



BLOODBORNE PATHOGEN

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 (examples of potentially infectious materials include bodily fluids containing hepatitis B, HIV). 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 (CDH Consulting Safety Manager)

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

Site Project Manager and Supervisors

Site project manager and supervisors 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.

Procedure

Training

Training shall be provided at the time of initial assignment to tasks where occupational exposure may take place, and at least annually thereafter. Annual training for all employees shall be provided within one year of their 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



BLOODBORNE PATHOGEN

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.

The Hepatitis B vaccine will be made available to all employees that have occupational exposure at no cost to the employee(s).

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.
- Designated employees are trained to render first aid and basic life support. 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.
- A listing of all first aid and basic life support trained employees in this work group shall be maintained at each work site and at each first aid kit.

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 CDH Consulting.

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

Secondary containers which are: Leak-proof; Color-coded or labeled 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.



BLOODBORNE PATHOGEN

- 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 CDH Consulting 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.
- 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 labeled for handling and storage.
- Bloodborne pathogens kits are located on top of first aid kits and 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 declined to use PPE under rare circumstances.
- PPE should be cleaned, laundered & properly disposed of if contaminated.
- CDH Consulting will repair and replace PPE as needed to maintain its effectiveness.



BLOODBORNE PATHOGEN

Housekeeping

Our staff employs the following practices:

- All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials.
- 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.

The CDH Consulting Safety Manager/ Supervisor 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.

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.



BLOODBORNE PATHOGEN

- 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. CDH Consulting 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 CDH Consulting employee number.
- Employee's Hepatitis B vaccination status, including vaccination dates.
- 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 labeling 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.



BLOODBORNE PATHOGEN

- 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.



BLOODBORNE PATHOGEN

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 with Hepatitis B vaccine, at no charge to myself. However, I decline the 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.

Employee Signature

Date

Facility Representative Signature

Date



BLOODBORNE PATHOGEN

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:

<u>ACTIVITY</u>	<u>COMPLETION DATE</u>
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	