

Safety Policy & Procedure Manual		Section:	Date: 10-29-2015
		Revision:	
Subject: Bloodborne Pathogens			

Bloodborne Pathogens

Purpose

This Bloodborne Pathogen Exposure Control Plan has been established to ensure a safe and healthful working environment and act as a performance standard for all employees. This program applies to all occupational exposure to blood or other potentially infectious materials. The content of this plan complies with OSHA Standard 29 CFR 1910.1030 (Occupational Exposure to Bloodborne Pathogens).

Scope

This program addresses all occupational exposure to blood or other potentially infectious materials. OSHA requires that all employers that can "reasonably anticipate exposure" of employees to infectious material to prepare and implement a written exposure control plan.

Key Responsibilities

Exposure Control Officer (LTR Safety Managers)

Has overall responsibility for developing and implementing the Exposure Control Procedure for all facilities.

Branch Manager and Safety Officer

Branch manager and Branch Safety Officer are responsible for exposure control in their respective areas.

Employees

- Know what tasks they perform that have occupational exposure.
- Plan and conduct all operations in accordance with our work practice controls.
- Develop good personal hygiene habits.

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Procedure

Training

LTR shall ensure that all employees with occupational exposure participate in a training program. Training is conducted for all employees with occupational exposure before initial assignment and within 1 year of previous training. Training shall be provided at the time of initial assignment & within 1 year of an employee's previous training. Training shall include:

- What bloodborne pathogens are; how to protect themselves from exposure
- Methods of warnings (signs, labels, etc.)
- The OSHA requirements of bloodborne pathogens
- The Hepatitis B vaccine shall be made available to all employees that have occupational exposure at no cost to the employee(s).



Biohazard Label

Availability of Procedure to Employees

All employees will have access to a copy of the exposure control plan. Access to a copy of the exposure control plan shall be provided in a reasonable time, place, and manner.

Reviews and Update of the Procedure

The procedure is reviewed annually and updated whenever we establish new functional positions within our facility that may involve exposure to biohazards.

Exposure Determination

- There are no job classifications in which some or all employees have occupational exposure to bloodborne pathogens that may result from the performance of their routine duties.
- Employees are trained to render first aid and basic life support on a voluntary basis. Rendering first aid or basic life support will expose employees to bloodborne pathogens and will require them to adhere to this program.
- In addition, no medical sharps or similar equipment is provided to, or used by, employees rendering first aid or basic life support.
- This exposure determination has been made without regards to the Personal Protective Equipment that may be used by employees.

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Methods of Compliance

Universal Precautions

Under circumstances in which differential between body fluids is difficult or impossible, all body fluids will be considered potentially infectious.

Engineering Controls

Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Engineering controls should be examined and maintained or replaced on a regular schedule to ensure their effectiveness. Hand washing facilities shall be readily available at all work locations. If provision of hand washing facilities is not feasible, then an appropriate antiseptic hand cleanser in conjunction with cloth/paper towels or antiseptic towelettes shall be provided by LTRc.

Containers for contaminated reusable sharps have the following characteristics: Puncture-resistant; Color-coded or labelled with a biohazard warning label; Leak-proof on the sides and bottom.

Secondary containers which are: Leak-proof; Color-coded or labelled with a biohazard warning label; Puncture-resistant, if necessary.

Work Practice Controls

- Employees shall wash their hands immediately, or as soon as feasible, after removal of potentially contaminated gloves or other personal protective equipment. Following any contact of body areas with blood or any other infectious materials, employees wash their hands and any other exposed skin with soap and water as soon as possible.
- Hand washing facilities shall be available. If hand washing facilities are not feasible LTR will provide either an appropriate antiseptic hand cleanser in conjunction with cloth/paper towels or antiseptic towelettes.
- Contaminated needles and other contaminated sharps should not be handled if you are not AUTHORIZED or TRAINED to do so. Contaminated needles and other contaminated sharps are not bent or recapped.
- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas where there is potential for exposure to biohazardous materials.
- Food and drink is not kept in refrigerators, freezers, on countertops or in other storage areas where potentially infectious materials are present.

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- All equipment or environmental surfaces shall be cleaned and decontaminated after contact with blood or other infectious materials.
- Specimens of blood or other potentially infectious materials must be put in leak proof bags for handling, storage and transport.
- If outside contamination of a primary specimen container occurs, that container is placed within a second leak proof container, appropriately labelled, -for handling and storage.
- Bloodborne pathogens kits are to be used in emergency situations by the caregiver. Once the seal is broken on kit and any portion has been used it is not to be reused. Pathogen Kits shall be ordered and replaced promptly. Biohazard bags are identified by stickers and located in the first aid area. Contaminated supplies are to be disposed at once.

Personal Protective Equipment

When the possibility of occupational exposure is present, PPE is to be provided at no cost to the employee such as gloves, gowns, etc. PPE shall be used unless employees temporarily declined to use under rare circumstances. PPE shall be repaired and replaced as needed to maintain its effectiveness. All PPE shall be of the proper size and readily accessible.

Our employees adhere to the following practices when using their personal protective equipment:

- Any garments penetrated by blood or other infectious materials are removed immediately.
- All potentially contaminated personal protective equipment is removed prior to leaving a work area.
- Gloves are worn whenever employees anticipate hand contact with potentially infectious materials or when handling or touching contaminated items or surfaces.
- Disposable gloves are replaced as soon as practical after contamination or if they are torn, punctured or otherwise lose their ability to function as an "exposure barrier".
- Masks and eye protection (such as goggles, face shields, etc.) are used whenever splashes or sprays may generate droplets of infectious materials.
- Any PPE exposed to bloodborne pathogens shall be disposed of properly.
- PPE shall be used unless employees temporarily decline to use PPE under rare circumstances.
- PPE should be cleaned, laundered & properly disposed of if contaminated.
- LTR will repair and replace PPE as needed to maintain its effectiveness.

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Housekeeping

Our staff employs the following practices:

- All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials with an appropriate disinfectant.
- Protective coverings (such as plastic trash bags or wrap, aluminum foil or absorbent paper) are removed and replaced.
- All trash containers, pails, bins, and other receptacles intended for use routinely are inspected, cleaned and decontaminated as soon as possible if visibly contaminated.
- Potentially contaminated broken glassware is picked up using mechanical means (such as dustpan and brush, tongs, forceps, etc.).

Post-Exposure and Follow Up

Post-Exposure Evaluation & Follow-Up

If there is an incident where exposure to bloodborne pathogens occurred we immediately focus our efforts on investigating the circumstances surrounding the exposure incident and making sure that our employees receive medical consultation and immediate treatment.

Branch Manager / Branch Safety Officer investigates every reported exposure incident and a written summary of the incident and its causes is prepared and recommendations are made for avoiding similar incidents in the future. We provide an exposed employee with the following confidential information:

- Documentation regarding the routes of exposure and circumstances under which the exposure incident occurred.
- Identification of the source individual (unless not feasible or prohibited by law).

Once these procedures have been completed, an appointment is arranged for the exposed employee with a qualified healthcare professional to discuss the employee's medical status. This includes an evaluation of any reported illnesses, as well as any recommended treatment.

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Information Provided to the Healthcare Professional. We forward the following:

- A copy of the Biohazards Standard.
- A description of the exposure incident.
- Other pertinent information.

Healthcare Professional's Written Opinion

After the consultation, the healthcare professional provides our facility with a written opinion evaluating the exposed employee's situation. We, in turn, furnish a copy of this opinion to the exposed employee. The written opinion will contain only the following information:

- Whether Hepatitis B Vaccination is indicated for the employee.
- Whether the employee has received the Hepatitis B Vaccination.
- Confirmation that the employee has been informed of the results of the evaluation.
- Confirmation that the employee has been told about any medical conditions resulting from the exposure incident which require further evaluation or treatment.
- All other findings or diagnoses will remain confidential and will not be included in the written report.

Record Keeping

All records shall be made available upon request of employees, OSHA's Assistant Secretary and the Director of OSHA for examination and copying. Medical records must have written consent of employee before released. LTR shall meet the requirements involving transfer of records set forth in 29 CFR 1910.1020(h).

The respective Human Resources representative shall maintain Bloodborne Pathogen exposure records.

Employee medical records shall be kept confidential and are not to be disclosed without the employee's written consent, except as required by 29 CFR 1910.1030 or other law.

Accurate medical records for each employee with occupational exposure must be maintained for at least the duration of employment plus 30 years and shall include at least the following:

- Employee's name, Social Security number and LTR employee number.
- Employee's Hepatitis B vaccination status, including vaccination dates.

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- All results from examinations, medical testing and follow-up procedures, including all health care professional's written opinions.
- Information provided to the health care professional.
- Any Hepatitis B Vaccine Declinations.

Training records shall be maintained for 3 years from the date on which the training occurred and shall include at least the following:

- Outline of training program contents.
- Name of person conducting the training.
- Names and job titles of all persons attending the training.
- Date of training.

Labels and Signs

Biohazard warning labelling shall be used on containers of regulated waste; Sharps disposal containers; contaminated laundry bags and containers; contaminated equipment.

Information

Information provided to our employees includes:

- The Biohazards Standard itself.
- The epidemiology and symptoms of bloodborne diseases.
- The modes of transmission of bloodborne pathogens.
- Our facility's Exposure Control Procedure (and where employees can obtain a copy).
- Appropriate methods for recognizing tasks and other activities that may involve exposure.
- A review of the use and limitations of methods that will prevent or reduce exposure.
- Selection and use of personal protective equipment.
- Visual warnings of biohazards within our facility including labels, signs and "color-coded" containers.
- Information on the Hepatitis B Vaccine.
- Actions to take and persons to contact in an emergency involving potentially infectious material.
- The procedure to follow if an exposure incident occurs, including incident reporting.
- Information on the post-exposure evaluation and follow-up, including medical consultation.

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VACCINATION DECLINATION FORM

Date_____

Employee Name_____

Employee ID#_____

I understand that due to my occupational exposure to blood or other potential infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated, at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that by declining the 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 the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature

Date

Facility Representative

Date

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POST-EXPOSURE EVALUATION AND FOLLOW-UP CHECKLIST

The following steps must be taken, and information transmitted, in the case of an employee's exposure to bloodborne pathogens:

ACTIVITY

COMPLETION DATE

Employee furnished with documentation regarding exposure incident.

Source individual identified.

(_____) Source individual

Appointment arranged for employee with healthcare professional.

(_____) _____

Professional's name

Documentation forwarded to healthcare professional

_____ Bloodborne Pathogens Standard

_____ Description of exposed employee's duties

_____ Description of exposure incident, including routes of exposure

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EXPOSURE INCIDENT REPORT		
Location		Supervisors Name
Date Reported	Related Procedure Reviewed Yes _____ No _____	All Affected Employees Notified Yes _____ No _____
Employee Information		
Name	Date	DOB
SS#	Job Title	
Telephone (Business)	Home	
Date of Exposure	Time of Exposure	AM ___ PM ___
Hepatitis B Vaccination Status		
Location of Incident		
Bodily Exposure Information		
Part of the body to which exposure occurred (describe fully):		
Decontamination:		
Describe method(s) of decontamination used		
Soap & Water	Disinfectant	Towelettes
10% Bleach Solution	Other (describe)	
1. Describe what job duties you were performing when exposure incident occurred.		
2. Describe the circumstances under which the potential exposure occurred		
3. What bodily fluid(s) were you exposed to?		
4. Describe route of exposure (e.g., mucosal contact, contact with non-intact skin)		
5. Describe any PPE in use at the time of exposure incident.		
6. Did PPE fail? Yes _____ No _____ If yes, describe how.		

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7. Identification of source individual(s) (Names)		
Acknowledgement: I certify that I have reviewed the information contained in this incident report and will take the necessary steps to ensure correction of PPE or procedural deficiencies. *		
Further detailed on attachment: Yes___ No___		
Name:	Signature:	
Title:	Date:	Time:
REPORT FORM RETENTION INFORMATION		ATTACHMENTS
Permanent Retention File:	Location:	*Yes___ No___
Date Filed:	Filed By:	*See Following Pags