

Bloodborne Pathogen Safety Program

1. **Purpose.** The company ensures the safety of its employees, the community, and the environment through the effective management of biohazards, where employees may be “reasonably anticipated” to come into contact with biohazards as a result of performing their job duties. This procedure assists in compliance with Federal Regulation 29CFR1910.1030.
2. **Scope.** Applies to all locations within company buildings or facilities where exposures to biological hazards may occur, and all company employees who may have exposures to biological agents.

3. Responsibilities

3.1 Management and Supervisor:

- 3.1.1 Determine where exposures are present.
- 3.1.2 Ensure employees are trained, based on their level of exposure to blood or Bloodborne pathogens.
- 3.1.3 Implement a regular cleaning and disinfection schedule.
- 3.1.4 Write and implement an exposure control Plan.
- 3.1.5 Ensure vaccinations and treatments are available, as needed or required. The Hepatitis vaccine series must be offered to employees within 10 days of a job assignment with actual or potential exposure. Vaccines must be provided at a reasonable time and place and at no charge or cost to the employee.
- 3.1.6 Ensure waste containers are properly labeled, handled and disposed.
- 3.1.7 Maintain a sharps injury log.
- 3.1.8 Determine appropriate personnel responsible for evaluating safer medical devices.

3.2 Employees

- 3.2.1 Follow established written procedures
- 3.2.2 Attend training, as needed or required
- 3.2.3 Participate, as needed or required, in the evaluation of safer medical devices.

4. Procedure

- 4.1 Determine where exposures or potential exposures exist.
- 4.2 Provide controls to eliminate or reduce exposures.
- 4.3 Train employees initially and annually.
- 4.4 Exposure Incident Report. Assure medical and exposure records are maintained for each employee who has any exposure event (sharps, blood contact with mucous membranes, etc). These records include:
 - 4.4.1 Name and Social Security Number of the exposed employee
 - 4.4.2 Copy of the employee's Hepatitis B Vaccination status
 - 4.4.3 Documentation of:
 - 4.4.3.1 Routes of exposure
 - 4.4.3.2 Circumstances of exposure
 - 4.4.3.3 Source of contaminant (if known)
 - 4.4.3.4 Results of all exam, testing, and follow-up procedures
 - 4.4.3.5 Listing of PPE used
 - 4.4.3.6 Written opinion of the healthcare provider
 - 4.4.4 Copy of any other documentation provided to the healthcare professional responsible for post-exposure follow up.
- 4.5 Exposure Control Plan. Document, maintain, and make accessible to employees a written Exposure Control Plan. Review and update the Exposure Control Plan at least annually. This includes:
 - 4.5.1 Exposure Determination
 - 4.5.2 Methods of Compliance
 - 4.5.3 Hepatitis B vaccination
 - 4.5.4 Post-Exposure Evaluation and Follow-up
 - 4.5.5 Communication of Hazards to Employees
 - 4.5.6 Recordkeeping

- 4.5.7 Procedure for the evaluation of circumstances surrounding exposure incidents,
- 4.6 Personal Protective Equipment (PPE) - When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices.
- 4.6.1 Use. The employer shall ensure that the employee uses appropriate personal protective equipment.
- 4.6.2 Accessibility. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
- 4.6.3 Cleaning, Laundering, and Disposal. The employer shall clean, launder, and dispose of personal protective equipment and at no cost to the employee.
- 4.6.4 Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.
- 4.6.5 PPE shall be removed prior to leaving the work area.
- 4.6.6 When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
- 4.7 The appropriate type of PPE must be provided and worn based on the job specific hazards as designated in the Exposure Control Plan including gloves, masks, eye protection, face shields, gowns, aprons, surgical caps, hoods, shoe covers, and other protective body clothing.
- 4.8 Safer Medical Device Evaluation. Consider, where appropriate to their use, effective engineering controls including "safer medical devices" to reduce the risk of injury from needles or other sharp medical instruments.
- 4.8.1 At least annually hold discussions, reviews or other forums regarding the use of "safer medical devices" that reduce the risk of exposure incidents which include:
- 4.8.1.1 The use of such devices should be evaluated and, where appropriate, implemented.
- 4.8.1.2 These discussion sessions must be documented and records kept up-to-date.

- 4.8.1.3 Sessions must include employees who use needles and other sharps (such as medical staff, lab technicians, housekeeping staff, maintenance workers and other persons who may have exposure to or come into contact with contaminated sharps).
- 4.8.1.4 Documentation must be made available to regulators during an inspection or audit upon request.

4.9 Provide waste management and a regular cleaning and disinfection schedule.

4.10 Sharps Injury Log. Record all needle-stick/sharps injury cases involving exposures (percutaneous injuries or “under the skin” needle-sticks) from contaminated sharps on a “Sharps Injury Log” for OSHA record keeping and recording. Needle-stick injuries from a new or unused needle do not need to be recorded. This log includes:

4.10.1 The type and brand of device involved in the incident

4.10.2 The department or work area where the incident occurred

4.11 An explanation of the circumstances and how the incident occurred.

5. Safety Information

5.1 Post appropriate signs where biohazards are present (including waste containers).

5.2 Assure a system is in place for periodic medical evaluations for any exposed employee. Medical evaluations where there is doubt as to whether or not an exposure has occurred (i.e., a needle-stick injury where the source contaminant can not be identified) are recommended at a minimum of 3 year intervals.

5.3 Assure all medical and biological waste materials are managed in accordance with all Federal, State and Local regulations.

5.4 Maintain records for the following durations:

5.4.1 Sharps Injury Log (5 years)

5.4.2 Training records (3 years)

5.4.3 Medical exposure records (duration of employment plus 30 years)

5.4.4 Bio-Medical Waste disposal (3 years), if not on a manifest. If on a manifest (7 years).

6. Training and Information

6.1 Initial and annual training requirements for employees

6.1.1 Train all employees and Supervisors with exposures or potential exposures to assure they understand their responsibilities and safeguards/controls implemented.

6.2 Training includes:

6.2.1 Information on the location of a written copy of the text of the Bloodborne Pathogens regulation (can be electronic provided it remains accessible to employees at all times).

6.2.2 An explanation of the Exposure Control Plan.

6.2.3 Information on how bloodborne pathogens and diseases can be contracted by employees during their work.

6.2.4 An explanation of the modes of transmission of bloodborne pathogens.

6.2.5 How exposures can occur and be prevented (controls used, PPE, etc.)

6.2.6 Information on the Hepatitis B vaccine

6.2.7 Whom to contact at the company and what to do (and what to expect) if an employee has an exposure.

6.2.8 Information on post-exposure evaluation

6.2.9 An explanation of signs and labels.

6.2.10 An opportunity for interactive questions and answers

6.3 Training records are maintained for 3 years and include:

6.3.1 Training Attendance Roster

6.3.2 Date of training

6.3.3 Contents or summary of the training

6.3.4 Names and qualifications of persons conducting the training

6.3.5 Name and job titles of the employees attending

7. Definitions.

- *Biohazards/Bloodborne Pathogens* - Infectious agents (human pathogens), materials from human sources or primates that may contain pathogens, and organism-produced toxins, venom, allergens, etc. that causes disease in humans.
- *Exposure Control Plan* - A written program that outlines the exposures that are present (or potentially present) in the workplace and the steps taken to eliminate or control those exposures.
- *OPIM* - Other Potentially Infectious Materials, such as contaminated waste, tissue samples, Human body fluids, including: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all 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.
- *Potentially Exposed* - An exposure that can reasonably occur at some time.
- *Safer Medical Devices* - Sharps with engineering control devices that provide injury protection, such as syringes with sliding sheaths to shield the needle after use, retracting needles or catheters, or other protective housings.
- *Sharps* - a non-needle sharp or needle device used for withdrawing blood or body fluids, accessing a vein or artery or administering medication or other fluids.
- *Universal Precautions* - 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.