



# Bloodborne Pathogens Exposure Control Plan

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# Bloodborne Pathogens Exposure Control Plan

In accordance with the OSHA Bloodborne Pathogens standard 1910.1030 the following exposure control plan has been developed

## 1. Exposure Determination

Designated employees that may come into contact with human blood or other potentially infectious materials (OPIM).

- a. A list of all job classifications in which all employees in those job classifications have occupational exposure:

**Health Care Workers**

**Dental**

- b. A list of all job classifications in which some employees have occupational exposure:

**Custodians**

**Maintenance Workers**

**Day Care Providers**

## 2. Methods of Compliance

Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

## 3. Engineering and Work Practice Controls

Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

- a. Hand washing facilities will be readily accessible for employees. When provision of hand washing facilities is not feasible, the employer shall provide an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels. When antiseptic hand cleansers are used, hands shall be washed with soap and running water as soon as feasible.
- b. Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

- c. Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.
- d. Bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.
- e. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- f. If professional medical help is required, a local ambulance will be the first choice; a personal car will be the second. If a personal car is taken a, impervious material should be used to prevent contamination of the vehicle.
- g. New employees or employees being transferred to other sections will receive training about any potential exposure from their supervisor.

#### **4. Personal Protective Equipment**

When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's 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.

The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee. All personal protective equipment shall be removed prior to leaving the work area. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

***Masks, Eye Protection, and Face Shields.*** Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

#### **5. Housekeeping**

Maintaining our work areas in a clean and sanitary condition is an important part of the LLC Bloodborne Pathogens compliance program.

Employees must decontaminate working surfaces and equipment with an appropriate disinfectant after completing procedures involving blood or other potentially infectious materials.

- a. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible

when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

- b. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.
- c. A freshly prepared bleach solution can be used to disinfect, using household bleach and tap water at a ratio of 1:100 (1/4 cup bleach to 1 gallon tap water).

## **6. Disposal of Contaminated Items – Regulated Waste**

Regulated waste should be placed in appropriate containers, labeled and disposed of in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

- a. Container of sharps will be picked up by a qualified Hazardous Waste Management firm designated by the college.
- b. Employees will be warned of biohazard waste with proper labeling in accordance with paragraph (6)(e).
- c. Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are: closable, puncture resistant, leak proof on sides and bottom, and Labeled or color-coded in accordance with paragraph (6)(e) of this standard.
- d. Containers shall be constructed to contain all contents and prevent leakage during handling, storage, transport or shipping.
- e.



These labels shall 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.

## **7. Post-exposure Evaluation and Follow-up**

Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

- a. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;

- b. Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law.
- c. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
- d. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
- e. 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 regulations concerning disclosure of the identity and infectious status of the source individual.
- f. Collection and testing of blood for HBV and HIV serological status;

The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

If the employee consents to baseline blood collection, but does not give 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.

Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service, Counseling and Evaluation of reported illnesses.

## **8. Information and Training.**

The employer shall train each employee with occupational exposure in accordance with the requirements of this section. Such training must be provided at no cost to the employee and during working hours. The employer shall institute a training program and ensure employee participation in the program.

The training program shall contain at a minimum the following elements:

- a. An accessible copy of the regulatory text of this standard and an explanation of its contents.
- b. A general explanation of the epidemiology and symptoms of bloodborne diseases.
- c. An explanation of the modes of transmission of bloodborne pathogens.
- d. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan.
- 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 selection of personal protective equipment.
- i. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the 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 or 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 the employer is required to provide for the employee following an exposure incident.
- m. An explanation of the signs and labels and/or color coding required by paragraph (e); and
- n. An opportunity for interactive questions and answers with the person conducting the training session.

The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

## **9. Record Keeping**

The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020.

This record shall include:

- a. The name and social security number of the employee.
- b. 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.
- c. A copy of all results of examinations, medical testing, and follow-up procedures as required.
- d. The employer's copy of the healthcare professional's written opinion.
- e. A copy of the information provided to the healthcare professional.

### ***Confidentiality***

The employer shall ensure that employee medical records required by paragraph (9) 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.

The employer shall maintain the records for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.