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<b>BLOODBORNE PATHOGENS</b>	
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## 1. PURPOSE AND SCOPE

- 1.1. The Federal Occupational Safety and Health Administration (OSHA) Final Rule Governing Occupational Exposure to Bloodborne Pathogens (29 CFR 1910.1030, Dec. 6, 1991) is addressed to health care facilities, including health units in industry, as well as non-volunteer fire and rescue personnel.
- 1.2. The standard is designed to reduce occupational exposure to human blood and certain body fluids and tissues that are potentially infectious for HBV, HIV, and other bloodborne pathogens.

## 2. DEFINITIONS

<b>Approved Disinfectant</b>	A bleach/water solution in a ratio of 1:10 or any commercially available disinfectant such as Betacide or Madacide.
<b>Blood</b>	Human blood, human blood components and products made from human blood.
<b>Bloodborne Pathogens</b>	Pathogenic microorganisms that are 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).
<b>Contaminated</b>	The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface
<b>Decontamination</b>	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.
<b>Engineering Controls</b>	Any controls that isolate or remove the bloodborne pathogens hazard from the workplace.
<b>Exposure Incident</b>	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.
<b>First Responder</b>	Any employee who has received accredited training in first aid and/or cardiopulmonary resuscitation (CPR).
<b>Hand-washing Facilities</b>	A facility providing an adequate supply of running potable water, soap, and single use towels or hot air drying machines.
<b>HBV</b>	Hepatitis B virus.

<b>HIV</b>	Human Immunodeficiency Virus.
<b>Occupational Exposure</b>	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.
<b>Other Potentially Infectious Materials (OPIM)</b>	<ul style="list-style-type: none"> <li>• The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and body fluids in situations where it is difficult or impossible to differentiate between body fluids;</li> <li>• Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and</li> <li>• HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.</li> </ul>
<b>Parenteral</b>	Piercing mucous membranes or the skin barrier through such events as human bites, cuts, and abrasions.
<b>Responsible Person (Personnel)</b>	Any person or persons trained in the control of disinfection procedures and disposal procedures of equipment, product or materials suspected to be contaminated with Bloodborne Pathogens
<b>Source Individual</b>	Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.
<b>Universal Precautions</b>	An approach to infection control. According to the concept of Universal Precautions, human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
<b>Work Practice Controls</b>	Controls that reduce the likelihood of exposure by altering the manner in which a task is performed

### 3. EXPOSURE DETERMINATION

3.1. Job classifications shall be reviewed by the Corporate Safety Department to determine activities that involve potential occupational exposure to bloodborne pathogens or OPIM. Very few jobs with MAPP will involve such exposure as part of a designated job duty. Listed below are job classifications in which employees have a possibility of

occupational exposure.

#### 3.1.1. First Aid Responders

### 4. POLICY

- 4.1. Personal protective equipment shall be provided by the individual's employer at no additional cost to the employee and worn by all employees that are considered at risk. However, exposure determination shall be made without regard to the use of personal protective equipment.
- 4.2. The procedures that could result in potential exposure include:
  - 4.2.1. Emergency management of injuries
  - 4.2.2. Rescue Breathing / CPR
  - 4.2.3. Any other procedures involving exposure to blood or other body fluids. The likely places of exposure to potentially infectious material include:
    - 4.2.3.1. Any injury emergency scene
    - 4.2.3.2. First aid treatment areas on job sites
- 4.3. All human blood and other body fluids, possibly contaminated with blood, will be considered potentially infectious for HBV and HIV.
- 4.4. An exposure incident may occur if an employee comes into contact with the blood of another person or some other potentially infectious material.
- 4.5. If any exposure incident occurs, the supervisor or his designee of MAPP shall ensure that the area and/or equipment that has been contaminated by blood or other potentially infectious materials is secured from inadvertent exposure to others by placing warning tape and signs around the contaminated area.
- 4.6. Signs shall not be removed until the area is thoroughly cleaned and disinfected with disinfectant solution by a Responsible Person wearing appropriate Personal Protective Equipment.
- 4.7. When any MAPP employee is subject to an exposure incident, regardless of whether or not that employee is a designated First Responder, the superintendent shall immediately refer that employee to the MAPP Corporate Safety Department who will bring the employee to a designated medical provider for consultation and evaluation.
- 4.8. Upon evaluation, the MAPP Safety Department shall request the source individual voluntarily submit to serological blood test to screen for the presence of Hepatitis B (HBV) and human immunodeficiency (HIV) virus antibodies. If the source individual agrees to be tested, the person shall be directed to the designated medical provider.
- 4.9. MAPP shall request the source individual provide the medical provider for the employee subjected to the exposure incident the results of blood tests conducted on the source individual.
- 4.10. If the source individual refuses to voluntarily submit to blood testing, advise the medical provider that the source individual refused to be tested.
- 4.11. A copy of this plan shall be accessible to all employees with a written request submitted to the MAPP Safety Department.

### 5. INCIDENT INVESTIGATION

- 5.1. Exposure incidents must be reported immediately to the exposed employee's supervisor, who must immediately report the exposure to the MAPP Safety

Department. The MAPP Safety Department will promptly conduct an exposure incident investigation that documents the following information:

- 5.1.1. The circumstance surrounding the exposure incident.
- 5.1.2. The likely route(s) of entry.
- 5.1.3. Engineering controls in place at the time of the incident.
- 5.1.4. Work practice controls in place at the time of the incident.
- 5.1.5. Personal protective equipment or clothing in use at the time of the incident.
- 5.1.6. Any failures of the above controls at the time of the incident.
- 5.1.7. Identification of the source individual.
- 5.1.8. The exposed employee's training and vaccination records.

## **6. ENGINEERING CONTROLS**

- 6.1. Engineering controls should be evaluated and examined for use to protect employees.
- 6.2. Any engineering controls used should be maintained on a regular schedule to ensure their effectiveness.

## **7. WORK PRACTICES**

- 7.1. Employees shall wash their hands immediately or as soon as possible after removal of gloves or other personal protective equipment and after hand contact with blood or other potentially infectious materials. Hand sanitizing facilities and soap shall be available to all potentially exposed personnel. Any area that does not have hand washing facilities shall be provided with hand sanitizing gel until facilities can be located.
- 7.2. Used needles and other sharps shall be disposed of intact into properly labeled and designated puncture-proof containers. Used needles shall not be removed from disposable syringes.
- 7.3. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in any work area where there is a potential for occupational exposure to blood or other potentially infectious materials. Food, drink or personal items shall not be stored in refrigerators, freezers, or cabinets where blood or other potentially infectious materials are stored or in other areas of possible contamination.
- 7.4. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, and aerosolization of these substances.
- 7.5. Mouth pipetting or suctioning is prohibited.
- 7.6. All medical treatment areas shall undergo periodic cleaning and disinfection of surfaces to maintain a clean and sanitary worksite. These locations shall also maintain a written schedule documenting regular cleaning and method of decontamination.
- 7.7. Equipment which may become contaminated with blood or other potentially infectious materials shall be checked routinely and prior to servicing or shipping and shall be decontaminated as necessary.
- 7.8. Broken glassware that may be contaminated shall not be picked up directly with the hands, but shall be picked up using mechanical means only.
- 7.9. Contaminated laundry shall be bagged at the location where it was used and shall not

be handled in patient-care areas.

## **8. DECONTAMINATION**

- 8.1. Any disposable contaminated materials shall be discarded by sealing within a plastic bag, which is then to be sealed in a red bag or one that is marked with a bio-hazard symbol. Proper disposal of these items shall occur by coordinating with a local waste disposal company. Disposal of these items without such coordination is prohibited. The MAPP supervisor for the applicable work area, or designee, shall ensure proper disposal. All contaminated areas, tools, and equipment shall be cleaned with the following bleach and water mixture: 1 part bleach to 10 parts water.

## **9. VACCINATIONS**

- 9.1. Hepatitis B vaccinations shall be made available to employees who have occupational exposure to blood within 10 working days of applicable work site assignment, at no cost, at a reasonable time and place, and under the supervision of a licensed physician/licensed healthcare professional, and according to the latest recommendations of the U.S. Public Health Service. Employees shall sign a declination form if they choose not to be vaccinated, but may later opt to receive the vaccine at no cost to the employee.

## **10. TRAINING**

- 10.1. Bloodborne Pathogen Exposure Control training shall be held within ninety (90) days of the effective date of hire, and annually for applicable employees. This training shall include employees who serve as First Aid Providers. A hard copy of this Bloodborne Pathogens Exposure Control Program shall be provided to every applicable employee trained.

## **11. RECORDKEEPING**

- 11.1. The Corporate Safety Department or his/her designee will be responsible for maintaining all documentation and records related to the Bloodborne Pathogen Program. Exposure and medical records shall remain confidential and be maintained for thirty (30) years past the exposed employee's last date of employment. Training records shall be maintained and kept for three years from the date of training. The Corporate Safety Department shall provide to any employee, Assistant Secretary and/or OSHA Director who so requests, a copy of the Bloodborne Pathogen Exposure Control Program and/or related applicable Information / records no later than fifteen (15) working days from the date of a written request. The employer shall ensure that all records required by this section shall be made available upon request of employees, Assistant Secretary & the Director for examination & copying. Medical records must have written consent of employee before released. The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020(h).

## **12. UNIVERSAL PRECAUTIONS FOR ALL PATIENTS BY PROCEDURE**

PROCEDURE	PRECAUTION				
	Wash Hands	Use Gloves*	Protective Clothing	Face Guard	Wear Eye Protection
Talking to patient	No	No	No	No	No
Adjusting Equipment	No	No	No	No	No
Examining patient with-out touching blood, body fluids, mucous membranes	Yes	No	No	No	No
Examining patient including contact with blood, body fluids, mucous membranes	Yes	Yes	No	No	No
Handling Soiled Materials	Yes	Yes	Yes**	Yes**	No
Emergency situations with trauma	Yes	Yes	No	No	Yes
Potential of spurting blood	Yes	Yes	Yes	Yes	Yes

\* Gloves shall always be available and may always be used. Gloves shall always be used when the employee has cuts, scratches, or other breaks in his or her skin or when there is a high likelihood that hand contamination may occur, e.g., the patient is uncooperative.

\*\*Use protective clothing, mask, and eye wear if waste is very contaminated and splattering is likely.