

# **Bloodborne Pathogen Exposure Control Plan**

Developed in accordance with the OSHA Blood borne Pathogen Standard 29 CFR 1910.1030

**A copy of this plan is available to all employees upon request.**

## **PURPOSE**

The purpose of this exposure plan is to eliminate or minimize occupational exposure to blood or other infectious body fluids. Other potentially infectious materials (OPIM) include: semen, vaginal secretions, respiratory discharge, tears, vomitus, urine, feces, saliva and any bodily fluid visibly contaminated with blood.

“Occupational Exposure Incident” is when a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or OPIM occurs that results from the performance of an employees’ duties.

(Definitions of terms include but not limited to:

- Non-intact skin---dermatitis, hang-nails, cuts, abrasions, chafing, acne
- Parenteral-----piercing mucous membranes or skin barrier through such events as needle sticks, human bites, cuts and abrasions)

## **SCOPE**

The standard applies to all personnel who during the course of their employment may come into contact with human blood or OPIM.

## **RESPONSIBILITY**

1. Supervisors shall be responsible for ensuring their employees are compliant with provisions of this plan.
2. Each Supervisor will be responsible for providing necessary supplies such as personal protective equipment, bleach, soap, etc. Many of these supplies may be obtained through Facility Management. Hepatitis B vaccine is available through Student Health Services.
3. Initial and annual Blood borne Pathogen Training will be provided by Human Resources.
4. Supervisors will notify Human Resource if there are changes in job descriptions placing or removing the employee in a High risk environment.

## **ENGINEERING AND WORK PRACTICE CONTROLS**

1. Universal/Standard Precautions will be observed by all employees to prevent contact with blood or OPIM. All blood or OPIM will be considered infectious regardless of the perceived status of the source individual.
2. Engineering and work practice controls will be utilized by employees to eliminate or minimize exposure.
3. Employees must wash their hands or other skin with soap and water or flush mucous membranes immediately or as soon as possible following:
  - an exposure incident such as splash of blood into eyes or accidental needle stick
  - following removal of gloves or other PPE’s (Personal Protective Equipment)

If handwashing is not feasible, an appropriate hand sanitizer will be utilized until hand washing is accomplished.

## **HOUSEKEEPING**

Decontamination will be achieved through the use of the following materials:

- A minimum 10% chlorine bleach solution
- Lysol or other EPA-registered disinfectants

Work areas and surfaces will be cleaned and disinfected as soon as is feasible following contamination by blood or OPIM. Decontamination solutions will be left in contact with any contaminated work surfaces, tools, or objects for a minimum of 10 minutes prior to cleaning.

Equipment which may be potentially contaminated with blood or OPIM will be examined and decontaminated prior to servicing or use.

Broken glass will not be handled directly with hands. Mechanical means such as brush/dust pan, tongs or forceps will be utilized. Glass will be disposed in a sharps container.

## **HEPATITIS B VACCINATION**

Hepatitis B vaccine will be available to employees after receiving the training in occupational exposure. It will be offered at no charge to all employees who, during the course of their employment and regular job duties, may come in contact with human blood or OPIM.

All employees who have potential occupational exposure risk will be offered the Hepatitis B vaccine series unless the employee has previously received the series, antibody testing reveals the employee is immune or the vaccine is contraindicated for medical reasons.

Employees, who initially decline the Hepatitis B vaccinations, may at a later date decide to accept the vaccination. The vaccination will be made available.

If an employee declines the vaccinations offered, an OSHA required waiver will be signed indicating their refusal.

In the event a booster dose of Hepatitis B vaccine is recommended by U.S. Public Health Service at a future date, the booster dose will be made available at no charge to the employee.

## **PERSONAL PROTECTIVE EQUIPMENT**

When occupational exposure continues after engineering and work practice controls have been instituted, personal protective equipment must be used.

Each Supervisor will be responsible for issuing appropriate and readily accessible PPE without cost to the employee.

PPE's will be chosen based on anticipated exposure to blood or OPIM. The equipment will be considered appropriate only if it does not permit blood or OPIM to pass through to the employee's clothing, skin, eyes, mouth or mucous membranes under normal usage and for the duration of time for which it is required.

Employees must:

- Utilize PPE's in occupational exposure situations.
- Remove garments that are penetrated by blood or OPIM immediately or as soon as possible.
- Garments that are torn, punctured or have lost ability to function as barriers to blood borne pathogens are to be replaced.
- PPE's are to be removed prior to leaving the work area.
- Garments will be placed in appropriate designated areas and disposed of.

## **TRAINING**

All employees will receive training at initial job assignment and every three years. Employees in high risk positions will participate in training prior to assignment to a task where occupational exposure may take place and annually thereafter.

Additional training will be provided when changes such as modifications of task or procedures affect any employee's occupational exposure.

Training will include at minimum the following elements:

1. Accessible copy of regulatory test of 29 CFR 1910.1030 and an explanation of contents
2. General explanation of epidemiology and symptoms of blood borne disease
3. Explanation of modes of transmission of blood borne pathogens
4. Explanation of the employer's exposure control plan and the means by which employee can receive copy of written plan.
5. Explanation of the use and limitations of methods that will prevent or reduce exposure, including appropriate engineering controls, work practices and personal protective equipment
6. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment
7. Explanation of the basis for selection of personal protective equipment

## **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 immediately to their supervisor.

Medical attention should preferably be initiated within 1 hour of exposure but no later than 24 hours.

All medical evaluations and procedures including Hepatitis B vaccine and prophylaxis medications will be available at no cost to the employee.

Following a report of an exposure incident, the exposed employee shall be directed to seek medical attention:

- Personal physician
- Nearest medical facility capable of performing a confidential medical evaluation.

The following elements will be included in the medical evaluation and follow-up:

1. Documentation of the route(s) of exposure.
2. Description of the circumstances under which the exposure occurred.
3. Identification and documentation of the source individual. (Identification is not required if the employer can establish the identification is impossible or prohibited by state or local law.) Collection and testing of the source individual's blood for HBV and HIV serological status.
4. Costs for the source individual's initial tests will be covered by the company. If it is determined further testing is required or treatment is recommended, the expense will be the source individual's responsibility.
5. Post-exposure treatment for the employee, when medically indicated in accordance with the U.S. Public Health Service.
6. Counseling
7. Evaluation of any reported illness.

The Healthcare professional evaluating an employee will be provided with the following information:

- Copy of this plan.
- Copy of OSHA Blood borne Pathogen regulations (29 CFR 1910.1030)
- Documentation of the route(s) of exposure
- Description of the circumstances under which exposure occurred
- Results of the source individual's blood testing, if available
- All medical records applicable to treatment of the employee, including vaccination status

The employee will receive a copy of the healthcare provider's written opinion within 15 days of completion of evaluation.

The healthcare provider's written opinion for Hepatitis B vaccination is limited to:

- The need for Hepatitis B vaccinations
- Indication if the employee has received such vaccinations

The healthcare provider's written opinion for post-exposure evaluation and follow-up is limited to the following information:

- Employee was informed of results of evaluation
- Employee was informed about any medical conditions resulting from exposure to blood or OPIM that requires further evaluation and/or treatment

All other findings will remain confidential and will not be written in a report.

All medical evaluations shall be made by or under the supervision of a licensed physician or by or under the supervision of another licensed professional.

All laboratory tests will be conducted by an accredited laboratory at no cost to the employee.

All medical records will be kept in accordance with 29 CFR 1910.1030.

OSHA regulation---