Great Western Painting

Bloodborne Pathogens

29 CFR 1910.1030 Bloodborne pathogens.
29 CFR 1910.1030 App A Hepatitis B Declination (Mandatory)

NOTE

Per CPL 2-2.69, *Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens*, the bloodborne pathogens standard does not apply to the construction industry. OSHA has not, however, stated that the construction industry is free from the hazards of bloodborne pathogens. Exposure to bloodborne pathogens would fall under Section 5(a)(1) of the OSH Act which states that "each employer shall furnish to each of his employees employment and a place of employment which is free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees."

The primary job assignment of our designated first aid providers is not the rendering of first aid or other medical assistance. Any first aid rendered by them is rendered only as a collateral duty, responding solely to injuries resulting from workplace incidents and only at the location where the incident occurred.

Recordkeeping: all work-related injuries from needlesticks and cuts, lacerations, punctures and scratches from sharp objects contaminated with another person's blood or other potentially infectious materials (OPIM) are to be recorded on the OSHA 300 as an injury.

Note: Our first aid kits do not contain sharps or needles. However, a contaminated sharp, such as a broken pair of glasses, may trigger the above.

a. To protect the employee's privacy, the employees name may not be entered on the OSHA 300.

b. If the employee develops a bloodborne disease, the entry must be updated and recorded as an illness.

POLICY STATEMENT

This bloodborne pathogen program with its exposure control plan has been developed to eliminate or minimize the risk of exposure to bloodborne pathogens and other potentially infectious materials. This program presents methods and procedures to eliminate and/or minimize the hazards associated with occupational exposure to bloodborne pathogens or other infectious materials.

As a matter of policy, universal precautions will be used.

Additional components of this Plan include exposure determinations by job classification, standard operating procedures to eliminate or reduce the

likelihood of disease transmission, the methods of disease transmission, definitions of terms, post exposure procedures and follow-up, training documentation, and recordkeeping.

Compliance with this Plan not only fulfills the requirements of the Occupational Safety and Health Administration, more importantly, it fulfills our desire to maintain a safe working environment and safeguard the health of our employees.

All affected employees should feel free to review this Plan at any time and are encouraged to consult with our Exposure Control Plan Administrator to resolve any issues affecting its implementation. Immediately following our Exposure Control Plan is a copy of 29 CFR 1910.1030, ***Bloodborne Pathogens***. Our Plan is to be made available to the Assistant Secretary of Labor for Occupational Safety and Health or designated representative.

DEFINITIONS

All employees should know the "language" of this plan. Because some of the words and/or terms are not used in everyday life, each person must be aware of the definitions so that we are all "reading off the same page". Below are OSHA definitions:

Assistant Secretary: the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

Blood: human blood, human blood components, and products made from human blood.

Bloodborne Pathogens: 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).

Clinical Laboratory: a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated: the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry: laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps: any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination: the use of physical or chemical: 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.

Director: the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

Engineering Controls: controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident: a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Handwashing Facilities: a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Licensed Healthcare Professional: a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph 29 CFR 1910.1030(f), *Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up*, a copy of which follows this section.

> Note: The above activities include actually providing Hepatitis B vaccine, ordering appropriate laboratory test, determining contraindications to vaccination, providing post-exposure prophylaxis and counseling. The legal scope of practice for this professional must allow the independent performance of all the procedures described in paragraph (f), *Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up*.

HBV: hepatitis B virus.

HIV: human immunodeficiency virus.

Needleless systems: a device that does not use needles for:

a. The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established;

b. The administration of medication or fluids; or

c. Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Occupational Exposure: 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.

Other Potentially Infectious Materials:

a. 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 all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

b. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and

c. 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.

Parenteral: piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Production Facility: a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

Regulated Waste: liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Research Laboratory: a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Sharps with engineered sharps injury protections: a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual: any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of

hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize: the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls: controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

EXPOSURE CONTROL PLAN
[29 CFR 1910.1030(c)]

This Exposure Control Plan is provided for all personnel who, as a result of the performance of their duties, would have reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials.

This Plan will be reviewed and updated annually and whenever necessary as new or modified tasks and procedures are introduced which affect occupational exposure to bloodborne pathogens or other potentially infectious materials. The review and update of this plan will:

a. reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens.
b. document, annually, consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

First aid providers employees responsible for direct trauma victim care who are potentially exposed to injuries for contaminated sharps will be asked for input in the identification, evaluation, and selection of effective engineering and work practice controls.

This Exposure Control Plan, with a copy of 29 CFR 1910.1030, Bloodborne Pathogens, will be made accessible to all employees as well as the Assistant Secretary and the Director (see definitions) who may examine and copy this plan.

EXPOSURE DETERMINATION

Three (3) lists will be prepared and they will be maintained in Section II of this plan.

List I: A list of all job classifications in which all employees have occupational exposure.

List II: A list of job classifications in which some employees have occupational exposure.

List III: A list of all tasks and procedures or groups of closely related tasks and procedures in which occupation exposure occurs and are performed by employees in job classifications noted in List II.

Note: The above exposure determinations are to be made without regard to the use of personal protective equipment.

METHODS OF COMPLIANCE

Universal precautions will be used. We will treat all trauma victims' blood, bodily fluids, and other potentially infectious materials as if they are known to be infectious. Unfortunately, there is no immediate, practical way to determine if HIV, HBV, and other bloodborne pathogens are present so, to be safe, we will assume they are. Traditionally, isolation of infectious materials has been diagnosis-driven. This meant that if a person were diagnosed to have HIV or HBV infection, for example, then isolation precautions would be taken. Because the infection status of each trauma victim cannot be immediately known, it makes sense to treat all trauma victims and their body fluids as if they were infected. The precautions to take depend on the procedures being performed. For example, if one's hands will be in contact with body substances, disposable gloves will be worn. If there is risk of one's eyes being splashed with body fluids, eye protection will be worn. An impermeable barrier must be placed between yourself and the potentially infectious bodily fluids. Overkill is not necessary. Cleaning up a minor spill on a counter top does not require a mask, eye protection, and plastic apron. It does, however, require disposable gloves.

All employees will strictly adhere to the below engineering and work practice controls to eliminate or reduce the possibility of occupational exposure to bloodborne pathogens or other potentially infectious materials. Specific controls and procedures, noted below, will be used to eliminate or minimize employee exposure. If occupational exposure is:

HANDWASHING EQUIPMENT AND PROCEDURES: Handwashing facilities are provided which are readily accessible to all employees.

Employees will wash their hands and any other skin area exposed to blood or other potentially infectious materials with soap and water immediately or as soon as feasible:

a. after removal of gloves or other personal protective equipment.
b. following contact with blood or other potentially infectious materials.

Particular attention will be given to fingernails and between fingers and rings under which infectious material may lodge. Furthermore, one should be aware that rings and jewelry are a good hiding place for bloodborne pathogens and other potentially infectious materials.

Examples of situations where handwashing is appropriate:

a. before and after examining any trauma victim.
b. after handling any soiled waste or other materials.
c. after handling any chemicals or used equipment.

If for some reason handwashing facilities are not functioning, appropriate antiseptic hand cleaner and clean cloth/paper towels (antiseptic towelettes) will be provided and used. If antiseptic hand cleaner and clean cloth/paper towels are used, hands will be washed with soap and water as soon as feasible.

EATING, DRINKING, SMOKING:

There shall be no eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses in areas where there is a likelihood of occupational exposure to bloodborne pathogens or other potentially infectious materials.

Furthermore, food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or benches where blood or other potentially infectious materials are present.

CONTAMINATED NEEDLES & OTHER CONTAMINATED SHARPS:

Contaminated needles will not be sheared, or broken.

Furthermore, all contaminated needles and other contaminated sharps shall not be bent, recapped, or removed unless:

a. it can be demonstrated that no alternative is feasible or that it is required by a specific medical procedure.
b. recapping or needle removal may be accomplished through the use of a mechanical device or a one-handed method.

Contaminated **reusable** sharps will be placed in appropriate containers immediately or as soon as possible after use until properly reprocessed. These containers will:

a. be puncture resistant.

b. have warning labels affixed to containers potentially infectious material and contain the following legend:

Note: The above label will be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

Red bags or red containers may be substituted for labels.

c. be leakproof on the sides and bottom.

Reusable sharps that are contaminated with blood or other potentially infectious materials will not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

Contaminated **non-reusable** sharps will be discarded immediately or as soon as feasible and placed in containers that:

a. are closable

b. are puncture resistant.

c. are leakproof on sides and bottom.

b. have warning labels affixed that contain the following legend:

Note: The above label will be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

Red bags or red containers may be substituted for labels.

Contaminated **reusable** sharps shall not be stored or processed in such a manner that requires employees to reach by hand into the containers where these sharps have been placed.

During use, containers for contaminated sharps must be:

a. easily accessible to our employees.
b. located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found.
c. maintained upright throughout use.
d. replaced routinely and not be allowed to overfill.

If leakage is possible when removing a container of contaminated sharps, it shall be placed in a second container with the following container requirements:

a. it will be closable.
b. it will be constructed to contain all contents and prevent leakage during handling, storage, transport or shipping, and;
c. colored coded red or labeled as noted above.

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous (introduced through the skin such as a cut) injury.

OTHER REGULATED WASTE - CONTAINMENT:

The provisions that apply to contaminated sharps, above, apply to other regulated waste.

DISPOSAL OF CONTAMINATED SHARPS & OTHER REGULATED WASTE:

The actual disposal of all regulated waste shall be in compliance with applicable state laws.

SPECIMENS OF POTENTIALLY INFECTIOUS MATERIALS:

Specimens of blood and potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

SPLASHING, SPRAYING OF POTENTIALLY INFECTIOUS MATERIALS:

All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and the generation of droplets of these substances.

MOUTH PIPETTING:

Mouth pipetting and mouth suction of blood or other potentially infectious materials is prohibited.

DESIGNATED EXPOSURE CONTROL PLAN ADMINISTRATOR

Our designated the Exposure Control Plan Administrator will be knowledgeable in all aspects of this Plan as it relates to our operations and be available to answer questions raised by our first aid providers. The Exposure Control Plan Administrator may call upon professionals in the Medical Arts to field questions that are of technical nature outside of the Administrator's area of expertise.

The Exposure Control Plan Administrator will:

a. ensure this Plan is kept current.
b. ensure training is provided as required.
c. maintain all records associated with this plan.

DESIGNATED FIRST AID PROVIDERS

Before one may be designated as a first aid provider, he/she must have a valid certificate in first aid training from the U.S. Bureau of Mines, the Red Cross, or equivalent training that can be verified by documentary evidence. No person is to administer any medical assistance for which they are not appropriately trained. It is noted that the rendering of first aid is not the primary job of the our designated first aid providers.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

In spite of work practice and engineering controls, there is a requirement for appropriate personal protective equipment to provide an impermeable barrier between potentially infectious materials and the employees work clothes, street clothes, undergarments, 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.

Employees will use appropriate personal protective equipment when there is a possibility of occupational exposure to bloodborne pathogens or other potential infectious materials.

Personal protective equipment will be provided in appropriate sizes and at no cost to the employees. Further, maintenance and replacement of personal protective equipment will be provided at no cost to the employee.

Personal protective equipment will be discarded immediately if its ability to function as a barrier is compromised.

Most importantly, employees must understand that personal protective equipment is useless unless it provides an impermeable barrier between bloodborne pathogens and other potentially infectious materials and the employee's clothes, skin, eyes, mouth, or other mucous membranes.

Personal Protective Equipment is considered appropriate if it prevents potentially infectious materials from reaching work/street clothing or body surface when used under normal conditions.

DISPOSABLE GLOVES:

Disposable, single use gloves, such as surgical or examination gloves will be worn when it can be reasonably anticipated that the employee may have hand contact with blood or other potentially infectious materials and when handling or touching contaminated items or surfaces. Disposable gloves will always be used when there is a possibility of contact with bloodborne pathogens or other potentially infectious materials.

Disposable gloves shall never be washed, decontaminated, or reused.

Disposable gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or their ability to function as a barrier is compromised.

Should any employee be allergic to the normal gloves provided, an appropriate alternative (such as hypoallergenic and/or powderless gloves) will be provided in the proper size at no cost to the employee.

UTILITY GLOVES:

Utility gloves may be used for general cleanup (not for any trauma victim procedure) when there is anticipated exposure to bloodborne pathogens or other potentially infectious materials. Utility gloves may be decontaminated for re-use if the integrity of the gloves is not compromised. They will be discarded if they are cracked, peeling, torn, punctured, or exhibit signs of deterioration or when their ability to function as a barrier is compromised.

EYE AND RESPIRATORY PROTECTION:

Eye (goggles, glasses, face shield, etc.) and respiratory (mask, etc.) protection will be used when it can reasonably be expected that bloodborne pathogens or other potentially infectious materials may splash or spray in or around the eyes, nose, mouth, and general head area of the employee.

PROTECTIVE BODY CLOTHING:

Protective body clothing such as gowns, aprons, lab coats, etc. will be worn as determined by the professional judgment of the employee in relation to task. The protective body clothing will certainly be worn where there can

reasonably be expected exposure to bloodborne pathogens or other potentially infectious materials to the body area.

LAUNDRY:

Personal protective equipment will be cleaned, laundered, and disposed of at no cost to the employee.

[Note: In rare and extraordinary circumstances, an employee, in her/his professional judgment, may decline to temporarily and briefly wear personal protective equipment if he/she deems that the equipment would prevent the delivery of health care or would have increased the hazard of occupational exposure to the employee or his/her co-workers. Should this event occur, it will be documented, investigated, and procedures will be developed to prevent a reoccurrence.]

HOUSEKEEPING

Housekeeping is an ongoing, never ending procedure which not only enhances our work environment but also eliminates health risk to our personnel. In the area of bloodborne pathogens and other hazardous materials, to ensure proper cleaning, decontamination, sterilization, and disinfecting of surfaces within our facility, cleaning will be accomplished only by employees who have received training in universal precautions and the provisions of this plan. The written Housekeeping Schedule & Checklist is found in Section II and this Schedule will be adhered to following an incident that results in the potential exposure to bloodborne pathogens or other potentially infectious materials.

Broken, potentially infected glassware, should be picked up and disposed of using mechanical means such as a brush and dust pan or forceps.

All sharps will be stored in a manner that allows easy access and safe handling.

Infectious waste will be placed in leak-proof containers that are color coded red. These containers will be decontaminated as soon as practical.

Subsequent to rendering any procedures, employees will ensure that all surfaces on which blood, body fluids, bloodborne pathogens, or other infectious materials may be present are cleaned with an appropriate disinfectant.

HEPATITIS B EPIDEMIOLOGY

Hepatitis B (serum hepatitis) routes of infection include parenteral, oral, or direct contact. The virus can also spread by contact with the respiratory tract. Its sources include contaminated needles and surgical instruments as well as contaminated blood products. The virus of hepatitis B has been found in urine. Further, the virus of hepatitis B can live for up to seven (7) days on a dry surface and can be easily be transmitted by a single needle stick. Its incubation period is quite lengthy generally between 45 and 180 days. It affects all age groups. Recovery from hepatitis B does provide immunity. Generally, one can expect a complete recovery from viral hepatitis, however, it is potentially fatal depending on many factors

including the virulence (aggressiveness) of the virus, prior hepatic damage, and natural barriers to damage and disease of the liver. It is possible for viral hepatitis to lead to fulminating viral hepatitis and subacute fatal viral hepatitis both of which are fatal. Onset symptoms may include headache, elevated temperature, chills, nausea, dyspepsia, anorexia, general malaise, and tenderness over the liver. These types of symptoms will last about one (1) week, then subside, and jaundice will occur. Jaundice is caused by damaged liver cells. The convalescent stage begins with the disappearance of the jaundice and may last several months. Recovery is expected in six (6) months.

RISK OF EXPOSURE

Per the Department of Human Services of the Center for Disease Control, below is the risk of infection after occupational exposure:

HBV:

First aid providers who have received hepatitis B vaccine and have developed immunity to the virus are at virtually no risk for infection. For an unvaccinated person, the risk from a single needlestick or cut exposure to HBV-infected blood ranges from 6-30% and depends on the hepatitis B e antigen (HBeAg) status of the source individual. In individuals who are both hepatitis B surface antigen (HBsAG) positive and HBeAg positive have more virus in their blood and are more likely to transmit HBV.

HCV:

Based on limited studies, the risk for infection after a needlestick or cut exposure to HCV-infected blood is approximately 1.8%. The risk following a blood splash is unknown, but is believed to be very small; however, HCV infection from such an exposure has been reported.

HIV:

The average risk of HIV infection after a needle stick or cut exposure to HIV-infected blood is 0.3% (i.e., three-tenths of one percent, or about 1 in 300). Stated another way, 99.7% of needlestick/cut exposures do not lead to infection.

The risk after exposure of the eye, nose, or mouth to HIV-infected blood is estimated to be, on average, 0.1% (1 in 1,000).

The risk after exposure of the skin to HIV-infected blood is estimated to be less than 0.1%. A small amount of blood on intact skin probably poses no risk at all. There have been no documented cases of HIV transmission due to an exposure involving a small amount of blood on intact skin (a few drops of blood on skin for a short period of time). The risk may be higher if the skin is damaged (for example, by a recent cut) or the contact involves a large area of skin or is prolonged (for example, being covered in blood for hours).

All employees with occupation exposure are encouraged to accept the hepatitis B vaccination.

HEPATITIS B VACCINATION

The hepatitis B vaccination series will be provided, at no cost, to all unvaccinated first aid providers as soon as possible (within 24 hours of initial exposure). All exposed first aid providers employees are encouraged to take this vaccination series unless they have previously received the complete hepatitis B vaccination series; antibody testing has revealed that the employee is immune; or the vaccine is contraindicated (not recommended) for medical reasons. Post-exposure evaluation, prophylaxis (prevention of or protection from disease), and follow-up will be provided at no cost to the employee.

The Hepatitis B vaccination will be performed under the supervision of a licensed physician or other licensed healthcare professional.

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

Should routine booster dose(s) of hepatitis B vaccine (as recommended by the U.S. Public Health Service at a future date) be required, they will be provided at no cost as long as the employee remains a first aid provider.

An employee may decline the Hepatitis B vaccination and this declination shall not shall not reflect unfavorably upon him/her, however this declination must be in writing. See Section II.

It is important to note that if a first aid provider initially declines the hepatitis B vaccination series, he/she may at a later date decide to accept the vaccination series and it will be provided at no cost assuming he/she is still occupationally exposed to bloodborne pathogens or other potentially infectious materials.

SHARPS INJURY LOG

A Sharps injury log will be maintained for the recording of percutaneous injuries from contaminated sharps.

The information on the log will be recorded and maintained in such manner as to protect the confidentiality of the injured employee.

The sharps injury log will contain:

a. the type and brand of device involved in the incident.
b. the department or work area where the exposure incident occurred.
c. an explanation of how the incident occurred.

The sharps injury log shall be maintained for the period of five years.

FIRST AID PROVIDER INPUT

As a matter of policy, all first aid providers who are responsible for first aid delivery as an additional job are encouraged to suggest methods to improve our engineering and workplace controls. This input may be made verbally to the Plan Administrator at any time. Additionally, during the annual refresher training, suggestions will be solicited.

PLAN REVIEW

This plan will be reviewed, and if necessary, updated annually to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. As new medical devices are developed which reduce employee exposure, they will be introduced into our practice. A review of the “Sharps Log” will help identify problem areas and/or ineffective devices which may need replacement.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

The information that has preceded this Section has dealt with the methods to restrict occupational exposure to bloodborne pathogens and other infectious materials. Post-exposure evaluation and follow-up deals with the steps to take immediately following a potential exposure incident and the steps that will be taken over time to protect our employees from further health risk.

All incidents involving exposure to blood or other potentially infectious materials will be reported to the Exposure Control Plan Administrator, in writing, before the end of the shift in which the incident occurred using the Exposure Incident Report (Section II). This Report will be prepared regardless of whether or nor there has been an "Exposure Incident" as defined in this Plan and in 29 CFR 1910.1030. A separate Exposure Incident Report will be completed for each employee who was occupationally exposed.

Information in this Report will include:

a. the date and time the incident occurred.
b. a brief description of the events leading up to the exposure (what happened.)
c. the name of the individual exposed.
d. the route of exposure.
e. “source individual” and “exposed individual” information including the acceptance or rejection of hepatitis B vaccination series.
d. a determination of whether or not an actual "exposure incident" occurred. Refer to Definitions in this Plan or 29 CFR 1910.1030.

The Exposure Control Plan Administrator or his authorized representative will review the Exposure Incident Report and determine if methods or procedures may be altered to prevent a reoccurrence of the incident.

Further, an occupational bloodborne pathogens exposure incident which results in the recommendation for hepatitis B vaccination would be recorded on OSHA Form 300 as an injury. See Recordkeeping.

All unvaccinated employees who have assisted in any situation involving blood will be afforded the opportunity to receive the hepatitis B vaccination series as soon as possible but not later than twenty-four (24) hours after the situation.

A confidential medical evaluation and follow-up will be provided immediately, at not cost, to the employee. The healthcare professional evaluating an employee after an exposure incident will be provided a copy of 29 CFR 1910.1030 (Section II).

Further, the healthcare professional will be provided a description of the exposed employee's duties as they relate to the exposure incident; documentation of the route(s) of exposure; the circumstances under which the exposure occurred; the results of the source individual's blood testing, if available; and all medical records relevant to the appropriate treatment of the employee including vaccination status which is maintained by our office. See Recordkeeping.

The confidential medical evaluation and follow-up will include:

a. documentation of the route(s) of exposure.
b. the circumstances under which the exposure incident occurred.
c. the identification and documentation of the source individual, unless it can be established that the identification is not feasible or prohibited by state or local law.
d. the exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

Note: If the employee consents to baseline blood collection, but does not consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.]

e. the source individual's blood shall be tested as soon as feasible to determine HBV and HIV infectivity unless it is already known in which case this procedure is not necessary.

If consent to test the source individual's blood cannot be obtained the following will occur:

a. it will be established and documented that legally required consent cannot be obtained.

b. when the source individual's consent is not required by law, the source individual's blood shall be tested and the results documented.

The 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 the identity and infectious status of the source individual.

The employee shall be provided post-exposure prophylaxis, when medically indicated, and counseling.

The employee will be provided with a copy of the healthcare professional's written opinion within 15 days of the completion of the evaluation. The written opinion shall be limited to:

a. whether Hepatitis B vaccination is indicated and if the employee has received such vaccination.
b. an indication that the employee has been informed of the results of the evaluation.
c. an indication 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.

All other findings or diagnoses will remain confidential and will not be included in the written report.

RECORDKEEPING

Complete and accurate medical records will be maintained for each employee with occupational exposure. These records shall remain confidential and will not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by law.

We will ensure that all records required by 29 CFR 1910.1020, *Access to employee exposure and medical records*, are made readily available upon request of an employee as well as the Assistant Secretary & the Director for examination and copying. Medical records must have the written consent of employee before being released.

Per 29 CFR 1910.1020(h), medical records will be maintained for at least the duration of employment plus 30 years. If we cease to do business, these records will be transferred to the successor employer. If there is no successor employer, we will notify affected current employees of their rights of access to these records at least three (3) months prior to cessation of business and notify the Director of NIOSH in writing of the impending disposal of records at least three (3) months prior to disposal. If we regularly dispose of records required to be maintained for at least thirty years, we may, with at least (3) months notice, notify the Director of NIOSH on an annual basis of the records intended to be disposed of in the coming year.

Included in the employee's medical record will be:

a. the employee's name and social security number.
b. a copy of the employee's hepatitis B vaccination status including the date of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
    1. if the employee has declined to receive the hepatitis B vaccination series when appropriate, this declination will be included in the person's medical records.
c. a copy of all results of examinations, medical testing, and follow-up procedures as required following an exposure incident.
d. the employer's copy of the healthcare professional's written opinion following an exposure incident.
e. a copy of all information provided to the healthcare professional following an exposure incident.

All work-related injuries from needlesticks and cuts, lacerations, punctures and scratches from sharp objects contaminated with another person's blood or other potentially infectious materials are to be recorded on the OSHA 300 as an injury.

a. To protect the employee's privacy, the employees name may not be entered on the OSHA 300.
b. If the employee develops a bloodborne disease, the entry must be updated and recorded as an illness.

TRAINING

All of our first aid providers must have current certificates of first aid and CPR training on file. These records will be maintained by the Plan Administrator.

Initial training, training at the introduction of a new or altered task affecting exposure to bloodborne pathogens or other potentially hazardous materials, and annual training will be provided by a person knowledgeable in the subject matter contained in this Plan.

Training will be interactive between the instructor and employee. An opportunity to ask questions will be provided. Further, this Plan as well as 29 CFR 1910.1030, *Bloodborne Pathogens*, will be readily available for review.

All training will be documented using the forms found in Appendix A. Training documentation will be maintained for a period of no less than three (3) years from the date on which the training occurred.

Training will include, but not be limited to, the following topics and materials:

a. a complete review of our Exposure Control Plan and its accessibility.
b. an accessible copy of 29 CFR 1910.1030 and an explanation of its contents.
c. a general explanation of the epidemiology and symptoms of bloodborne diseases.
d. an explanation of the modes of transmission of bloodborne pathogens.
e. an explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
f. an explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
g. information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
h. an explanation of the basis for selections of personal protective equipment.
i. information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
j. information on the appropriate actions to take and persons to contact in an emergency involving blood other potentially infectious materials.
k. an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
l. information on the post-exposure evaluation and follow-up that is provided after an exposure incident.
m. an explanation of the color coding required by paragraph (g)(1), 29 CFR 1910.1030.
n. a request for input from employees in the identification, evaluation, and selection of effective engineering and work practice controls.

WASTE MANAGEMENT

Waste ,management, if necessary, will comply with State EPA standards regarding handling, storage, and shipping of medical wastes.

SUMMARY

The whole thrust of the Program is to provide an awareness of the dangers of bloodborne pathogens, provide a means of reducing the possibility of occupational exposure, and, should occupational exposure occur, provide a means of reducing health risk.

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EXPOSURE DETERMINATION

LIST I

All job classifications in which all employees have occupational exposure.

Note: The above exposure determinations are to be made without regard to the use of personal protective equipment.

1. First Aid Providers_____

2. _____

3. _____

4. _____

5. _____

6. _____

Note: The primary job assignment of our designated first aid providers is not the rendering of first aid or other medical assistance. Any first aid rendered by them is rendered only as a collateral duty, responding solely to injuries resulting from workplace incidents and only at the location where the incident occurred.

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EXPOSURE DETERMINATION

LIST II

Job classifications in which some employees have occupational exposure.

1. None_____

2. _____

3. _____

4. _____

5. _____

6. _____

Note: The above exposure determinations are to be made without regard to the use of personal protective equipment.

Note: The primary job assignment of our designated first aid providers is not the rendering of first aid or other medical assistance. Any first aid rendered by them is rendered only as a collateral duty, responding solely to injuries resulting from workplace incidents and only at the location where the incident occurred.

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EXPOSURE DETERMINATION

LIST III

All tasks and procedures or groups of closely related tasks and procedures in which occupation exposure occurs and are performed by employees in job classifications noted in List II.

	Job Classification	Tasks
1.	None_____	_____ _____ _____ _____
2.	_____	_____ _____ _____ _____
3.	_____	_____ _____ _____ _____
4.	_____	_____ _____ _____ _____

Note: The primary job assignment of our designated first aid providers is not the rendering of first aid or other medical assistance. Any first aid rendered by them is rendered only as a collateral duty, responding solely to injuries resulting from workplace incidents and only at the location where the incident occurred.

Note: The above exposure determinations are to be made without regard to the use of personal protective equipment.

HOUSEKEEPING SCHEDULE & CHECKLIST

SCHEDULE

Following every incident where there is a possibility of the presence of residual bloodborne pathogens or other potentially infectious materials.

CHECKLIST

Only personnel who have had training in our Exposure Control will ensure that all surfaces are decontaminated and that cleaning materials are properly disposed of. Areas to consider include, but are not limited to:

	YES	NA
FLOORS	☐	☐
WALLS	☐	☐
EQUIPMENT	☐	☐
PRODUCT	☐	☐
WASTE CONTAINERS	☐	☐
TOOLS	☐	☐

Broken, potentially infected glassware, should be picked up and disposed of using mechanical means such as a brush and dust pan or forceps.

All sharps will be stored in a manner that allows easy access and safe handling.

Infectious waste will be placed in containers that are color coded red. These containers will be decontaminated as soon as practical.

Subsequent to rendering any procedures, employees will ensure that all surfaces on which blood, body fluids, bloodborne pathogens, or other infectious materials may be present are cleaned with an appropriate disinfectant.

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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 V 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.

_____
(WITNESS)

_____
(EMPLOYEE SIGNATURE)

_____
(PRINTED NAME)

_____
(DATE)

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SHARPS INJURY LOG

Note: A sharps injury log will be maintained for the recording of percutaneous injuries from contaminated sharps.

The information on the log will be recorded and maintained in such manner as to protect the confidentiality of the injured employee.

This sharps injury log shall be maintained for the period of five years.

_____ _____
(Incident Date) (Employee SSN)

Type and brand of device involved in the incident:

_____

Work area where the exposure incident occurred:

_____

Explanation of how the incident occurred:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Robert Evans
Safety Program Administrator

ANNUAL EXPOSURE CONTROL PLAN REVIEW

At least annually, this program will be reviewed and, if necessary, updated, to reflect innovations in procedure and technological developments that eliminate or reduce exposure to bloodborne pathogens.

As part of the annual review, the below will be considered:

a. Employee Input
b. Sharps Injury Log
c. Exposure Incident Reports
d. Professional Journals

Date Reviewed:	Signature	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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EXPOSURE INCIDENT REPORT

ALL INFORMATION ON THIS FORM IS TO REMAIN CONFIDENTIAL

THIS FORM SHALL BE COMPLETED AS SOON AS FEASIBLE AFTER AN EXPOSURE INCIDENT BUT, UNDER NO CIRCUMSTANCES, AFTER THE SHIFT ON WHICH THE INCIDENT OCCURRED.

DATE: _____ TIME: _____

NAME OF EMPLOYEE: _____

ROUTE OF EXPOSURE: _____

SOURCE INDIVIDUAL'S NAME: _____

a. Above individual did / did not consent to be tested for HBV or HIV.

b. Testing was done by: _____

1. Results: _____

EMPLOYEE WAS OFFERED AND ACCEPTED:	**NO**	**YES**	
a. Hepatitis Vaccination Series. [Date(s)]	☐	☐	_____
1. If "NO", written declination was signed.	☐	☐	
b. Post Exposure Evaluation and follow-up.	☐	☐	
c. Employee consents to baseline blood collection.	☐	☐	_____ (Signature)

Description of events leading to this exposure incident:

_____

_____

_____

_____

Corrective Measures to Prevent a Reoccurrence:

_____

_____

_____

_____

_____ _____

(Exposure Control Plan Administrator Signature) (Employee Signature)