

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

TABLE OF CONTENTS

I - PART ONE

A.	Purpose.....	3
B.	Exposure Determination.....	4
C.	Implementation Schedule and Methodology	5
1.	Compliance Methods.....	5
2.	Needles.....	6
3.	Work Area Restrictions.....	6
4.	Specimens.....	7
5.	Contaminated Equipment.....	7
6.	Personal Protective Equipment.....	7
	PPE Provision.....	7
	PPE Use.....	8
	PPE Accessibility.....	8
	PPE Cleaning, Laundering and Disposal.....	8
	Gloves.....	9
	Eye and Face Protection.....	9
	Additional Protection.....	9
7.	Housekeeping.....	10
8.	Regulated Waste Disposal.....	10
9.	Laundry Procedures.....	10
10.	Hepatitis B Vaccine and Post-Exposure Evacuation and Follow-Up.....	11
	General.....	11
	Hepatitis B Vaccination.....	11
	Post Exposure Evaluation and Follow-Up.....	12
	Information Provided To the Healthcare Professional.....	14
	Healthcare Professional's Written Opinion.....	15
11.	Labels and Signs.....	15
12.	Information and Training.....	15
13.	Recordkeeping.....	17
	Medical Records.....	17
	Training Records.....	17
	Availability.....	18
	Transfer of Records.....	18
14.	Evaluation and Review.....	18
15.	Dates.....	18

II PART 2

Appendix A

	Hepatitis B Vaccine Declination.....	19
	Method of Distribution of PPE's.....	20
	Procedures that Require PPE's & PPE Types.....	20
	Job Hazard Analysis.....	21
	Appendix B, description.....	22
	29 CFR Part 1910.30 Final Rule.....	insert

12.0 - Bloodborne Pathogens, *continued***BLOODBORNE PATHOGENS
EXPOSURE CONTROL PLAN**

Facility/Site Name: _____
Date of preparation _____

THE PLAN**A: Purpose**

The purpose of this exposure control plan is to:

1. Eliminate or minimize employee occupational exposure to blood or certain other body fluids and other potentially infectious materials (*PIM*).
2. Comply with OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030.

12.0 - Bloodborne Pathogens, *continued*

B. Exposure Determination

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 (*PPE*). Employees are considered to be exposed even though they are wearing personal protective equipment. This exposure determination is required to list all job classifications in which employees may be expected to incur such occupational exposure, regardless of frequency. At this facility the following job classifications in this category are:

_____	_____
_____	_____
_____	_____
_____	_____

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks 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:

<u>Job Classification</u>	<u>Task/Procedure</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

12.0 - Bloodborne Pathogens, *continued*

C. Implementation Schedule and Methodology

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

1. Compliance Methods

Universal precautions will be observed at all facilities or sites in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials will be considered infectious regardless of the perceived status of the source.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at all sites. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. The following controls will be used at the site named:

Site Location _____ Supervisor _____

Controls: _____

These preceding controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls and the person responsible for these controls is as follows:

Daily/Weekly/Monthly/Other _____

Responsible Party _____

OSHA requires that **handwashing facilities** be readily accessible to employees who incur exposure to blood or other potential infectious materials. At the site named in this document, these facilities are located at: _____. *(If washing facilities are not feasible, an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes will be provided. If these alternatives are used, then the exposed areas are to be washed with soap and running water as soon as feasible. The locations of these readily accessible washing facilities will be listed in this document.)*

12.0 - Bloodborne Pathogens, *continued*

The responsible Supervisor shall ensure that after the removal of personal protective equipment, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

The Supervisor 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.

2. Needles

Since the nature of work involved at this facility, and the job description of each employee does not normally include exposure to needles, no specific plan for regular handling of these items is required. However, taking into account the reality of today's societal trends, it is entirely possible that an employee may incidentally encounter a needle in the course of work. Should this happen, the Supervisor shall be informed and an "on site" plan for disposal shall be formed. This plan should include a method for removing the needle from the immediate site without actual direct contact. Under no circumstances shall the needle be "just thrown away" or buried so as to expose someone else in the future.

3. Work Area Restrictions

In work areas, such as hospitals, clinics or sewer projects, 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 may be present.

If working at a hospital or clinic in an area where blood or other potentially infectious material is generated by the client's staff, the employee will not enter or work in that area until such time as the client has neutralized the infectious materials. The employee will not participate in the neutralizing of the potentially infectious material unless "he" created, or caused to be created, the exposure.

All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. Methods employed to accomplish this goal are: slow flowing water or disinfectants, covers on vessels containing materials, damming of flowing materials and "soft containment", that is any method that slowly and carefully contains potentially infectious materials.

12.0 - Bloodborne Pathogens, *continued*

4. Specimens

By the very nature of the job description of our employees, we would not create, or cause to be created, any specimens of blood or other potentially infectious materials. For that reason any employee, working at a site known as a hospital or clinic, that encounters such a specimen shall notify the Supervisor. The client shall be enlisted to neutralize any specimens encountered.

However, should an employee encounter such a specimen in an area that can rightly be considered our responsibility an emergency "Incident Specific" plan shall be implemented. This plan shall include methods of placing the materials in a container which prevents leakage during the collection, handling, processing, storage and transport of the specimens. These containers, and secondary containers if necessary, will be in full accord with the Standard. Any specimens which could puncture a primary container will be placed within a secondary container which is puncture resistant.

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.

The container used for this purpose will be labeled or color coded in accordance with paragraph (g)(1)(i) of the Standard.

5. Contaminated Equipment

_____ 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. Personal Protective Equipment

PPE Provision

_____ is responsible for ensuring that the following provisions are met.

All personal protective equipment 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

12.0 - Bloodborne Pathogens, *continued*

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 above mentioned person has the responsibility for PPE distribution. *(Appendix A of this document lists the method of distribution of PPE's. Based on the known work to be done at this site, Appendix A will also list which procedures would require the protective clothing and the recommended type of protection.)*

PPE Use

_____ shall ensure that all site employees use appropriate PPE unless the Supervisor shows that employee temporarily and briefly declined to use PPE when under rare and extraordinary circumstances, 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-workers. 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.

PPE Accessibility

_____ 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.

PPE Cleaning, Laundering and Disposal

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

All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All PPE shall be removed prior to leaving the work area.

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

12.0 - Bloodborne Pathogens, *continued*

Gloves

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 handling or touching contaminated items or surfaces.

Disposable gloves used at this site 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.

Eye and Face Protection

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, splatter, 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 are as follows:

Additional Protection

Any additional protection shall be directed by constant use of job hazard analyses. (*A form for determining Job Hazards is found in Appendix A.*) Whenever a condition that can be interpreted as "new" or "extraordinary" can be reasonably anticipated, additional protection will be devised under the supervision of a safety professional.

12.0 - Bloodborne Pathogens, *continued*

7. Housekeeping

This site will be cleaned and decontaminated according to the following schedule:
(list area and schedule)

<u>Area</u>	<u>Schedule</u>	<u>Cleaner</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Decontamination will be accomplished by utilizing the following materials: *(list materials to be utilized, i.e.: bleach solutions or EPA registered germicides)*

All surfaces known or suspected to be contaminated will be decontaminated immediately or as soon as feasible, as well as at the end of the work shift if the surface may have become contaminated since the last cleaning.

8. Regulated Waste Disposal

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.

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

NOTE: Disposal of all regulated waste shall be in accordance with applicable United States, state and local regulations. *(In Wisconsin, the Department of Natural Resources (DNR) and in IL contact the IL-EPA as the controlling agency.)*

9. Laundry Procedures

Laundry known to be or suspected to be 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.

Laundry at this facility will be cleaned at _____.

12.0 - Bloodborne Pathogens, *continued***10. Hepatitis B Vaccine and Post-Exposure Evaluation & Follow-up****General**

The _____ Company shall make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post exposure follow-up to employees who have had or are suspected to have had an exposure incident.

The site Supervisor, _____, shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccinations series and post exposure follow-up, including prophylaxis are:

- a) Made available at no cost to the employee;
- b) Made available to the employee at a reasonable time and place;
- c) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
- d) Provided according to the recommendations of the U.S. Public Health Service.

Hepatitis B Vaccination

We have contracted with _____ (*fill in Clinic or Doctor's name*) to administer the Hepatitis B Vaccination Program.

Hepatitis B vaccination shall be made available after the employee has received the training in occupational exposure (*see information and training*) and within 10 working days of initial assignment to all employees who have occupational exposure 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 contraindicated for medical reasons.

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

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 vaccinations shall then be made available.

12.0 - Bloodborne Pathogens, *continued*

All employees who decline the Hepatitis B vaccination offered shall sign the OSHA required waiver indicating their refusal. (*See App. A*)

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.

Post Exposure Evaluation and Follow-up

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

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:

- a) Documentation of the route of exposure and the circumstances under which the exposure incident occurred. Testing of any residual material, if available and feasible, will take place by a qualified laboratory. This laboratory has been identified as _____

- b) If the source of exposure is an individual, every effort shall be made to identify the person unless it can be established that identification is infeasible or prohibited by state or local law. (*If applicable local laws require modification of this provision, these modifications should be listed here.*)

- c) If the source of exposure is an individual, the source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine hepatitis B virus (*HBV*) and human immunodeficiency virus (*HIV*) infectivity. If consent is not obtained, the Job Supervisor 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.

- d) 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.

12.0 - Bloodborne Pathogens, *continued*

- e) 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 identify and infectious status of the source individual.

Collection and testing of blood for HBV and HIV serological status will comply with the following:

- a) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained;
- b) The employee will be offered the option of having their blood collected for testing of the employees HBV/HIV 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.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA Standard. Post exposure and follow-up shall be conducted by a physician or other authorized health care professional at: _____.

Information Provided TO the Healthcare Professional

Supervisor, _____, shall ensure the healthcare professional responsible for the employee's Hepatitis B vaccination is provided with the following:

- a) A copy of 29 CFR 1910.1030;
- b) A written description of the exposed employee's duties as the relate to the exposure incident;
- c) Written documentation of the route of exposure and circumstances under which exposure occurred;
- d) Results of the source individual's blood testing, (*if applicable*) if available;
- e) All medical records relevant to the appropriate treatment of the employee including vaccination status.

12.0 - Bloodborne Pathogens, *continued*

Healthcare Professional's Written Opinion

Supervisor, _____, 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.

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

- a) A statement that the employee has been informed of the results of the evaluation; and
- b) 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.

11. Labels and Signs

Supervisor, _____, shall ensure that biohazard labels shall be properly affixed to the containers of regulated waste, or containers of blood or other potentially infectious materials, and other containers used to store, transport or ship blood or potentially infectious materials.

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

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.

12. Information and Training

Supervisor, _____, 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 cover the following:

12.0 - Bloodborne Pathogens, *continued*

- a) A copy of the standard and an explanation of its contents;
- b) A discussion of the epidemiology and symptoms of bloodborne diseases;
- c) An explanation of the modes of transmission of bloodborne pathogens;
- d) An explanation of this company's Bloodborne Pathogen Exposure Control Plan (*this program*) and a method for obtaining a copy;
- e) The recognition of tasks that may involve exposure;
- f) An explanation of the use and limitations of methods to reduce exposure, for example: engineering controls, work practices and personal protective equipment. (*PPE*);
- g) Information on the types, use, location, removal, handling, decontamination and disposal of PPE's;
- h) An explanation of the basis of selection of PPE's;
- i) Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge;
- j) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious material;
- k) An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up;
- l) Information on the evaluation and follow-up required after an employee exposure incident;
- m) And an explanation of the signs, labels, and color coding systems.

12.0 - Bloodborne Pathogens, *continued***13. Recordkeeping****Medical Records**

The employer shall maintain all medical records as indicated below. These records shall be kept at the employer's address, or its successor.

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

- a) The name and social security number of the employee;
- b) A copy of the employees HBV vaccination status, including the dates of vaccination;
- c) A copy of all results of examination, medical testing, and follow-up procedures; and
- d) A copy of the information provided to the healthcare professional, including a description of the employees duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.

Training Records

The employer shall be responsible for maintaining the training records. These records shall be kept at the employer's address, or its successor.

Training records shall be maintained for three (3) years from the date of training. The following information shall be documented:

- a) The dates of training sessions;
- b) An outline describing the material presented;
- c) The names and qualifications of persons conducting the training; and
- d) The names of job titles of all persons attending the training sessions.

12.0 - Bloodborne Pathogens, *continued*

Availability

All employee records shall be made available to the employee in accordance with 29 CFR 1910.20.

All employee records shall be made available to the Assistant Secretary of labor for the Occupational Safety Administration and the Director of the National Institute for Occupational Safety and Health upon request.

Transfer of Records

If this facility is closed or there is no successor employer to receive and retain the records for the prescribed period, the Director of the NIOSH shall be contacted for final disposition.

14. Evaluation and Review

The designated Safety/Personnel person is responsible for annually reviewing this program and its effectiveness, and for updating this program as needed.

15. Dates

All provisions required by this standard have been in place since January 1, 1994

12.0 - Bloodborne Pathogens, *continued***Appendix A to Bloodborne Pathogen
Exposure Control Plan
for**

Hepatitis B Vaccine Declination. MANDATORY!!

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: _____

Date: _____

Witness: _____

Title: _____

(Approved by the Office of Management and Budget under control number 1218-0180)

HAZARD ANALYSIS	
ACTIVITY _____	
ANALYZED BY: _____	DATE _____
REVIEW BY: _____	DATE _____

PRINCIPAL STEPS	POTENTIAL HAZARDS	RECOMMENDED CONTROLS
Identify the principal steps involved and the sequence of work activities	Analyze each principal step for its potential hazards	Develop specific controls for each potential hazard
EQUIPMENT TO BE USED	INSPECTION REQUIREMENTS	TRAINING REQUIREMENTS
List equipment and/or machinery to be used in conducting the work activities.	List inspection requirements for the equipment and/or machinery listed.	Determine requirements for worker training. Include hazard communication.

12.0 - Bloodborne Pathogens, *continued*

Part Two
Appendix B

The following INSERT of 9 pages contains "Federal Register" Part II (Excerpts), Pages 64175 thru 64182, DEPARTMENT OF LABOR, Occupational Safety and Health Administration, 29 CFR Part 1910.1030 Occupational Exposure to Bloodborne Pathogens; Final Rule.