

# Bloodborne Pathogens Program

Effective Date:  
Revision #:

# OSHA

## Reference Standard

Occupational Safety and Health Administration (OSHA); Bloodborne Pathogens, Subpart Z, 29 CFR 1910.1030

## Purpose

This program is designed to eliminate or minimize employee exposure to bloodborne pathogens.

## Scope

This program applies to all of our company employees, all contractors and vendors performing work on company property as well as all other individuals who are visiting or have business with our company.

*Note: This training guide does not apply to HIV and HBV research laboratories and HIV and HBV production facilities.*

## Responsibilities

- Management is responsible for the development and review of this program. Management is also responsible for appropriate employee training.
- Management and supervisors are responsible for the enforcement of this program.
- Employees must comply with all procedures outlined in this policy.
- Contractors and vendors must comply with all procedures outlined in this policy.

## Definitions

**Bloodborne Pathogens:** (BBP) Pathogenic microorganisms that are present in human blood and can cause disease to humans, such as HIV and Hepatitis B.

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

**Contractor:** A non-company employee being paid to perform work in our facility.

**Exposure incident:** Any specific eye, mouth, other mucus membrane, non-intact skin or other contact with blood or potentially infected material.

**Other Potentially Infected Material:** (OPIM) Any bodily fluid that is visibly contaminated with blood or any fluids in which it is difficult or impossible to tell what the fluid is and/or if it is contaminated with blood.

**Personal Protective Equipment:** (PPE) Gloves, safety glasses, suits, face shields, and similar items worn to prevent contact with blood or other bodily fluids.

**Regulated Waste:** Liquid or semi-liquid blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; wastes containing pathogens or microbiological waste.

**Sharps:** Medical devices with a point or a blade capable of penetrating human skin (e.g. hypodermic needles, scalpels, etc.).

**Universal Precautions:** Our approach to infection control. All bodily fluid will be treated as if it was contaminated with a bloodborne pathogen and appropriate protection and sanitation steps will be taken.

**Vendor:** A non-company employee being paid to perform a service in our facility.

## Procedure

### Exposure Control Plan

There are only two possibilities for bloodborne pathogens exposure in our facility:

- While responding to an illness or injury to provide first aid care; or
- When cleaning and sanitizing a bodily fluid spill.

Additionally, an employee could experience unintended exposure from contact with blood or OPIM.

Accordingly, there are no direct engineering controls available. Our exposure control plan is:

1. Only designated personnel who are trained, authorized and equipped to respond to medical emergencies and or bodily fluid spills will do so. All other personnel will avoid contact and notify their supervisor if a spill or exposure incident is encountered;
2. While responding to bodily fluid spills, an appropriate level of PPE will be worn including:
  - Safety glasses—Incidents with minimal exposure potential (e.g. a laceration with minimal bleeding);
  - Face Shield—Incidents with a potential of bodily fluid becoming airborne (e.g. a laceration with spurting, arterial bleeding);
  - Disposable liquid-proof gloves—All incidents;
  - Apron (or disposable suit) and shoe covers—Incidents with a potential of bodily fluid becoming airborne or incidents in which response personnel could walk through a spill or move against material contaminated with a spill; or
  - Barrier mask and/or Bag Valve Mask—Incidents requiring mouth-to-mouth or mouth-to-nose breathing;
- Adequate supplies of personal protective equipment are kept in the following locations and are available for employee use (at no cost to employees):  
**(List locations of BBP PPE)** \_\_\_\_\_.
3. Regulated waste (such as contaminated dressings and bandages) and other materials will be double bagged in red biohazard bags and disposed of as regulated waste using an approved disposal contractor. We do not use any medical sharps;
4. All potentially contaminated surfaces will be cleaned and sanitized with an approved sanitizing solution or will be disposed of as contaminated medical waste. Personnel performing this duty will be trained in all aspects of this plan and will be required to wear appropriate PPE as outlined above;
5. After performing necessary duties personnel will clean, sanitize, remove and discard any contaminated PPE;
6. All personnel are required to wash their hands with soap and warm water. (Handwashing facilities (or waterless skin sanitizer when potable water is remote from the scene) is will be available to use when potable water is remote from the scene) immediately after removing PPE;
7. If an exposure is suspected, any employee, trained or untrained, should immediately:
  - Wash exposed skin surfaces with large amounts of soap and warm water;
  - Rinse exposed mucus membranes with large quantities of warm water;

- Report any actual or suspected exposure incident to their supervisor or the plan administrator. The employee will immediately be referred to a physician or other licensed health care provider for a confidential follow-up (at no cost to the employee);

### **Plan Review**

The program administrator will review and revise this plan annually and as needed.

### **Training**

All employees who are authorized to respond to potential exposure incidents will be trained annually regarding this exposure control plan and their duties. Employees wishing to access these training materials before their annual training, including the exposure control plan, may do so by **[INSERT INSTRUCTIONS FOR ACCESSING THESE MATERIALS]**

Employees who have no occupational contact with potentially contaminated materials will receive awareness training upon hire.

### **Hepatitis B Vaccination**

All personnel who are assigned job duties where they are required to respond to potential exposure incidents will be offered the Hepatitis B vaccination series at no cost. The initial offer of the Hepatitis B vaccination will be within 10 days of assignment. If the employee initially declines the vaccination he or she can rescind the declination at any time. Any employee who declines the Hepatitis B vaccination is required to sign the declination form. (See Appendix A for copies of the Acceptance and Declination statements)

### **Recordkeeping**

The employer will maintain accurate records for each employee with exposure to bloodborne pathogens. Each exposed employee record will include:

- The name and Social Security number of the employee;
- A copy of the employee's hepatitis B vaccination status (including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination);
- A copy of all results of examinations, medical testing, and follow-up procedures;
- The employer's copy of the healthcare professional's written opinion; and
- A copy of the information provided to the healthcare professional.

The employer will ensure that employee medical records are kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside the workplace, except as required by this section or as may be required by law.

## Revision History Record:

Revision Number	Section	Revised By	Description
0	NA	NA	Original document.

# Appendix A

## Hepatitis B Vaccination Acceptance and Declination Form

### Hepatitis B Vaccination Acceptance and Declination Form

#### ACCEPTANCE STATEMENT

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 hereby accept the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself.

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Employee Signature

Date

#### DECLINATION STATEMENT

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.

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Employee Signature

Date