exposure to blood or certain other body fluids;

2.1.2 Reference the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030.

3.0 SCOPE:

3.1 This program applies to all company first responders.

4.0 RESPONSIBILITIES:

4.1 It is the program administrator's responsibility to ensure all aspects of this program are implemented and kept up-to-date.

4.2 It is the program administrator's responsibility to make sure all first responders training is kept current.

4.3 It is the program administrator responsibility to communicate this program to all employees, so they are aware of who is considered a first responder.

Prepared by: Date: Approved by: Date:

5.0 DEFINITIONS:

5.1 **Bloodborne Pathogens** – pathogenic microorganisms that re present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

5.2 **Decontamination** – the use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

5.3 **Engineering controls** – controlling (e.g., sharp disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

5.4 **Exposure incident** – a specific eye, mouth, other mucous membrane, non0intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

5.5 **Licensed healthcare professional** – a person whose legally permitted scope of proactive allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

5.6 **HBV** – hepatitis B virus.

5.7 **HIV** – human immunodeficiency virus.

5.8 **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.

5.9 **Work practice controls** – control that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique.

6.0 PROCEDURES

6.1 Exposure Determination

6.1.1 OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications, in which all employees may be expected to incur such occupational exposure, regardless of frequency. At this facility the following job classifications are in this category:

6.1.2 In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in

these categories would be expected to incur exposure to blood or other potentially infectious materials, task or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows:

6.2 Implementation Schedule and Methodology

6.2.1 OSHA also requires that this plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

6.3 Compliance Methods

6.3.1 Universal precautions will be observed at this facility in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

6.3.2 Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. At this facility the following engineering controls will be utilized:

6.3.3 Supervisors shall ensure that after the removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. Supervisors shall ensure that if employees incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as soon as feasible following contact.

6.4 Containers for REUSABLE Sharps

6.4.1 Contaminated sharps are to be placed immediately, or as soon as possible, after use into appropriate sharps containers. At this facility the sharps containers are puncture resistant, labeled with a biohazard label and are leak proof.

6.5 Work Area Restrictions

6.5.1 In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

Mouth pipetting/suctioning of blood or other potentially infectious materials are prohibited.

6.6 Specimens

6.6.1 Specimens of blood or other potentially infectious materials will be placed in a container which prevents leakage during the collection, handling, processing, storage, and transport of the specimens. The container used for this purpose will be labeled or color coded in accordance with the requirements of the OSHA standard.

6.6.2 Any specimens which could puncture a primary container will be placed within a secondary container which is puncture resistant.

6.6.3 If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container, which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

6.7 Contaminated Equipment

6.7.1 The program administrator is responsible for ensuring that equipment, which has become contaminated with blood or other potentially infectious materials, shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

6.8 Personal Protective Equipment

6.8.1 PPE Provision

6.8.1.1 The program administrator is responsible for ensuring that the following provisions are met.

6.8.1.2 All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used. The program administrator is responsible for distribution of clothing and/or procedures, which would require the protective clothing.

6.8.2 PPE Use

6.8.2.1 The program administrator shall ensure that the employee uses appropriate PPE, unless the supervisor shows that employee temporarily and briefly declined to use PPE when, under rare and extraordinary circumstance, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of healthcare or posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be

investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

6.8.3 PPE Accessibility

6.8.3.1 The program administrator shall ensure that appropriate PPE, in the appropriate sizes, is readily accessible at the work site or is issued without cost to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

6.8.4 PPE Cleaning, Laundering and Disposal

6.8.4.1 All personal protective equipment will be cleaned, laundered, and disposed of by our company at no cost to the employees. All repairs and replacements will be made by our company at no cost to employees.

6.8.4.2 All garments, which are penetrated by blood, shall be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the treatment or clean up area.

6.8.4.3 When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

6.8.5 Gloves

6.8.5.1 Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes; when performing vascular access procedures and when handling or touching contaminated items or surfaces.

6.8.5.2 Disposable gloves used at this facility are not to be washed or decontaminated for re-use and are to be replaced as soon as practical, when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

6.8.6 Eye and Face Protection

6.8.6.1 Masks in combination with eye protection devices, such as goggles or glasses with solid side shield or chin length face shields, are required to be worn whenever splashes, spry platter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated. Situations at this facility which would require such protection follow:

6.9 Housekeeping

6.9.1 This facility will be cleaned and decontaminated according to the following schedule and by utilizing the following materials:

6.9.2 All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.

6.9.3 Any broken glassware, which may be contaminated, will not be picked up directly with the hands. Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

6.10 Regulated Waste Disposal

6.10.1 Disposable Sharps

6.10.1.1 Contaminated sharps shall be discarded immediately, or as soon as feasible, in containers that are collapsible, puncture resistant, leak proof on the sides and bottom and labeled or color coded.

6.10.1.2 During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found.

6.10.1.3 The containers shall be maintained upright throughout use, replaced routinely and not be allowed to overfill.

6.10.1.4 When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. The container shall be placed in a secondary container if leakage of the primary container is possible. The second container shall be closeable, constructed to contain all contents and prevent leakage during handling, storage and transport, or shipping. The second container shall be labeled or color-coded to identify its contents.

6.10.1.5 Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

6.10.2 Other Regulated Waste

6.10.2.1 Other regulated waste shall be placed in containers which are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping.

6.10.2.2 The waste must be labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

6.10.2.3 NOTE: Disposal of all regulated waste shall be in accordance with applicable United States, state and local regulations. (The Department of Natural Resources is the controlling agency in Wisconsin.)

6.11 Laundry Procedures

6.11.1 Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked (biohazard labeled or color-coded red bag) bags at the location where it was used. Such Laundry will not be sorted or rinsed in the area of use.

6.11.2 Note: If your facility utilizes **B**ody **S**ubstance **I**solation or Universal Precautions in the handling of all soiled laundry (i.e. all laundry is assumed to be contaminated) no labeling or color-coding is necessary if all employees recognize the hazards associated with the handling of this material.

6.11.3 Laundry at this facility will be cleaned at the designated location.

Note: If your facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, contaminated laundry must be placed in bags or containers which are labeled or color-coded. One possible solution would be to include a requirement in the contract laundry scope of work requiring the laundry to utilize the equivalent of Universal Precautions.

6.12 (Hepatitis B Vaccine and Post-Exposure Evaluation and Follow-Up)

6.12.1 General

6.12.1.1 Our company shall make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure and shall post exposure follow-up to employees who have had an exposure incident.

6.12.1.2 Our company shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series post exposure are:

6.12.1.3 Made available at no cost to the employee;

6.12.1.4 Made available to the employee at a reasonable time and place;

6.12.1.5 Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

6.12.1.6 Provided according to the recommendations of the U.S. Public Health Service.

6.12.1.7 All laboratory tests shall be conducted by an accredited laboratory, at no cost to the employee.

6.12.2 Hepatitis B Vaccination

6.12.2.1 The program administrator is in charge of the Hepatitis B vaccination program.

6.12.2.2 Hepatitis B vaccination shall be made available to all employees who have occupational exposure after they have received the training in occupational exposure (see information and training) and within 10 working days of initial assignment unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicate for medical reasons.

6.12.2.3 Participation in a pre-screening program shall not be a prerequisite for receiving Hepatitis B vaccination.

6.12.2.4 If the employee initially declines Hepatitis B vaccination, but at a later date while still covered under the standard decides to accept the vaccination, the vaccination shall then be made available.

6.12.2.5 All employees who decline the Hepatitis B vaccination offered shall sign the OSHA required waiver indicating their refusal. See Appendix A.

6.12.2.6 If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available.

6.12.3 Post Exposure Evaluation and Follow-Up

6.12.3.1 All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, it shall be reported to the program administrator.

6.12.3.2 Following a report of an exposure incident, the exposed employee shall immediately receive a confidential medical evaluation and follow-up, including at least the following elements

6.12.3.3 Documentation of the route of exposure and the circumstances under which the exposure incident occurred;

6.12.3.4 Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.

6.12.3.5 The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the program administrator shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

6.12.3.6 When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual. Collection and testing of blood for HBV and HIV serological status will comply with the following:

6.12.3.7 The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained;

6.12.3.8 The employee will be offered the option of having his/her blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.

6.12.3.9 All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. All post exposure follow-up will be performed by the designated medical facility.

6.13 Information Provided To the Healthcare Professional The program

6.13.1 The Program Administrator shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided with the following:

6.13.2 A copy of 29 CFR 1910.1030;A written description of the exposed employee's duties as they relate to the exposure incident;

6.13.3 Written documentation of the route of exposure and circumstances under which exposure occurred;

6.13.4 Results of the source individual's blood testing, if available; and

6.13.5 All medical records relevant to the appropriate treatment of the employee, including vaccination status.

6.14 Healthcare Professional's Written Opinion

6.14.1 The program administrator shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. The healthcare professional's written opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for an employee and if the employee has received such vaccination.

6.14.2 The healthcare professional's written opinion for post exposure follow-up shall be limited to the following information:

6.14.3 A statement that the employee has been informed of the results of the evaluation; and a statement 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. **Note:** All other findings or diagnosis shall remain confidential and shall not be included in the written report.

6.15 Labels and Signs

6.15.1 The program administrator shall ensure that biohazard labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport or ship blood or other potentially infectious materials.

6.15.2 The universal biohazard symbol shall be used. The label shall be fluorescent orange or orange-red.

6.15.3 Red bags or containers may be substituted for labels. However, regulated wastes must be handled in accordance with the rules and regulations of the organization having jurisdiction.

6.16 Information and Training

6.16.1 The program administrator shall ensure that training is provided at the time of initial assignment to tasks where occupational exposure may occur and that it shall be repeated within twelve months of the previous training. Training shall be tailored to the education and language level of the employee and offered during the normal work shift. The training will be interactive and will cover the following:

6.16.1.1 A copy of the standard and an explanation of its contents;

6.16.1.2 A discussion of the epidemiology and symptoms of bloodborne diseases; An explanation of the modes of transmission of bloodborne pathogens;

6.16.1.3 An explanation of the company Bloodborne Pathogen Exposure Control Plan (this program) and a method for obtaining a copy;

6.16.1.4 The recognition of tasks that may involve exposure;

6.16.1.5 An explanation of the use and limitations of methods to reduce exposure, for example, engineering controls, work practices and personal protective equipment (PPE);

6.16.1.6 Information on the types, use, location, removal, handling, decontamination, and disposal of PPE's;

6.16.1.7 An explanation of the basis of selection of PPE's;

6.16.1.8 Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge;

6.16.1.9 Information on the appropriate actions to take and persons to contact in an emergency involving blood and other potentially infectious materials;

6.16.1.10 An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up;

6.16.1.11 Information on the evaluation and follow-up required after an employee exposure incident;

6.16.1.12 An explanation of the signs, labels, and color-coding systems.

6.16.2 The person conducting the training shall be knowledgeable in the subject matter.

6.16.3 Employees who have received training on bloodborne pathogens in the twelve months preceding the effective date of this policy shall only receive training in provisions of the policy that were not covered.

6.16.4 Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

6.17 Recordkeeping

6.17.1 Medical Records

6.17.1.1 The program administrator is responsible for maintaining medical records as indicated below. These records will be kept in the Human Resources Office.

6.17.1.2 Medical records shall be maintained in accordance with OSHA Standard 29 CFR 1910.20. These records shall be kept confidential and must be maintained for at least the duration of employment plus 30 years. The records shall include the following:

6.17.1.3 The name and social security number of the employee.

6.17.1.4 A copy of the employee's HBV vaccination status, including the dates of vaccination.

6.17.1.5 A copy of all results of examinations, medical testing, and follow-up procedures.

6.17.1.6 A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.

6.17.2 Training Records

6.17.2.1 The program administrator is responsible for maintaining the following training records. These records will be kept in the Human Resources Office for a minimum of 3 years.

. REVISION HISTORY RECORD:

Revision Number	Section	Revised By	Description
0	NA	NA	Original document.

Appendix A - HBV Vaccination Statement

HBV Vaccination Statement

DECLINATION STATEMENT

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. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature _____ Date_____

ACCEPTANCE STATEMENT

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. I hereby accept the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself.

Employee Signature _____ Date_____