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Bloodborne Pathogens Program

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Bloodborne Pathogen Program

Purpose

An infection control plan must be prepared for all people who handle, store, use, process, or dispose of infectious medical wastes. This infection control plan complies with OSHA requirement, 29 CFR 1910.1030, Blood Borne Pathogens. The plan includes requirements for personal protective equipment, housekeeping, training, and a procedure for reporting exposures.

Responsibilities

- The ESHS Manager will conduct the Bloodborne Pathogen Program and maintain records of training and inspections for this program.
- Management will ensure proper conduct of the program.

Definitions

Biological Hazard. The term biological hazard or biohazard is taken to mean any viable infectious agent that presents a risk, or a potential risk, to the wellbeing of humans.

Medical Wastes/Infectious Wastes. All laboratory waste emanating from human or animal tissues, blood or blood products or fluids; all cultures of tissues or cells of human origin or cultures of etiologic agents; specimens of human or animal parts or tissues removed by surgery, autopsy, or necropsy.

Universal Precautions. Refers to a system of infectious disease control that assumes that every direct contact with body fluids is infectious and requires every employee exposed to be protected as though such body fluids were infected with blood-borne pathogens. All infectious/medical material must be handled according to Universal Precautions (OSHA Instruction CPL 2-2.44A)

Reporting and Recordkeeping

Any reports required by OSHA will be maintained by the Safety Department. All reports (Training Certificates, Notice of HBV Vaccinations, exposure reports) will be maintained for 30 years. Occupationally contracted HBV or HIV will be recorded on the OSHA 200 Log of Occupational Injuries and Illnesses as an illness. Exposures to blood-borne pathogens from contact with sharps will be recorded on the OSHA 200 Log of Occupational Injuries and Illnesses if treatment such as gamma globulin, hepatitis B immune globulin or hepatitis B vaccine is prescribed by a Physician.

Training

Custodial Employees (those that clean rest rooms, etc.) will receive initial and annual training by the safety department on the Bloodborne Pathogen Program. Additionally, personnel trained in First Aid shall be offered this annual training.

All new and current affected Employees will be trained initially and annually thereafter. The content of the training program will include:

- Company Policy
- Types and transmission of Blood-Borne Pathogens
- General Safety Rules
- Universal Precautions
- Use of Personal Protective Equipment
- Medical Waste Disposal Procedures
- Post Exposure Treatment and Procedures
- HBV Vaccinations

Documentation of training will be by Control of Blood-Borne Pathogens Training Certificate.

Post Exposure Treatment and Notification Procedures

Should an affected Employee or an Employee acting as a "Good Samaritan" be occupationally exposed to HIV/HAV/HBV the affected Employee will report the exposure to the Safety Manager. The Company will provide for the Employee to be tested for HIV/HAV/HBV at Company expense. Following the initial blood test at time of exposure, sero negative Employees will be retested at 6 weeks, 12 weeks and 6 months to determine if transmission has occurred. During this period, the Employee will follow the recommendations provided by the Doctor or the U. S. Public Health Service.

An "occupational exposure" is defined as blood or body fluid contact from an injured or ill Employee to the affected Employee or injury by a contaminated sharp object.

Following the report of exposure, SDS Lumber Company, will contact the exposure source and request that person be tested for HIV/HAV/HBV at Company expense. The request is not mandatory and if refused will not effect that Employee's future employment.

During all phases of Post Exposure, the confidentiality of the affected Employee and exposure source will be maintained on a "need to know basis". SDS Lumber Company, will use the Blood-Borne Pathogens Exposure and Treatment form to document the exposure and offer of medical assistance to the affected Employee and use the Medical Consent for Blood-Borne Pathogens Testing form for the exposure source. The results of any HIV/HAV/HBV tests conducted will be provided to the exposed and source Employees within 5 business days of receipt.

General Procedures

All supervisors must ensure that their staff is trained in proper work practices, the concept of universal precautions, personal protective equipment, and in proper cleanup and disposal techniques.

Cuts

If an employee has a needle stick, cut, or mucous membrane exposure to another persons body fluids he/she must report the incident immediately to the Company Nurse.

Blood Exposure

All employees exposed to human blood and blood products must report to the Safety Manager for information and possible inclusion in the Hepatitis B Immunization Program.

Infection Control Plan

The purpose of the Infection Control Plan is to protect the health and safety of the persons directly involved in handling the materials, Company personnel and the general public by ensuring the safe handling, storage, use, processing, and disposal of infectious bio waste. This plan complies with OSHA requirement proposed for 29 CFR 1910.1030, Blood Borne Pathogens.

Universal precautions: Refers to a system of infectious disease control which assumes that every direct contact with body fluids is infectious and requires every employee exposed to be protected as though such body fluids were infected with blood-borne pathogens. All infectious/bio material must be handled according to Universal Precautions (OSHA Instruction CPL 2-2.44A).

The following universal precautions must be taken.

1. Gloves must be made of appropriate disposable material, usually intact latex or vinyl. They must be used:
 - a. when the employee has cuts, abraded skin, chapped hands, dermatitis, or the like.
 - b. when examining abraded or non-intact skin of an employee with active bleeding.
 - c. while handling blood covered items or blood products or other body secretions during routine procedures.
2. Protective Tyvek suits must be worn when splashes of body fluid on skin or clothing are possible.
3. Mask and eye protection are required when contact of mucosal membranes (eyes, mouth or nose) with body fluids is likely to occur (e.g. splashes or aerosolization).
4. Resuscitation equipment, pocket masks, resuscitation bags, or other ventilation equipment must be provided to eliminate the need for direct mouth to mouth contact.

Waste Disposal Plan

1. Bio/Infectious waste must be segregated from other waste at the point of origin.
2. Bio/Infectious waste, except for sharps (e.g. razor blades, broken glass, needles, etc.) capable of puncturing or cutting must be contained in double disposable red bags conspicuously labeled with the words, "INFECTIOUS WASTE -- BIOHAZARD."

3. Infectious sharps must be contained for disposal in leak-proof, rigid puncture resistant containers.
4. Infectious waste thus contained as described in procedures 2 and 3 above must be placed in reusable or disposable leak-proof bins or barrels which must be conspicuously labeled with the words, "INFECTIOUS WASTE -- BIOHAZARD." These waste barrels are be picked up regularly by an outside company licensed to handle infectious wastes.
5. Spills/Disinfectants: a solution of sodium hypo chlorite (household bleach) diluted 1:9 with water must be used to disinfect, following initial cleanup of a spill with a chemical germicide approved as a hospital disinfectant. Spills must be cleaned up immediately.
7. After removing gloves, and/or after contact with body fluids, hands and other skin surfaces must be washed thoroughly and immediately with soap or other disinfectant in hot water.
8. Other biological wastes that do not contain radioactive or hazardous substances may be disinfected by steam sterilization (autoclave) and then disposed of in the regular trash.
9. Liquid biohazard waste may be disposed of in the sewage system following chemical decontamination.

**Personal Protective Equipment for Worker Protection
Against HIV and HBV Transmission**

TASK	GLOVES	APRON	MASK	EYEWEAR
Control of Bleeding w/ spurting blood	X	X	X	X
Bleeding control with minimal bleeding	X			
Emergency Child Birth	X	X	X	X
Blood Drawing	X			
Handling & Cleaning Instruments	X			
Cleaning Bio Spills	X			
Taking Temperature				
Giving Injection	X			
Measuring Blood Pressure				

The examples provided in this table are based on application of universal precautions. Universal precautions are intended to supplement rather than replace recommendation for routine infection control, such as hand washing and using gloves to prevent gross microbial contamination of hands (e.g., contact with urine or feces).

Blood-Borne Pathogen Control
Universal Precautions and General Safety Rules

For Posting

Exposure Determination: SDS Lumber Company will not perform invasive medical treatment or provide intravenous medication. Therefore, the exposure to Blood-Borne Pathogens, as defined in item # 3 below, is determined to be from routine and emergency first aid treatment of common workplace injuries. The following Universal Precautions and General Safety Rules have been established to prevent the spread of viral and bacterial organisms (namely HIV/HAV/HBV). In all cases, the Universal Precautions and General Safety Rules should be followed.

1. Before and immediately after providing patient care, wash exposed areas (hands, arms, etc.) with antibacterial soap.
2. Don and use the required personal protective equipment for the medical care given as outlined in the Personal Protective Equipment for Worker Protection Poster.
3. Treat all human body fluids and items soiled with human body fluids (blood, blood products, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, concentrated HIV/HAV/HBV, and saliva (in dental settings) as if contaminated with HIV/HAV/HBV. (**Note:** Feces, urine, nasal secretions, sputum, sweat, tears, or vomitus need not be treated as contaminated unless they contain visible blood)
4. To avoid special handling, all clothing contaminated with human body fluid will be presoaked (sprayed on the affected areas) with the antibacterial/viral solution before being sent to the laundry. (**Note:** Gloves and eye protection should be worn when handling contaminated clothing until presoaked for 10 minutes)
5. Any spills of body fluid will be presoaked (sprayed on the affected area) with antibacterial/viral solution for 10 minutes before being removed. (**Note:** Gloves and eye protection should be worn when handling spills of body fluids)
6. Any suspected exposure to HIV/HAV/HBV by human body fluid contact (via broken skin, human bites, needle sticks, etc.) should be reported to your Supervisor immediately.