



CHAPTER 20

Bloodborne Pathogens Exposure Control Plan

POLICY

The Department Bloodborne Pathogens Exposure Control Plan is designed to comply with the requirements of the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030. The purpose of the plan is to eliminate or minimize employee occupational exposure to blood or other potentially infectious materials.

RESPONSIBILITIES

The [*Position Title*] is responsible for ensuring that all employees who have potential exposure to blood or other potentially infectious material (OPIM) are:

1. Offered the Hepatitis B vaccination series.
2. Provided appropriate Personal Protective Equipment (PPE).
3. Provided post-exposure evaluation and follow up after an exposure incident.

The [*Position Title*] will ensure this procedure is followed for all incidents which involve exposure to bloodborne pathogens.

The Safety Manager is responsible for maintaining appropriate PPE, biohazardous spill kits, and other equipment required in this Exposure Control Plan.

EXPOSURE DETERMINATION

The OSHA standard requires an exposure determination of all employees who may incur occupational exposure to blood or OPIM. This determination is made without regard to whether an employee uses personal protective equipment. The Department does not have job classifications in which all employees have occupational exposure to blood or OPIM. The following job sub-classification has some employees who may have occupational exposure to bloodborne pathogens:

- First-aid Responders.

The employees in this job sub-classification could have occupational exposure to bloodborne pathogens during on-site accident investigation.

CONTROL METHODS

Universal Precautions shall be used to prevent contact with blood and OPIM. Universal Precautions assumes that all blood and OPIM are infectious and, therefore, are handled appropriately. OPIM does not include feces, nasal secretions, sputum, tears, urine, or vomit unless they contain visible blood. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious.

ENGINEERING CONTROLS

Where feasible, engineering controls (i.e. hand washing facilities, remote handling, PPE, etc.) will be used in preference to other control methods to eliminate or minimize potential exposure to infectious materials. Where engineering controls are used, they must be examined and maintained on a routine basis to ensure their effectiveness.

WORK PRACTICE CONTROLS

Employees must wash their hands and any other exposed skin with soap and water or flush mucous membranes with water immediately following contact with blood or OPIM. Hands shall also be washed after removing protective gloves or other personal protective equipment. If hand-washing facilities are not available, employees should use an appropriate antiseptic hand cleaner or towelette. Employees are required to wash their hands with soap and running water as soon as feasible after using such an antiseptic.

Eating, drinking, handling of food or drink, smoking, applying cosmetics or lip balm, or handling contact lenses are prohibited in work areas where there is a likelihood of occupational exposure.

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PERSONAL PROTECTIVE EQUIPMENT (PPE)

When there is a potential for occupational exposure to blood or OPIM, appropriate personal protective equipment (i.e. gloves, face and eye protection, protective clothing, etc.) will be provided at no cost to employees. Appropriate PPE shall be readily accessible at all facilities.

Gloves should be worn when it is anticipated that employees will have hand contact with blood, OPIM, or when handling contaminated items or surfaces. Gloves must be disposed of in appropriately designed biohazard waste containers and not be reused. Utility gloves may be decontaminated for reuse if they are not damaged and show signs of deterioration.

Face shields or eye protection, such as goggles or glasses, and masks must be worn whenever splashes, spray, splatter, or droplets of blood or OPIM may be generated. Situations that might require such protection include severe wounds to a blood vessel, puncture wound, or amputation. Clean up operations may require such protection.

Appropriate protective clothing should be worn if there is a potential for soiling of clothes with blood or OPIM. All PPE will be removed prior to leaving the work area and evaluated for exposure. After evaluation it will be placed in appropriately designated containers for storage, decontamination, or disposal.

HOUSEKEEPING PRACTICES

Department personnel shall ensure that all equipment and work areas are cleaned and decontaminated properly after any contact with blood or OPIM. Contaminated equipment and work surfaces shall be decontaminated with an appropriate disinfectant (i.e., 10% bleach solution, or other EPA registered TB sterilant) after contact with blood or OPIM.

All containers intended for reuse, such as trash cans or similar receptacles, which have a reasonable likelihood of becoming contaminated with blood or OPIM shall be inspected, cleaned, and disinfected as soon as feasible. Any cleaning tools or materials used during decontamination will also be decontaminated or disposed of in an approved biohazard bag immediately after completing the cleanup work.

Any broken glassware that may be contaminated will not be picked up directly by hand. It will be cleaned up by using mechanical means, such as a brush and dustpan, tongs, or forceps. Broken glass, needles, blades or other sharp items ("sharps") will be placed in an appropriate sharps container which are puncture resistant, leak resistant and properly labeled, prior to disposal. All sharps containers must be closed prior to transport or disposal and handled in accordance with all instructions.

HEPATITIS B VACCINATION

Flight department employees who have been identified as having potential exposure to blood or OPIM will be offered the Hepatitis B vaccine series, at no cost to the employee. Employees who decline the Hepatitis B vaccination will be required to sign a Hepatitis B Vaccine Declination Form located in Appendix I of this Section. Employees who initially decline the Hepatitis B vaccine, but who later decide to have it, will be given the vaccine at no cost.

The vaccine will be offered after training and within 10 days of initial assignment to a position that has potential exposure to blood or OPIM. A physician's written opinion will be obtained which states that the first vaccination has been provided or that the series is contraindicated.

LABELING

Warning labels shall be affixed to any container used to store, transport, or ship blood, OPIM, or regulated medical waste. These labels shall be orange or orange-red, with lettering or symbols in contrasting color. As a substitute for the labels described above, red bags or red containers may be used.

Regulated medical waste shall be disposed of in accordance with all applicable federal, state, and local regulations.

BIOHAZARD SPILL KITS

Biohazard spill kits are available at all Department locations to be used in emergency situations. These kits contain the items needed to safely clean and disinfect a bio-hazardous spill, including but not limited to: appropriate PPE, absorbent materials, disinfectant, red biohazard waste bags, etc. Once used, these kits must be replaced or replenished with new supplies.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

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All exposure incidents should be reported to the employee's direct supervisor. The supervisor shall notify the Medical Officer as soon as practical. The Department will make arrangements for a confidential medical evaluation and follow-up at no cost to the employee.

MEDICAL EVALUATION

The medical evaluation and follow-up will include the following elements:

1. Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred. All HIPPA laws will be followed.
2. If possible, the identification of the source individual and their medical status. The blood of the source individual will be tested (after consent is obtained) for HIV and HBV.
3. Results of the source individual's testing shall be made available to the exposed employee, along with applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
4. The exposed employee's blood shall be tested as soon as feasible after consent is obtained. If consent is not obtained, the Department will document its efforts to obtain consent.
5. If the employee consents to blood collection but does not give consent at that time for HIV serologic testing, the sample shall be preserved for 90 days. If within 90 days of the exposure incident, the employee elects to have the sample tested, such testing shall be done as soon as feasible.
6. Post-exposure follow-up HIV testing will be offered in accordance with the current recommendations of the U.S. Public Health Service (i.e., 6 weeks, 12 weeks, and 6 months after exposure) or according to the recommendations of the medical care provider.

INFORMATION PROVIDED TO THE PHYSICIAN

The affected employee's supervisor shall provide the following information to the health care professional following an exposure incident:

1. A copy of the Bloodborne Pathogens Standard (29 CFR 1910.1030).
2. A description of the exposed employee's duties as they relate to the exposure incident.
3. Documentation of the route of exposure and circumstances under which exposure occurred.
4. Results of the source individual's blood testing, if available.
5. All medical records relevant to the appropriate treatment of the employee including vaccination status.

PHYSICIAN'S WRITTEN OPINION

Within 15 days of the completion of the evaluation a written opinion shall be obtained from the evaluating health care professional and provided to the employee. The written opinion shall include:

1. A statement that the employee has been informed of the results of the evaluation.
2. That the employee has been told about any medical conditions resulting from exposure to blood or OPIM that require further evaluation or treatment.
3. The physician's statement whether the Hepatitis B vaccination series is recommended for the employee, and whether the employee has received the vaccination series.
4. Other findings or diagnoses shall remain confidential and shall not be included in the written opinion.

RECORDKEEPING

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Medical records pertaining to this policy shall be retained for the duration of employment plus 30 years in accordance with the OSHA Recordkeeping requirements of 29 CFR 1910.1020. These medical records shall include:

1. The name and Employee number of the employee.
2. A copy of the Hepatitis B vaccination record or signed declination form.
3. The circumstances of the exposure incident including a description of the exposed employee's duties as they relate to the exposure incident and results of the source individual's blood testing, if available.
4. A copy of all results of physical and medical examinations, testing and follow-up procedures related to the employee's ability to receive the vaccination or to the post-exposure evaluation, including all physician's written opinions.

Medical records shall be kept confidential and shall not be disclosed or reported to any person except as required by law or through written authorization of the affected employee.

Certain potential exposures to bloodborne pathogens require recording on OSHA 200 logs. In general, if an employee seeks medical evaluation after a possible exposure to blood or OPIM, the incident is recordable. Questions concerning documentation of such incidents should be referred to the Safety Specialist.

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Appendix I - Hepatitis B Vaccine Declination Form

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.

Printed Name of Employee _____

Signature of Employee _____

Date _____

Signature of Witness _____