Bloodborne Pathogen Response Protocol (Aquatic Facility)

Use this protocol to safely manage any incident involving blood or other potentially infectious materials (OPIM) on the pool deck, locker rooms, or surrounding areas. Based on OSHA 29 CFR 1910.1030 and CDC aquatic guidance.

# 1) Immediate Actions

☐ Stop activity in the affected area; keep patrons away  
☐ Don appropriate PPE (gloves at minimum; consider goggles, mask, gown/apron for larger spills)  
☐ Control the source (bandage the person if appropriate, refer to first aid area)  
☐ Retrieve the Bloodborne Pathogen (BBP) clean-up kit

# 2) Clean-Up & Disinfection

☐ Place absorbent material over the spill (solidifier or paper towels)  
☐ Use EPA-registered disinfectant effective against HIV/HBV/HCV, or a fresh 1:10 bleach solution (1 part 5–6% household bleach to 9 parts water)  
☐ Saturate the area and allow proper contact time per label (typically 10 minutes)  
☐ Wipe up with disposable towels; repeat disinfection if needed  
☐ Dispose of all used materials, PPE, and sharps (if any) in labeled biohazard bags/containers

# 3) Pool Water Guidance

According to CDC, properly maintained pool water disinfects blood rapidly; pool closure is not generally required. Deck and surrounding surfaces still require full BBP clean-up. Document the incident.

# 4) Post-Exposure (If Staff Contact Occurs)

☐ Wash needle sticks/cuts with soap & water; flush splashes to nose/mouth/skin with water; irrigate eyes with clean water/saline  
☐ Report immediately to supervisor; complete Exposure Incident Report  
☐ Seek medical evaluation promptly (HBV vaccination status review; consider post-exposure prophylaxis per provider)  
☐ Provide the evaluating healthcare professional with required OSHA documentation

# 5) Documentation & Reporting

☐ Complete Incident/Accident Report  
☐ Complete Bloodborne Exposure Incident Report (if applicable)  
☐ Log who cleaned, what PPE was used, disinfectant brand/lot, and contact time  
☐ Restock BBP kit and replace any used PPE/disinfectant  
☐ Notify Facility Director/Risk Manager

# 6) Required Supplies (BBP Kit Minimum)

• Disposable nitrile gloves (multiple sizes)  
• Face shield or goggles + mask  
• Disposable gown or apron  
• Absorbent solidifier or paper towels  
• EPA-registered disinfectant or bleach + measuring container  
• Red biohazard bags & labels  
• Sharps container (puncture-proof) if sharps are present  
• Tongs/scraper & dustpan for glass or sharps  
• Hand sanitizer and disinfectant wipes  
• Incident/Exposure Report forms

# 7) Training & Compliance

• Annual OSHA Bloodborne Pathogen training for exposed staff  
• Accessible, written Exposure Control Plan (ECP)  
• HBV vaccination offered to at-risk employees  
• Maintain records of training, exposures, and medical evaluations

# 8) Quick-Use Deck Checklist

☐ Area cleared & secured  
☐ PPE on  
☐ Spill contained & absorbed  
☐ EPA disinfectant/bleach applied (contact time met)  
☐ Waste in biohazard bag / sharps container  
☐ Hands washed, PPE disposed  
☐ Reports completed & kit restocked

# Exposure Incident Report (Attach to Incident Report)

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_  
Location of Exposure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type (blood/OPIM): \_\_\_\_\_\_  
Route of Exposure (skin, mucous membrane, sharps): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
PPE Worn: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Source Individual Known? ☐ Yes ☐ No If yes, name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Actions Taken (wash, flush, irrigate, medical referral): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Supervisor Notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_