

WEM HSE

Chapter DRAFT - Bloodborne Pathogens

Policy

WEM is committed to the safety and health of our employees and to preventing the spread of bloodborne pathogens by eliminating occupational exposure to blood and other potentially infectious materials (OPIM). Therefore, WEM adheres to the following bloodborne pathogen policy and Exposure Control Plan (ECP).

To eliminate occupational exposure to OPIM, all employees will follow the policy of universal precautions, which is assuming all blood and body fluids are infectious and taking the necessary precautions to not contact them without the proper personal protective equipment (PPE), and properly disinfecting themselves and the environment afterwards.

This written exposure control plan will be available to all employees that request it.

If employees, such as those designated as responsible for first aid and medical assistance, or those doing work in certain medical or sanitation facilities, are exposed to bloodborne pathogens, all measures within this program will be taken to prevent the spread of disease.

Employer Responsibilities

- Enact and enforce an exposure control plan to prevent occupational exposure to potentially infectious materials
- Identify employees who may reasonably be anticipated to come into contact with blood and other potentially infectious materials
- Provide for post-exposure evaluation and follow-up should an employee be exposed to potentially infectious materials
- Ensure employees receive appropriate bloodborne pathogens training
- Ensure an adequate supply of Personal Protective Equipment

Safety Committee Responsibilities

- Develop and implement a site-specific exposure control plan
- Identify employees who may reasonably be anticipated to come into contact with blood and other potentially infectious materials
- Develop, conduct, and document training for bloodborne pathogens safety Investigate exposure incidents and recommend work-practice changes
- Recommend personal protective equipment (PPE), if necessary

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Employee Responsibilities

- Offer input on ECP as appropriate, including identification, evaluation, and selection of new control methods
- Follow all elements of the bloodborne pathogens policy (BBP) and training
- Notify a supervisor if they encounter any problems or concerns related to this policy

Training

WEM will ensure employees who may reasonably be exposed to potentially infectious materials participate in a BBP training program. WEM will provide this training at no cost to the employee during working hours.

Training will be provided: at the time of assignment to/prior to working on tasks where occupational exposure may take place; and at least annually. WEM will provide additional. WEM will provide additional training when tasks or procedures are added or changed that affect the employee's occupational exposure. It is acceptable for additional training to be limited to addressing only the changes or additions to the employees' exposure. WEM will only use training material that is appropriate in content and vocabulary to educational level, literacy, and language of employees.

Training Components

The training program will contain, at a minimum, the following elements:

- An accessible copy of the regulatory text of CFR 1910.1030, this bloodborne pathogen policy and exposure control plan, and an explanation of its contents
- A general explanation of the epidemiology and symptoms of bloodborne diseases An explanation of the modes of transmission of bloodborne pathogens
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials
- An explanation of the use and limitations of methods to prevent or reduce exposure, including engineering controls, work practices, and personal protective equipment
- Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment
- An explanation of the basis for selection of personal protective equipment (PPE)
- 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 to employees who face occupational exposure

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- Information on the appropriate actions to take and people to contact in an emergency involving blood or other potentially infectious materials
- An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- An explanation of the applicable signs, labels, and/or color coding
- An opportunity for interactive questions and answers with the person conducting the training session
- The person conducting the training will be knowledgeable in the subject matter of the training program as it relates to the workplace

Training Records

Training records will include the following information: Dates of the training sessions

- Contents or a summary of the training sessions
- Names and qualifications of persons conducting the training Names and job titles of all persons attending the training sessions
- Employee training records will be maintained for three years from the date on which the training occurred

Exposure Determination

It is crucial to determine which jobs expose an employee to blood and other potentially infectious material, as well as how that exposure might occur. Accordingly, the WEM safety committee or management will determine which job classifications can reasonably expect occupational exposure to potentially infectious material. The following will be determined and documented:

- Job classifications in which all employees have occupational exposure
- Job classifications in which some employees have occupational exposure Tasks and procedures in which occupational exposure occurs
- Further, input from non-managerial employees exposed to contaminated sharps and infectious material is vital to the success of this exposure control plan, and every employee is encouraged to offer suggestions that will help the effectiveness of the exposure control plan

Methods of Compliance

All body fluids will be treated as infectious, and employees will take steps against contact.

Engineering and Work Practice Controls

As part of this exposure control plan, WEM will seek methods to eliminate occupational exposure to the greatest extent possible. WEM will examine regularly, and maintain or replace engineering controls to ensure their effectiveness.

Handwashing

WEM will provide accessible handwashing facilities to every employee. If providing handwashing facilities is not feasible, WEM will provide antiseptic towelettes or an appropriate antiseptic hand cleanser in conjunction with clean cloth / paper towels

For construction projects, employers must: provide onsite general washing facilities (one per 20 employees), keep them in sanitary condition, and provide suitable cleaning agents/towels for the removal of hazardous and other substances

In addition to basic workplace hygiene requirements, employees will wash their hands as soon as possible after removing gloves or other PPE

Should an employee's skin or mucous membrane be exposed to potentially infectious material, the employee will immediately wash their skin with soap and water or flush their mucous membranes with water

Sharps

- Employees will handle and dispose of contaminated sharps in a way that prevents unnecessary exposure to hazards. Employees will not bend, recap, or remove contaminated sharps unless no alternative is feasible and it can be done using a mechanical device or one-handed technique
- As soon as possible after use, contaminated reusable sharps will be placed in a container that is: puncture resistant, labeled or color-coded appropriately, leak-proof on the sides and bottom, and made so employees can reach into it.

Other Engineering and Work-Practice Controls

- Don't store food or drink, eat, drink, smoke, apply cosmetics or handle contact lenses near possible exposures
- Employees may not use their mouths to suck up potentially infectious materials
- Containers used to store or transport potentially infectious materials should be closable, prevent leaks, be appropriately labeled or color-coded, and puncture resistant
- Employees will examine any equipment that may be contaminated before servicing or shipping, and will decontaminate it as necessary and feasible. If decontamination is impossible, the employee will attach a label to the equipment, and inform all appropriate personnel of the contamination to ensure they take proper precautions

Personal Protective Equipment (PPE)

- Where the possibility of occupational exposure exists, WEM will provide PPE appropriate to the hazards and the work. Appropriate PPE is impermeable to blood or OPIM under normal conditions and durations
- PPE will be provided and maintained free to employees in appropriate sizes, and provisions will be made should an employee be allergic to gloves normally provided
- An employee may decline using appropriate PPE under "rare and extraordinary circumstances" when PPE use might prevent the delivery of health care or public safety services. These exceptions will be investigated and documented to prevent future occurrences
- PPE will be removed as soon as feasible before leaving the general work area. After removal, the employee will place contaminated PPE in an appropriate area or container to be stored, washed, decontaminated, or disposed of

Gloves

Employees must wear gloves if they anticipate hand contact with OPIM. Do not reuse single-use gloves, and replace as quickly as possible if torn, punctured, or compromised.

Masks, Eye Protection, and Face Shields

Employees will wear masks, together with proper eye-protection devices 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.

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Gowns, Aprons, etc.

Employees will wear appropriate protective clothing like gowns or clinic jackets when appropriate; the type of protective clothing is determined by the nature of exposure, and will be sufficient to protect against occupational exposure.

Housekeeping

Employees will keep the workplace clean and sanitary. WEM will implement a written schedule for cleaning and decontamination based on the demands of the site.

Employees will use an appropriate disinfectant to clean and decontaminate contaminated or potentially contaminated work surfaces after any spill of infectious materials, and at the end of the work shift. WEM will replace protective surface coverings as soon as possible if they are contaminated. Bins, cans, pails or other receptacles that may become contaminated should be inspected and decontaminated regularly, in addition to being decontaminated as soon as feasible after visible contamination. Employees must not pick up, by hand, any broken glassware that may be contaminated. Use a brush/dustpan or tongs.

Laundry

Employees will handle any contaminated laundry as little as possible. They must put such laundry into a color-coded or labeled container at the site where it was used. Wet laundry should be placed into a leak-proof container. Employees handling contaminated laundry must use appropriate PPE. Employees must never take or wear contaminated clothing outside of the work site.

Hepatitis B Vaccination

WEM will make available the hepatitis B vaccination series at no cost to any WEM employee who faces occupational exposure. If not vaccinated, employees will be informed of the opportunity to be vaccinated within 24 hours of an exposure incident.

An employee occupationally exposed to potentially infectious material may decline the hepatitis B vaccine, but must sign a declination statement to be kept on file. Anyone who declines vaccination may request and receive the vaccination later at no cost.

Medical records relating to employees hepatitis B vaccination status and post-exposure evaluation and follow-up must be kept for 30 years plus the duration of employment.

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Post-Exposure Evaluation and Follow Up

Should an exposure incident occur, the employee should contact The HSE Manager (or designate) immediately.

In Case of Exposure

A licensed health care professional will conduct a confidential medical evaluation and follow-up, and will provide a medical opinion on diagnosis/course of action, as soon as possible following an exposure incident. After administering initial first aid (cleaning the wound, flushing the eyes or other mucous membranes, etc.), follow the procedure below:

- Document the routes of exposure and how the exposure occurred
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law)
- Obtain consent and arrange to have the source individual tested as soon as possible to determine human immunodeficiency virus (HIV), hepatitis C virus (HCV), and hepatitis B virus (HBV) infectivity; convey and document conveyance of the source of the individual's test results to the employee's health care provider. If the source individual is known to be HIV, HCV, and/or HBV positive, new testing is not necessary
- Provide the exposed employee with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality)
- After obtaining consent, collect the exposed employee's blood as soon as feasible after an exposure incident, and test the blood for HBV and HIV serological status. This will establish a baseline for periodic testing over the next six months. Depending upon the circumstances of the exposure, post-exposure prophylaxis may be recommended to reduce the risk of infection from HIV or HBV
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible

Counseling

WEM will ensure that post-exposure counseling will be given to employees following an exposure incident. Counseling should include Centers for Disease Control and Prevention (CDC) recommendations for prevention and transmission of bloodborne infections including HIV, HBV, and HCV. Counseling must be made available regardless of the employee's decision to accept serological testing.

Medical Records

WEM will maintain a confidential medical record for every employee with occupational exposure that will include at least the following:

- Name and social security number of the employee
- Copy of the employee's HBV status (with dates of all hepatitis B vaccination)
- Copy of all post-exposure documentation and healthcare professional's written opinion
- Copy of the information provided to the healthcare professional
- Do not share or report this record unless the employee provides written consent

Sharps Injury/Exposure Incident Log

A Sharps Injury Log is a record of each exposure incident involving a sharp. The purpose of the Sharps Injury Log is to generate a record of exposure incidents that will include enough information about the cause of the incidents to allow the company to analyze them and take preventive action.

The Sharps Injury Log must include:

- The date and time of the sharps-related exposure incident
- The type and brand of the sharp involved in the incident
- A description of the incident including:
 - The job classification of the exposed employee
 - The department or work area where the incident occurred
 - The procedure being performed
 - How the incident occurred
 - The body part injured
 - For sharps with engineered sharps injury protection (ESIP), if the safety mechanism was activated
 - If the incident occurred before action, during activation or after activation of the mechanism; For sharps without ESIP, the employee's opinion if ESIP could have prevented the injury

Sharps injuries/exposures must be recorded on the log within 14 working days of when the incident was reported to the employer.

The Sharps Injury Log must be maintained for five years from the date of the occurrence of the exposure incident.

Hazard Communication

Label containers of regulated biological waste, any container used to store or transport potentially infectious material, as well as contaminated equipment, to prevent exposure. Labels for such containers will include a legend.

All such labels will be fluorescent orange or orange-red and be attached on, or as close as feasible to, the container.

Review and Update of Exposure Control Plan (ecp)

The WEM safety committee will review this ECP and update it at least annually, and whenever necessary, to reflect new or changed tasks and procedures that affect occupational exposure.

Reviews and updates will:

- Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens
- Document the annual consideration and implementation of effective medical, and commercially available, devices and services designed to eliminate or minimize occupational exposure

WEM will seek the input of non-managerial employees to identify, evaluate, and select controls to reduce occupational exposure. This input will be documented as part of this ECP.

Attachments

Exposure Control Plan Documentation

Declination Statement

Exposure Incident Report

Evaluation Physician's Written Opinion

Sharps Injury Log

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Exposure Control Plan Document Form

Exposure Determination	
Jobs in which all employees have occupational exposure to potentially infectious materials	Task or procedure where exposure occurs
Jobs in which some employees have occupational exposure to potentially infectious materials	Task or procedure where exposure occurs
Engineering controls and work practice controls:	
The following types of PPE are available in the following locations:	
Personal Protective Equipment	Location

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Hepatitis B Declination Statement Form

Declination Statement	
<p>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 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.</p>	
Employee Signature:	
Date:	

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Employee Signature:	
Date:	

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Exposure Incident Report Form

Routes and Circumstances of Exposure Incident			
Employee's Name		Date	
Date of Birth		Social Security #	
Work Phone		Cell Phone	
Job Title			
Date of Exposure		Time of Exposure	
Hepatitis B Vaccination Status			
Date of Exposure			
Location of Incident			
Describe job duties you were performing when the exposure incident occurred			
What happened that resulted in the incident?			
What body fluid(s) were you exposed to?			
What was the route of exposure? (e.g., mucosal, contact with non-intact skin, percutaneous)?			
Describe any personal protective equipment in use at the time of exposure incident.			
Did PPE fail? If yes, how?			
Identification of source individual(s) (names)			
Other pertinent information			

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Evaluating Physician's Written Opinion Form

To the Evaluating Physician:

This employee may have suffered an exposure incident to a Bloodborne Pathogen. In accordance with OSHA standards covering post-exposure evaluation and follow-up, the following documents are provided for you:

- A copy of OSHA regulations covering Occupational Exposure to Bloodborne Pathogens
- A description of the exposed employee's duties as they relate to the exposure incident
- Documentation of the routes of exposure and circumstances under which exposure occurred
- Results of the source individual's blood testing, if available
- All medical records relevant to this employee's appropriate treatment, including vaccination status

After you have determined whether there are contra-indications to vaccination of this employee with Hepatitis B vaccine, please state in the space below if:

Vaccine was indicated		Vaccine was received	
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(All other findings are to remain confidential and are not to be included on this page.)

Please return this sheet to this employee.

Thank you for your evaluation of this employee.

Physician's Name	
Physician's Signature	
Date	

Sharps Injury Log

Location		Year		
Address				
Date	Time	Type	Department	Description

(Retain at Least 5 Years)

Training Record

Trainer	
Signature	
Date	

Content of Training

Attendees (please print)
