

Bloodborne Pathogens (BBP) Program

For

<Insert Organization Name>

Adopted

<Insert date policy is adopted>

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I. Introduction

As part of Organization's overall safety and health program, a bloodborne pathogen program has been established. This is designed to comply with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen Standard (29 CFR 1910.1030).

II. Objective

The objective of the Bloodborne Program is to prevent occupational illnesses related to exposure to blood and other potentially infected bodily fluids by educating employees about workplace hazards and controls.

III. Scope

This program applies to all employees including medical personnel, those who are first aid/CPR trained, supervisors, first responders, maintenance personnel, housekeeping and all other employees who may, in the course of their normal employment, be required to handle, come in contact with, or dispose of any materials containing contaminated or potentially contaminated blood and/or bodily fluids. It is not designed for laboratory exposures to blood and/or bodily fluids. For the purpose of this program all blood and bodily fluids are considered to be contaminated.

IV. Responsibilities

- A. <Insert program coordinator name/title> is the Bloodborne Pathogens Program Coordinator, and is responsible for the following:
1. Develop and administer all aspects of the Bloodborne Pathogens Program.
 2. Assure training for all affected employees and maintain documentation records indefinitely.
- B. All Area Supervisors are responsible for the following:
1. Assure that all employees in the department who are trained in First Aid/CPR attend annual training sessions.
 2. Assure that only trained employees perform first aid or clean up procedures.
- C. All affected Employees are responsible for the following:
1. Attend and actively participate in scheduled annual training.
 2. Report any exposure to the Program Coordinator and participate in required follow up procedures.

V. Exposure Determination

The Organization has employees who may be potentially exposed to blood and/or bodily fluids. An exposure determination has been performed to determine which job classifications and job tasks have potential exposure.

- A. The job classifications in which **all** employees in those jobs have exposure risk are:
<List Jobs Here>
- B. The job classifications in which some of the employees in those jobs may have exposure risk are:
<List Jobs Here>
- C. Listed below are the specific job tasks or work procedures employees perform which may expose them to blood and/or bodily fluids:
<List Job tasks here: examples include - providing First Aid, Cleaning Machines and Buildings after an accident>

VI. Engineering & Work Practice Controls

- A. All blood, bodily fluids and other potentially infectious materials will be handled as a hazardous material, unless those precautions interfere with the proper delivery of first aid/CPR, health care or create significant risk to the personal safety of the employee.
- B. Following contact with blood and/or bodily fluids, employees will wash their hands with soap (antiseptic cleaner) and water immediately, or as soon as possible after removing gloves or other personal protective equipment.
- C. Used needles and other sharps will not be sheared, bent, broken or re-sheathed by hand. They will be placed in a closable, puncture resistant, disposable, leak proof container, designed for the purpose.
- D. Eating, drinking, smoking, applying cosmetics, and handling contact lenses is prohibited in medical treatment areas where a potential for contact with blood and/or bodily fluids exists.
- E. Food and drink will not to be stored in refrigerators, freezers, cabinets, or on counter tops where blood, bodily fluids, or other potentially infectious materials are stored, or in areas of possible contamination.

VII. Personal Protective Equipment

- A. Where there is a potential for occupational exposure to blood and/or bodily fluids, the following personal protective equipment will be used:
 1. Disposable Gloves – will be worn when there is a potential for the hands to have contact with blood and/or bodily fluids. Gloves will be worn when treating an injured employee, no matter how minor the cut or injury, or when cleaning contaminated or potentially contaminated surfaces. Disposable gloves will be used only once and will not be washed or disinfected for reuse. Only disposable gloves that are constructed of latex, vinyl or nitrile will be used, and are stored in the First Aid Kits.
 2. Utility Gloves – will be used for cleaning purposes only, and may be disinfected for reuse if the integrity of the glove is not compromised. If the utility gloves become cracked, torn, punctured or otherwise deteriorated, they will be thrown away with other contaminated waste.
 3. Masks and eye protection will be worn when there is a potential for splashes, sprays, spatters, droplets or aerosols of blood and/or bodily fluids that may be generated and there is a potential for eye, nose and mouth contamination. Masks and eye protection are stored in or with the First Aid Kits.
 4. Resuscitation equipment such as pocket CPR masks will have one way mouthpieces. They are stored in the First Aid Kits.
- B. First aid kits containing the above personal protective equipment for use in emergency are available throughout the Organization's facilities.
- C. All soiled or used personal protective equipment will be removed from the work area immediately or as soon as possible, and placed in an appropriate container.
- D. All personal protective equipment that is re-usable such as eye protection or CPR masks will be disinfected and returned to the area for reuse as soon as possible.
- E. After removing gloves or other personal protective equipment or in cases where direct contact with blood and/or bodily fluids may have occurred unexpectedly, hands and other skin surfaces will be washed with soap (antiseptic cleaner) and water immediately or as soon as possible after removing protective equipment. Where water is not available, antiseptic hand cleaner and towelettes will be made available.

VIII. Housekeeping

- A. All surfaces will be properly cleaned and disinfected immediately or as soon as possible after contact with blood and/or bodily fluids. Surfaces will be disinfected using material which is approved for use as a hospital

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disinfectant, or a mixture of one (1) part sodium hypochlorite (household bleach) diluted with ten (10) parts water.

- B. All bins, cans, pails and similar receptacles intended for reuse which have the potential of becoming contaminated with blood and/or bodily fluids will be cleaned and decontaminated on a regular basis, or immediately after visible contamination.
- C. Contaminated broken glass will not be picked-up by hand, but will be cleaned up using a brush and dust pan, vacuum, cotton swab or tweezers, depending upon the situation.
- D. When emptying trash receptacles, avoid using the hands to remove the trash. Pour or dump trash receptacles into bins or dumpsters to avoid the possibility of needle pricks due to the unauthorized improper disposal of sharps or needles
- E. All reusable items contaminated with blood and/or bodily fluids will be disinfected using material which is approved for use as a hospital disinfectant, or a mixture of one (1) part sodium hypochlorite (household bleach) diluted with ten (10) parts water.
- F. All contaminated or potentially contaminated wastes such as gloves, towels, swabs, band aids, gauze pads, shop rags, broken glass, etc. will be disposed of in appropriate biohazard containers.

IX. Clean-Up Procedures

All spills of potentially infectious materials such as blood, vomit, urine, etc. will be treated as if known to be infected with HBV or HIV and will be cleaned up using an appropriate disinfecting solution.

X. Infectious Waste Disposal

- A. All infectious or potentially infectious wastes will be disposed of using an appropriate biohazard container, which is a closable, leak proof container.

The container will be labeled with a biohazard label. If the outside of the container is contaminated, or contamination is likely to occur, a bag will be placed over the container to prevent further contamination during handling, storage, or transportation. To avoid overfilling, the containers will be routinely replaced and not allowed to over fill.

Any employee's personal clothing that is contaminated with blood and/or bodily fluids must be removed before the employee leaves. The clothing will be sent to be cleaned, laundered, or replaced and paid for by the Organization.

- B. All contaminated or potentially contaminated waste must be disposed of in accordance with all federal, state, and local hazardous waste laws. The Program Coordinator will retain all waste disposal records indefinitely.
 - 1. At this time feminine hygiene products are not considered to be a hazardous waste by the Environmental Protection Agency (EPA) and can therefore be disposed of in the regular garbage.
 - 2. Contaminated or potentially contaminated wastes are not covered by the 90-day waste accumulation provision under the EPA.

XI. Signs & Labels

- A. Biohazard warning labels will be attached to all containers of infectious and/or potentially infectious materials, refrigerators and freezers containing blood and/or bodily fluids, and all other containers that are used to transport or store blood and/or bodily fluids.
- B. Labels will be fluorescent orange (red/orange) with the biohazard symbol in a contrasting color.

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- C. The label will be attached to the container by string, adhesive, wire or by other means to prevent its loss or unintentional removal.
- D. Bags that are used for disposal or transportation of materials that are potentially contaminated with blood and/or bodily fluids will be red/orange with a Biohazard symbol on them.

Biohazard Label



XII. Hepatitis B Vaccination

- A. All employees who have been identified as having exposure to blood and/or bodily fluids will be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood and/or bodily fluids, unless the employee has previously had the vaccine, is allergic to the vaccine, or wishes to submit to antibody testing which shows the employee to have sufficient immunity.
- B. Employees who decline the Hepatitis B vaccine will sign a copy of the attached waiver.
- C. Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost. Vaccination Option for Employees
- D. An employer may elect to postpone the administration of the Hepatitis B vaccine if the following conditions exist:
 - 1. The primary job assignment of such designated first aid providers is not the rendering of first aid.
 - 2. Any first aid rendered by such persons is rendered only as a collateral duty responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.
 - 3. Full training and personal protective equipment shall be provided to these employees.
 - 4. Provision for a reporting procedure that ensures that all incidents involving the presence of blood or other bodily fluids will be reported to the employer before the end of the work shift during which the first aid incident occurred.
 - 5. The report must include the names of all first aid providers who rendered assistance, regardless of whether personal protective equipment was used and must describe the first aid incident, including the time and date.
 - 6. Provision for the full Hepatitis B vaccination series to be made available as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM regardless of whether or not a specific “exposure incident,” as defined by the standard, has occurred.
 - 7. In the event of a bona fide exposure incident, the portion of the standard relating to post-exposure evaluation and follow-up would apply.
- E. The HBV vaccination will be administered by an Organization selected physician and paid for by the Organization.
 - 1. The HBV vaccination given pre-exposure will consist of a series of 3 injections given over a 6-month period. It has an 85 - 97% effectiveness rate.
 - 2. The Hepatitis B Immune Globulin (H-BIG) vaccination given post-exposure has a 75% effectiveness rate.

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3. The HBV vaccination does not prevent HIV (AIDS).
- F. If at a future date a booster dose is recommended, it will be provided at no cost to the employee.

XIII. Post-Exposure Evaluation & Follow-Up

All employees who have had an exposure incident to blood and/or bodily fluids such as a splash to the eyes, mouth or contact with exposed abraded skin, will be offered a confidential medical follow-up evaluation, vaccination, and post-exposure medical management at no cost. The follow-up must be performed under the direction of the company chosen physician, clinic or personal physician according to the following provisions:

- A. The program coordinator will provide the physician with a copy of the OSHA, 29 CFR 1910.1030 Bloodborne Pathogens Standard and a description of the employee's duties.
- B. The physician will be requested to complete the Bloodborne Pathogens Exposure Incident Record. This record will be used to document the route(s) of exposure, HBV and HIV antibody status of the source patient(s) if known, the circumstances under which the exposure occurred, and all follow-up actions taken.
- C. If the source patient can be determined, permission will be obtained before collecting and testing the source patient's blood. The testing will determine the presence of HBV or HIV. Any information obtained from the evaluation of the source patient's blood will remain strictly confidential.

NOTE: We recognize that the source patient can refuse to submit to any blood tests at this time.

- D. The exposed employee's blood will be tested for HBV and HIV status as soon as possible after exposure. Actual antibody or antigen testing of the blood serum may be done at that time or at a later date, if the employee requests.
- E. The program coordinator will obtain and provide to the exposed employee a copy of the physician's written report within 15 working days of completion. The evaluation should include specific findings or diagnoses which are relevant to the employee's ability to receive the HBV vaccination. The treating physician will be requested to discuss the HBV symptoms and methods of treatment with the employee. All other findings or diagnoses will remain confidential.
- F. The affected employee must sign the Bloodborne Pathogens Exposure Incident Record, stating that they have been informed of the results of their medical evaluation.

XIV. Medical Records

- A. All post-exposure records with respect to this program will be maintained for the period of employment plus thirty (30) years.
- B. The medical file will include the following:
 1. A copy of the employee's Hepatitis B vaccination record and medical records relative to the employee's ability to receive the vaccination.
 2. A copy of the Bloodborne Pathogens Exposure Record, the physician's examination, medical testing and all follow-up reports.

XV. Training Requirements

- A. Upon their job assignment, and on an annual basis thereafter, training will be provided to medical personnel, first aid/CPR trained, supervisors, first responders, maintenance personnel, janitors, or any other employees who may in the course of their normal employment be required to handle, come in contact with, or dispose of any materials containing contaminated or potentially contaminated blood and/or bodily fluids. Any employees

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who may be occupationally exposed to blood, bodily fluids, or other potentially infectious materials will also be trained.

- B. Training will be performed by a person knowledgeable with the standard, this program and common sources of exposure in the Organization.

NOTE: Non-health care professionals that intend to perform training on this program must have documentation verifying that they have undergone specialized training on bloodborne pathogens.

- C. Training will include the following:
1. A review of the OSHA, 1910.1030 Bloodborne Pathogens Standard and a brief explanation of its contents.
 2. A general explanation of the epidemiology and symptoms of bloodborne diseases, modes of transmission, infection control, and the appropriate steps to take to avoid contact with blood, bodily fluids or other potentially infectious materials.
 3. Information on the location, type, and use of personal protective equipment available and proper disposal and decontamination of this equipment after use.
 4. Information on the Hepatitis B vaccination and what type of medical evaluation/follow-up is available after exposure.
 5. An explanation of the biohazard warning labels and signs.
 6. An explanation of the post exposure procedure, who to report exposure incidents to, and other accident information.
- D. All training sessions will be documented on the Bloodborne Pathogens Training Log, with an attached outline of the training contents. The training records will be retained by the Program Coordinator for 3 years from the date on which the training occurred.

XVI. OSHA Recordkeeping – CFR 1904

1904.8(a) – Basic requirement. You must record all work-related needlestick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material (as defined by 29 CFR 1910.1030). You must enter the case on the OSHA 300 Log as an ***injury***. To protect the employee's privacy, you may not enter the employee's name on the OSHA 300 Log (see the requirements for privacy cases in paragraphs 1904.29(b)(6) through 1904.29(b)(9)).

Exposure incidents may include but are not limited to: human bites; needle sticks; blood or body fluid splash to eyes or other mucous membranes; or contact with unprotected, abraded skin.

If an employee is later diagnosed with an infection disease, follow this guidance:

1904.8(b)(3) – *If I record an injury and the employee is later diagnosed with an infectious bloodborne disease, do I need to update the OSHA 300 Log?* Yes, you must update the classification of the case on the OSHA 300 Log if the case results in death, days away from work, restricted work, or job transfer. You must also update the description to identify the infectious disease and change the classification of the case from an ***injury to an illness***.

Hepatitis B Vaccine Declination Form

I understand that due to my occupational exposure to blood and/or other potentially infectious materials I may be at risk of acquiring the Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself; however, I decline the vaccination at this time. I understand that by declining this vaccination 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 and/or other infectious materials and want to be vaccinated, I can receive the Hepatitis B vaccination series at no cost to me.

Employee's Signature

Date

Employee's Name (Printed or Typed)

Witness' Signature

Date

Witness' Title

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Bloodborne Pathogens Training Log

Instructor: _____

I have trained the employees listed below on the **Occupational Safety and Health Administration, 29 CFR 1910.1030 Bloodborne Pathogens Standard**. A copy of the training outline is attached.

I have also included a copy of my qualifications of as the instructor of this course.

Instructor's Signature: _____ Date: _____

I have received training on this topic. I understand the information provided and have no further questions on this topic.

Employee's Name (Print)	Employee's Signature	Job Title	Date

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