

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN (OSHA 1910.1030)

SAMPLE

PURPOSE

The purpose of this Exposure Control Plan is to provide and maintain a safe working environment for all employees by eliminating and/or minimizing occupational exposure to BLOODBORNE pathogens, including, but not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV). It is the responsibility of this company to provide and maintain appropriate engineering controls and personal protective equipment, and to develop and promote safe work practices. It is also expected that employees will practice and follow the guidelines set forth by this plan.

SCOPE

This plan covers all employees who could be “reasonably anticipated,” as a result of the performance of their job duties, to come into contact with blood or other potentially infectious materials.

RESPONSIBILITY

Questions or comments regarding the Bloodborne Pathogen Program need to be directed to

(name and title)

Supervision Responsibility:

- ◆ Assure that incidents where exposures are assumed to be present are controlled through the adherence to company procedures.
- ◆ Follow all company safe practices and procedures.

Employee Responsibility:

- ◆ Involve self with situations where there is a possibility of exposure to potentially infectious material only if properly trained and designated by company to respond.
- ◆ Follow all company safe practices and procedures.

COMPLIANCE ENFORCEMENT POLICY

This company has the highest regard for the safety of its employees and for the general public. Our goal is to ensure a safe and healthy work environment for all employees.

The willful non-adherence to company safe practices and procedures for handling and working near potentially infectious materials by any employee will be immediate cause for disciplinary action, up to and including termination of employment.

Non-compliance with this safety policy will be reviewed immediately by management to determine disciplinary action.

DEFINITIONS

1. **Blood**: Human blood, human blood components, and products made from human blood.
2. **Bloodborne Pathogens**: Pathogenic microorganisms that are present in human blood and can cause disease in humans. Those pathogens include, but are not limited to: Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).
3. **Contaminated**: The presence or the reasonably anticipated presence of blood or other exponentially infectious materials on an item or surface.
4. **Contaminated Sharps**: Any contaminated object that can penetrate the skin, including, but not limited to: needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
5. **Decontamination**: The use of physical or chemical means to remove, deactivate, or destroy bloodborne pathogens on a surface or item to the point that they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
6. **Engineering Controls**: Controls that isolate or remove the bloodborne pathogens hazard from the workplace.
7. **Exposure Incident**: A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.
8. **Handwashing Facilities**: Facility providing an adequate supply of running potable water, soap, and single-use towels or a hot-air drying machine.
9. **HBV**: Hepatitis B virus.
10. **HIV**: Human Immunodeficiency virus.
11. **Licensed Healthcare Professional**: Person whose legally permitted scope of practice allows him or her to perform the activities required for Hepatitis B vaccination and post-exposure evaluation and follow-up.
12. **Occupational Exposures**: 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.
13. **Other Potentially Infectious Materials (OPIM)**: See page 4 for definition.
14. **Parenteral**: Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
15. **Personal Protective Equipment**: Specialized equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment (PPE).
16. **Source Individual**: Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.
17. **Sterilize**: The use of a physical or chemical procedure to destroy all microbial life, including highly resistant bacterial endospores.
18. **Work Practice Controls**: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

BACKGROUND

The Center for Disease Control (CDC) has recognized the following as linked to the potential transmission of HBV, HIV, and other bloodborne pathogens in the occupational setting:

- ◆ Blood / blood product or components
- ◆ Semen
- ◆ Vaginal secretions
- ◆ Amniotic fluid
- ◆ Synovial fluid
- ◆ Any body fluid visibly contaminated with blood
- ◆ And all body fluids in situations where it may seem difficult or impossible to differentiate between body fluids.
- ◆ Saliva
- ◆ Cerebrospinal fluid
- ◆ Pleural fluid
- ◆ Pericardial fluid

These substance shall be collectively referred to as blood and “other potentially infectious materials” (OPIM) for the remainder of this document.

EXPOSURE DETERMINATION

In order to protect employees, those at risk must first be identified. The following lists job classifications that are at risk for exposure to potentially infectious material(s).

- ◆ Employees trained and designated as first aid providers.
- ◆ Management and supervisors who are trained in first aid and who will respond to incidents.
- ◆ Office staff who are designated first aid providers and oversee first aid supplies and transports to medical provider.
- ◆ Maintenance and/or housekeeping staff who will be called upon to clean up a spill of blood or OPIM.

CONTROL METHODS

Universal Precautions

Universal Precautions (UP) is the approach to infection control. It is the practice of assuming all blood and OPIM are potentially infectious regardless of the source.

UP shall apply to human blood, blood products, and OPIM as well as any body fluids, tissues, or inanimate objects contaminated or potentially contaminated with same.

UP requires placing effective barriers between the employee and the blood or OPIM in order to interrupt the transmission of bloodborne pathogens through parenteral contact, or contact with the skin, eyes, or mucous membranes.

Universal Precaution guidelines are outlined more fully on the following page.

Universal Precautions

Handwashing

- Handwashing continues to be an important means of interrupting disease transmission to employees.
- Wash hands after removing gloves or other personal protective equipment.
- Wash hands after contact with blood or other potentially infectious material.
- In the event handwashing facilities are not immediately available, a substitute antiseptic hand cleaner or towelette will be used. Hands shall be washed with running water and soap as soon as possible.

Waste

- The Supervisor shall properly package waste, to prevent spill or leakage, and label it for disposal. Waste will be placed in plastic trash bags if biohazard bags are not available. Biohazard waste will be labeled and disposed of in the waste dumpster unless you can have it removed by the local emergency response service (if they responded to the incident). Do not discard in a trash can where employees will have to handle the waste again; dispose of it directly into the dumpster.

Blood or Body Fluid Spills

- In the event of a blood or body fluid spill, all visible organic matter must first be removed and then the area decontaminated. To assist with cleanup there is a spill kit located in each department office or break room. Follow instructions on spill kit.
- Broken glass and other sharps shall be picked up using a dust pan and brush, not by hand.
- Decontamination shall be done by thoroughly cleaning the area of spill with an approved disinfectant or bleach.
- Special caution shall be taken when disinfecting sharp edges such as cutting knives or saw teeth.

Resuscitation Equipment

- Protective resuscitation devices (pocket masks) are strategically located to provide personnel with immediate access for emergency situations. These devices shall be used in place of emergency mouth-to-mouth resuscitation. Once used, these items shall be properly bagged for disposal.

Hepatitis B Vaccine Program

- All employees who have jobs which may be “reasonably anticipated” to bring them in contact with items contaminated by blood or body fluids shall be offered Hepatitis B vaccine free of charge. These workers must be immunized against Hepatitis B, or sign a declination form. Any employee who declines the vaccine initially may request it, free of charge, at any future date.

Exposure Incident

- All exposure incidents and blood or body fluid contact must be reported to a supervisor immediately after occurrence and be followed up by a licensed healthcare provider.

Education

- All new employees shall receive training in Universal Precautions, pertinent to the scope of their responsibilities and work activities.
- All employees shall receive a review of Universal Precautions at least annually.

Work Practice Controls & Engineering

PERSONAL PROTECTIVE EQUIPMENT

1. PPE will be provided by this company and when used correctly by employees, will eliminate or minimize direct exposure to potentially infectious or contaminated material by providing an appropriate barrier.
2. PPE available in general includes:
 - Disposable latex gloves and rubber industrial gloves
 - Pocket masks
 - Plastic aprons
 - Face shields
 - Shoe covers
3. Single-use disposable gloves shall be worn when it is reasonably anticipated that hand contact with blood or OPIM will occur. Gloves will be supplied in all company first aid kits.
 - ◆ Clean, single-use (disposable) latex gloves are available in various sizes. These are located in each first aid box.
 - ◆ Gloves shall be worn when there is anticipated or potential contact with blood or body fluids.
 - ◆ Gloves shall be worn when the employee has non-intact skin (cuts, abrasions, dermatitis, etc.).
 - ◆ Gloves shall be worn by the persons responsible for the transportation and handling of soiled linen and red bag waste.
 - ◆ Gloves shall be worn when cleaning any surface or areas soiled with OPIM.
 - ◆ Gloves shall be worn when handling surfaces soiled with blood or body fluids.
 - ◆ Gloves shall be changed when visibly soiled or damaged.

Pocket Masks

- ◆ These masks are for use when providing cardiopulmonary resuscitation (CPR).
- ◆ The masks provide a barrier between the user and the victim, protecting against saliva and expired air.
- ◆ The masks will be clean, single-use (disposable) types, with one-way valves.

Blood and/or OPIM
Spill Clean-up and Disposal of Biohazard Waste

Bloodborne Spill Kit Contents:

- rags, paper towels

- bleach or germicide

- mop

- broom

- dust pan

- trash bags or biohazard bags

- full face shield

- latex gloves

- spray bottle

Procedure:

(A procedure needs to be written.)

HBV VACCINATION

Employees whose jobs may be reasonably anticipated to expose them to potential occupational hazards from bloodborne pathogens will be encouraged to receive the HBV vaccination series. This will be made available, AT NO CHARGE TO THE EMPLOYEE, within 10 working days of placement in the job classification with potential occupational exposure. The vaccination series will be completed in accordance with the specifications of the manufacturer and the Center for Disease Control's recommendations.

If an employee chooses not to receive HBV vaccination, the employee must sign a letter of declination. Employees who initially decline vaccination may request it at any future date. Vaccinations will be given according to standard medical practice.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

- **Reporting**

An exposure incident is defined as a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or OPIM that results from the performance of an employee's duties. In the event of an exposure, employees will have the opportunity, AT NO COST TO THE EMPLOYEE, to receive a confidential medical evaluation with the company medical provider.

- **Treatment**

An incident report will be sent to the company medical provider with a copy of this company's Bloodborne Pathogen Standard, a written summary of the exposure incident including the route of exposure and circumstances, and all medical records relevant to the appropriate treatment of the employee, including vaccination status.

- **Recordkeeping**

This company will, within 15 days, obtain a copy of the healthcare professional's written report and provide the employee with a copy. This opinion will be limited to whether hepatitis B vaccine was indicated and whether it was given, if the employee was made aware of the results of the evaluation, and any medical conditions resulting from exposure to blood or OPIM which may require further treatment.

All other findings or diagnoses will remain confidential.

- **Medical Treatment**

The exposed employee will be offered serologic HIV/HBV testing in the manner recommended by the CDC as soon as possible after the incident and the opportunity for retesting as recommended by the CDC. Testing will be performed at an accredited laboratory at no cost to the employee. If the employee initially declines serologic testing, he / she may elect to have the baseline studies drawn and saved for up to 90 days. At any point during this time period, he / she may elect to have the tests performed on the saved blood.

Employees will have the opportunity to receive post-exposure prophylaxis (i.e., gamma globulin, Hep B immune globulin, AZT) when medically indicated, at no cost to the employee.

Follow-up of the exposed worker will include counseling, medical evaluation of any febrile illness that occurs up to 12 weeks post-exposure, and the use of safe and effective post-exposure measures according to standard medical practice.

EMPLOYEE HEALTH RECORDKEEPING

Each exposure will be documented in accordance with 29 CFR, Access to Employee Exposure and Medical Records. Records shall be maintained for at least the duration of employment plus thirty years.

Each exposure record shall include:

1. The name and Social Security number of the employee.
2. A copy of the employee's HBV vaccination status including dates and any records relative to the employee's ability to receive the vaccination.
3. A copy of all tests, exams, and follow-up procedures.
4. The employer's copy of the healthcare professional's written opinion.
5. A copy of the information provided to the healthcare professional.
6. These records shall not be disclosed to anyone without the employee's express written consent, except as required by OSHA regulations, or state law.
7. Exposures shall be recorded on the OSHA 200 form if medical treatment is required, or if duties are restricted to time lost in accordance with OSHA guidelines.
8. HBV and HIV infections shall be recorded on the OSHA 200 log if the illness can be traced back to an occupational injury or accident.

TRAINING AND EDUCATION

All employees performing tasks which have been determined to have a potential for exposure are required to participate in a training and education program prior to initiating the task(s). {All managers/supervisors and designated first aid providers.} This training will be updated annually.

Training will be provided at no cost to the employee and during reasonable normal working hours.

Training shall be conducted by individuals knowledgeable in the subject matter as it relates to the control of Bloodborne Pathogens and to the specific tasks being performed. The training will contain the following elements:

EMPLOYEE TRAINING

Explanation and location of 29 CFR 1910.1030, Bloodborne Pathogen Standard.

Explanation and location of the company exposure control plan.

General explanation of the epidemiology and systems of Bloodborne Disease.

Modes of transmission of Bloodborne Pathogens.

Explanation of use and limitation of the methods of control, i.e. universal precautions, engineering controls.

PPE and work practice controls.

Explanation of the basis for selection, use, removal, decontamination, and/or disposal of PPE.

Information on the HBV vaccine, including its efficiency, safety, and the benefits of being vaccinated, and that the vaccination is offered free of charge to the employee.

Explanation of the procedure to follow if an exposure occurs, including post-exposure evaluation and follow-up.