

BLOOD BORNE PATHOGENS EXPOSURE CONTROL PLAN
FOR
EMPLOYEES CONDUCTING FIRST AID
(MODEL PROGRAM: 29 CFR 1910.1030)

Prepared by

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Disclaimer: This model exposure control program is intended to assist employers in general industry to implement policies in compliance with 29 CFR 1910.1030, for the protection of employees assigned to provide first aid services. Employers must adapt this model program to the specifics of their workplaces, and should refer to 29 CFR 1910.1030 to resolve any questions of compliance.

This written exposure control program has been developed by (Company Name) to eliminate or minimize employee exposure to blood or other potentially infectious materials. It is intended to comply with the requirements of OSHA standard 29 CFR 1910.1030, Blood borne Pathogens, as applicable to the exposures reasonably anticipated during the delivery of first aid care in a manufacturing facility.

 (Person Designated) has been designated as the exposure control program coordinator and will be responsible for enforcement, review (annually or more frequently when determined necessary), and maintenance of this program. The definition of terms applicable to this program are provided in Appendix E.

DETERMINATION OF EMPLOYEES' EXPOSURE

Employees listed below are assigned to perform first aid duties and are reasonably anticipated to be exposed to blood and other potentially infectious bodily fluids. Their inclusion in all provisions of this exposure control program is mandatory.

<u>Name</u>	<u>Department</u>
_____	_____
_____	_____
_____	_____

METHOD OF IMPLEMENTATION

The following procedures will be used by first aid providers to minimize or prevent exposure to blood borne pathogens:

- 1) Universal Precautions: Universal Precautions are mandatory. These precautions require that all human blood and certain human body fluids be treated as if known to be infectious for HIV, HBV, and other blood borne pathogens.
- 2) Work Practices: The following work practice controls will be used when providing first aid:
 - a) Personal protective equipment (PPE) will be provided and used as applicable to the first aid rendered. Use of the following PPE is mandatory:
 - Latex gloves (or equivalent)
 - Safety glasses
 - _____
 - _____
 - b) The following supplementary PPE will be provided and must be used if its use will reasonably prevent exposure to blood or other infectious bodily fluids:
 - Surgical mask
 - Face shield
 - Protective gown
 - One-way CPR mouthpiece
 - _____
 - _____
 - c) Disposable PPE will be decontaminated, if necessary, following use and discarded. Reusable PPE, such as face shields and safety glasses, will be decontaminated prior to

storage. PPE will be stored in the following area(s):

- _____
- _____

- d) Employees MUST wash their hands and any other exposed 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.
 - e) Employees MUST wash their hands immediately after removal of gloves or other personal protective equipment.
 - f) All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.
 - g) Contaminated surfaces will be cleaned as soon as possible. No employee except a first aid responder trained in blood borne pathogens control will clean blood from any contaminated surface. For cleaning, a 1 to 10 bleach to water solution, or an equivalent EPA registered disinfectant, will be used.
- 3) Training. All first aid responders will participate in a training session that will be provided at the time of initial assignment, and every year thereafter. Training requirements are presented in Appendix A.
- 4) Bio-Hazardous Waste. Any waste contaminated with blood, for example rags or gauze, will be decontaminated on-site by thorough soaking in a solution of one part bleach to 10 parts water prior to disposal. Alternatively, the waste may be placed in a red, or biohazard labeled bag, and disposed of as a bio-hazardous waste, in accordance with applicable hazardous waste regulations.
- 5) Hepatitis B Vaccination. The Hepatitis B vaccine shall be made available, cost-free and within 10 working days, to all employees assigned first aid responsibilities. Employees who decline the vaccination will be required to sign the declination statement in Appendix B.
- 6) Post-Exposure Evaluation. Any time an exposure incident occurs during the administration of first aid, employees must contact the program coordinator to ensure the proper evaluation and follow-up, as specified in Appendix C.
- 7) Record keeping. A confidential file containing the information presented in Appendix D will be maintained for each covered employee.

APPENDICES

Appendix A: Training

As required by the OSHA standard, training will be conducted by an individual qualified in infection control and will address the following topics:

- A) An explanation of the blood borne pathogens standard (29 CFR 1910.1030) and the fact that a copy of the text of this standard will be accessible to employees at all times.
- B) A general explanation of the epidemiology and symptoms of blood borne diseases.
- C) An explanation of the modes of transmission of blood borne pathogens.
- D) An explanation of the company's exposure control plan and the means by which employees 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 engineering controls, work practice, 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 and a statement that the vaccine 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 that is used in the facility.
- N) An opportunity for interactive questions and answers with the person conducting the training session.

The training coordinator will keep a record on file concerning all training sessions.

EXPOSURE CONTROL TRAINING RECORD

Date(s) of Training: _____

Trainer(s):

Name:

Qualifications:

Summary of Training: (List topics covered and any training materials used)

Person(s) Trained:

Name:

Job Title:

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____

Appendix B: Hepatitis B Vaccine Declination Form

HEPATITIS B VACCINE - 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.

Signature

Date

Appendix C: Post-Exposure Evaluation and Follow-up

Post exposure medical evaluation and follow up will include the following:

- 1) Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred.
- 2) Identification and documentation of the source individual, unless infeasible or prohibited by state or local law. If consent is obtained (where required), the source individual's blood shall be tested and the results documented. If the source individual is known to be infected with HIV or HBV, this shall be documented without a repeat test.
- 3) Results of the source individual's testing shall be made available to the exposed employee, along with applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- 4) The exposed employee's blood shall be tested as soon as feasible after consent is obtained.
- 5) 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 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.
- 6) When medically indicated, Post-exposure prophylaxis will be provided, as recommended by the U.S. Public Health Service.
- 7) Counseling will be made available to the employee upon request.
- 8) Evaluation of reported illnesses.

Within 15 days of completion, a copy of the evaluating healthcare professional's written opinion shall be obtained by (Person Designated) and provided to the employee. This written opinion will be limited to the following information:

- o That the employee has been informed of the results of the evaluation.
 - o 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 (OTHER FINDINGS OR DIAGNOSES SHALL REMAIN CONFIDENTIAL AND NOT BE INCLUDED IN THE WRITTEN REPORT).
- 9) (Person Designated) is responsible for providing the following information to the healthcare professional following an exposure incident and prior to medical evaluation:

- o A copy of 29 CFR 1910.1030.
- o A description of the exposed employee's duties as they relate to the exposure incident.
- o Documentation of the route(s) of exposure and circumstances under which exposure occurred.
- o Results of the source individual's blood testing, if available.
- o All medical records relevant to the appropriate treatment of the employee including vaccination status.

(Modified Optional Exposure Incident Report)

Appendix D: Record keeping for the Exposure Control Plan

RECORD KEEPING

_____(Person's Name)_____ is responsible for maintaining records regarding the exposure control plan at _____(Company Name)_____, and for ensuring that all medical records are kept confidential. The following records will be kept on file:

- A) A file for each employee with occupational exposure to blood or other potentially infectious materials including the name and social security number of the employee, a copy of the employee's hepatitis-B vaccination status, any medical records relative to the employee's ability to receive vaccination.
- B) A copy of all results of examinations, medical testing, and follow-up procedures following an exposure incident.
- C) The employer's copy of the healthcare professional's written opinion regarding post-exposure evaluation and follow-up.
- D) A copy of the information provided to the healthcare professional regarding post-exposure evaluation and follow-up.

The above records 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 the blood borne pathogens standard or by law. Additionally, these records will be maintained for at least the duration of employment plus thirty (30) years.

Appendix E: Definition of Terms

Important Definitions:

Biohazard Symbol: Indicates that contents are potentially infectious due to presence of blood or other potentially infectious materials.

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

Blood borne 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).

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 means to remove, inactivate, or destroy blood borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious articles and the surface or item is rendered safe for handling, use or disposal.

Engineering Controls: Controls (e.g. sharps disposable containers, self-sheathing needles) that isolate or remove the blood borne 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.

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: (1) 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; (2) Any unfixed tissue or organ (other

than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV-or HBV-containing culture medium or other solutions; and blood, organs, or other tissue from experimental animals infected with HIV or HBV. Parenteral: Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Personal Protective Equipment: 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.

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.

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 blood borne 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).