## Bloodborne Pathogens

1. **Purpose**

To comply with the OSHA Bloodborne Pathogens Standard, Title 29 CFR 1910.1030 through the use of a written exposure control plan, appropriate employee training, personal protective equipment, record keeping, labeling and vaccination, and tracking procedures. This plan applies to all occupational exposures to blood or other potentially infectious materials which may occur while rendering first aid or medical services.

1. **Right of Access**

This plan is available upon request to employees, their designated representatives and to government agencies where required by law. A copy of the plan will be available at each reporting location where covered employees work, and to all First Responders at the time of their training.

1. **Methods of Compliance**

* Universal precautions shall be observed to reduce exposure by treating all human blood as if it is known to be infectious for HIV, HBV or other bloodborne pathogens. Employees are to use this approach when handling any blood or materials contaminated with blood. All employees face the same risk from bloodborne pathogens. Employees giving first aid or cleaning up bloodborne pathogens may have a higher risk. Housekeeping personnel may also have a higher risk in coming into contact with bloodborne pathogens.
* Exposure determination will be made without regard to the use of personal protective equipment.
* Engineering and work practice controls will be used to minimize employee exposure.
  + Hand washing facilities are readily available to all employees. In the event hand washing facilities are not available, antiseptic towelettes will be provided at no cost to the employees.
* Personal protective equipment will be used when employee exposure exist, after the implementation of engineering controls.
* Engineering controls are reviewed annually to insure their effectiveness.
* Employees with occupational exposure, regardless of whether the employee was using PPE, will observe the following control measures:
  + Employees must wash their hands or other skin with soap and water, or flush mucous membranes with water, as soon as possible following an exposure incident (such as a splash of blood to the eyes or an accidental needle stick).
  + Employees wash their hands and other skin surfaces with soap and water immediately or as soon as feasible after removing gloves or other personal protective equipment.
  + In the event that employees do not have access to washing facilities, they must wash their hands with an appropriate antiseptic hand cleanser and clean cloth or paper towels and wash with soap and water as soon as possible.
* Materials such as bandages etc. that become contaminated with blood to the extent they are regulated waste shall be placed in a leak proof biohazard bags.
  + Employees must handle contaminated needles and other sharps in the manner prescribed in their training programs in compliance with OSHA regulations.

1. **Personal Protective Equipment**

* Appropriate Personal Protective Equipment (PPE) will be provided for employee use at no cost to the employee.
* PPE shall be used unless the employer shows that employees temporarily declined to use PPE under rare circumstances.
* When rendering first aid, the employee is required to use PPE whenever the potential exist for blood to contact skin surfaces or mucous membranes.
* Contaminated PPE will be removed immediately or as soon as feasible and placed in an appropriately labeled container. The cleaning, laundering, repairing, replacement, and disposal of PPE will be provided at no cost to the employee.
* Gloves will be worn when handling or touching contaminated items or when it can be reasonably expected that the employee may have hand contact with blood or other potentially infectious materials.

1. **Housekeeping**

Decontamination will be accomplished by utilizing the following materials:

* 10% (minimum) solution of chlorine bleach
* [Lysol or other EPA-registered disinfectants](http://ace.orst.edu/info/nain/lists.htm)
* All contaminated work surfaces, tools, objects, etc. will be decontaminated immediately or as soon as feasible after any spill of blood or other potentially infectious materials. The bleach solution or disinfectant must be left in contact with contaminated work surfaces, tools, objects, or potentially infectious materials for at least 10 minutes before cleaning.
* Equipment that may become contaminated with blood or other potentially infectious materials will be examined and decontaminated before servicing or use.
* Broken glassware will not be picked up directly with the hands. Sweep or brush material into a dustpan.
* Known or suspected contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closeable, puncture-resistant, leak-proof on sides and bottom, and marked with an appropriate biohazard label. If sharps container is not pre-labeled, biohazard labels are available through EHS.
* When containers of contaminated sharps are being moved from the area of use or discovery, the containers shall be closed immediately before removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
* Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous injury.

1. **Regulated Waste**

* Contaminated items such as bandages, dressings, needles, broken glass contaminated with blood, etc., are considered regulated waste and must be disposed of in appropriate containers.
  + Waste must be placed in biohazard bags.
  + If necessary, the biohazard bag shall be placed in containers which are closable, puncture resistant, leak proof and labeled as biohazard.
* Regulated waste should be sent to a medical facility along with the injured person if medical treatment is necessary. Otherwise, a local medical emergency agency should be contacted for disposal.

1. **Hepatitis B Vaccination, Post “Exposure Incident” Evaluation and Follow-Up**

Hepatitis B vaccine is available to all employees who have rendered first aid in any situation involving the presence of blood, whether they were wearing PPE or not. In addition, post exposure evaluation and follow-up will be available to an employee after an "Exposure Incident". These services will be provided at no cost to the employee and at a reasonable time and place.

1. **Hepatitis B Vaccination**

* The vaccination series will be offered to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood regardless of whether or not an "Exposure Incident" occurred. The vaccination series is to be made available at no cost as soon as possible, but no later than 24 hours after incident occurred and reported.
* Employees declining the vaccination are required to sign the statement in exhibit "A". The signed statement will be forwarded to the Safety Manager and filed in the employee's medical folder.
* In the event that a booster dose of Hepatitis B vaccine is recommended at a future date by the U.S Public Health Service, the booster will be made available as with the original vaccination.

1. **Post "Exposure Incident" Evaluation and Follow-up**

* Employees are required to report all "Exposure Incidents" to their immediate supervisor.
* The immediate supervisor will investigate each "Exposure Incident" and document the following information:
  + Exposed employee's name and social security number.
  + Date and time of exposure.
  + Job duty performed at the time of exposure.
  + Details of exposure including amount and type of fluid or material the employee was exposed to and severity of exposure (i.e. depth of injury and whether fluid was injected).
  + Description of the source of exposure including, if known, whether the source material contained HIV or HBV.
  + Details about counseling, post exposure management and follow-up
* The documented information will be submitted to the Safety Manager and filed with the employee's medical records.
* The exposed employee's blood will be collected as soon as feasible and tested for HIV and HBV as soon as consent is obtained.
  + If consent for testing is not obtained immediately, the blood shall be stored for 90 days.
  + The employee may request to have their blood tested within that 90 day period.
  + If the baseline tests are seronegative, the employee shall be retested at 6 weeks, 12 weeks, and 6 months after exposure.
  + The results of these tests are available only to the health care provider and the individual tested.

1. **Training**

Training will be conducted at time of hire, annually and when changes or procedures are modified that will affect the employee's occupational exposure. All employees with occupational exposure shall participate in the training program.

Training will contain the following elements:

* A copy of the OSHA Blood borne Pathogen standard shall be issued.
* A general explanation of the epidemiology and symptoms of blood borne diseases.
* A discussion of the modes of transmission of blood borne diseases.
* A discussion of this plan and the means by which an employee can obtain a copy.
* Recognition of tasks that may involve exposure to blood or other potentially infectious body fluids and materials.
* An explanation of the methods, work practices and protective equipment that will prevent or reduce exposure.
* An explanation of proper handling and disposal of personal protective equipment.
* Information on Hepatitis B vaccine.
* The basis upon which personal protective equipment is selected.
* Information on appropriate action to take and persons to contact in an emergency involving blood or other potentially infectious body fluids and materials.
* An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, and the medical follow-up that will be made.
* Information on the post exposure evaluation and follow-up is required to be provided to the employee(s) following an exposure incident.
* An explanation of signs, labels, or color-coding required by OSHA’s Standard.
* An opportunity for interactive questions and answers with the person conducting the training session.

1. **Training Records**

* Training records will include the names of the employees attending, training date, contents or summary of training session and the name of the person conducting the training.
* Training records will be maintained for a minimum of 3 years following the date on which training occurred.

1. **Medical Records**

* Human resources will maintain an accurate record for each employee with a documented occupational exposure.
  + Human resources will maintain the confidentiality of all medical records.
  + Information will not be disclosed without the employee's written consent.
* Medical information maintained by Human Resources will include:
  + A list of first aid incidents involving occupational exposure.
  + Completed Hepatitis B vaccine Declination form.
  + Supervisor's report of any "Exposure Incident".
  + Name and social security number of the employee.
  + A copy of the employee's Hepatitis B vaccination status including dates as provided by Physician.
  + A copy of all results of examinations, medical testing follow-up procedures.
  + The employer's copy of the physician's written opinion.
  + A copy of the information provided to the physician as outlined under follow-up care.
* In accordance with CFR 1910.20, medical records for employees covered by this Plan will be maintained for the duration of employment plus 30 years.
  + Employee medical records required by this section shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.1020.

Transfer of records will be done in accordance with 29 CFR 1910.1020(h).

Link to [HepatitisBVaccineDeclination](#HepatitisBVaccineDeclination) Appendix D