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Bloodborne Pathogens (BBP)

Introduction

~~Make this a desktop audit as well as have selected staff demonstrate applicable procedures or describe what they would do (D&D). The following steps are discussed in detail below:~~

Written Exposure Control Plan

1. Exposure Determination
2. Schedule & method of implementation for compliance:
All city employees will be trained on BBP procedures on an annual basis, and upon hire.
3. Recordkeeping
4. Plan Review
5. Management will evaluate the exposure risks for an employee.
6. A copy of the BBP plan will be posted at each work location in the city.

Exposure Determination

1. All city employees may come in contact with bodily fluids during the normal course of performance of their job duties. The areas most likely to be at risk are bar employees and maintenance staff.
2. A list of job classifications in which *all employees* have occupational exposure
 - Maintenance Department
 - Stacy Bar & Grill
 - Stacy Wine & Spirits
 - City Offices
3. A list of all tasks and procedures, or groups of closely related tasks and procedures in which occupational exposure occurs
 - In food preparation
 - Use of power tools and hand tools
 - Cleaning of bathrooms
 - Removal of "sharps" containers
 - Patron confrontations
 - In performance of normal job duties

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Methods of Compliance

1. **Universal Precautions-** "Universal Precautions" is 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 bloodborne pathogens. Applied to: blood, blood products, blood contaminated body fluids, semen, vaginal secretions, cerebrospinal fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, unfixed tissue or organs, and body fluids of an undetermined origin.
2. **Engineering controls** – must be examined on a routine basis to maintain integrity, evaluate effectiveness on an annual basis
3. **Work Practice Controls (D&D)**
 1. Hand washing facilities or appropriate alternative
 2. Hand washing after removal of gloves and other PPE
 3. Wash / flush any skin or mucous membranes after contact with blood or body fluids
 4. Contaminated needles shall not be bent, recapped, or removed (exceptions) no shearing or breaking of needles.
 5. If contaminated sharps *must* be bent or recapped a mechanical device or one handed technique is used
 6. Contaminated re-useable sharps shall be placed in appropriate container that is puncture resistant, labeled or color coded, leak-proof on sides/bottom
 7. Eating, drinking, smoking, applying cosmetics, handling contact lenses prohibited in work area where there is likelihood of exposure
 8. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where infectious materials are present
 9. Procedures involving blood or body materials shall be performed in such a way as to minimize splashing, spraying, splattering, etc.
 10. Mouth pipetting is prohibited
 11. Specimens shall be placed in a leak-proof container for collection, storage, handling, processing or shipping
 12. Containers for storage or shipping shall be labeled or color coded. Per MSDS Standards see smartlabel.org.
 13. If outside contamination occurs the primary container shall be placed within a secondary container with the above characteristics
 14. Equipment that may be contaminated shall be examined prior to shipping or servicing and shall be decontaminated. (Unless can prove decontamination is not feasible-in which case it shall be labeled as contaminated. This information shall be relayed down the chain of custody so that appropriate precautions will be taken.)
- ~~4. **Personal and Protective Equipment see PPE Policy(PPE) (D&D)**~~
 - ~~1. PPE will be considered appropriate only if it does not permit blood or other potentially infectious materials to through to the employees clothes, skin, eyes or other mucous membranes~~
 - ~~2. Employer shall ensure employee uses appropriate PPE~~
 - ~~3. Under "rare & extraordinary" circumstances employee may decide not to use PPE if it is felt it will prevent the delivery of healthcare or public safety services or~~

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would pose an increased hazard to the safety of the worker or co-worker. When an employee makes this judgement it shall be investigated and documented to determine if changes can be made to prevent this circumstance in the future.

- 4-1. PPE – accessible, appropriate sizes, address allergy issues w/hypoallergenic gloves, glove liners, powder-less gloves or similar alternatives when necessary.
- 5-2. Employer shall clean, launder and dispose of contaminated PPE
- 6-3. Employer shall repair or replace PPE as needed to maintain effectiveness
- 7-4. Garments contaminated by blood or potentially infectious material shall be removed immediately or as soon as feasible
- 8-5. All PPE to be removed prior to leaving the work area- -placed in appropriate designated container for storage, washing, disposal or decontamination
- 9-6. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood or body fluids, handling or touching contaminated surfaces
- 10-7. Disposable gloves shall be replaced as soon as practical when contaminated, torn, punctured or integrity is compromised
- 11-8. Disposable gloves may not be reused
- 12-9. Utility gloves can be decontaminated for re-use if their integrity is not compromised
- 13-10. Routine gloving for phlebotomies (except for volunteer blood donation centers-see standard for specific protocol)
- 14-11. Masks, eye protection and face shields: shall be worn whenever splashes, spray, spatter of materials may be generated and eye, nose or mouth contamination is reasonable possible
- 15-12. Gowns Aprons and protective body clothing: shall be worn in exposure situations-type and characteristic to depend upon the task and degree of exposure anticipated

5. Housekeeping (D&D)

1. Determine and implement an appropriate written schedule held by the department heads for cleaning and method of decontamination
2. All equipment and surfaces shall be cleaned after contact with blood or other potentially infectious body fluids: after completion of procedures, immediately or as soon as feasible when surfaces are contaminated, after any spill and at the end of the work shift if it may have been contaminated since the last cleaning
3. Protective coverings used to cover equipment and surfaces shall be removed and replaced as soon as feasible when contaminated or at the end of the shift if they may have become contaminated during the shift
4. All bins, pails, cans and similar receptacles intended for reuse shall be inspected and decontaminated on a regularly scheduled basis and immediately if visibly contaminated
5. Broken contaminated glassware shall not be picked up by hand
6. Contaminated reusable sharps shall not be stored or processed in a manner that requires the employee to reach into the container with their hands

6. Regulated Waste (D&D)

1. Contaminated sharps shall be discarded immediately or ASAP in containers that are: close-able, puncture resistant, leak-proof on sides and bottom, labeled or color-coded.

Commented [SP1]: Mark Ness Comment: Do we have the means to do this or is it sent to a cleaner?

12-10-20 Should this section be moved to the PPE Policy?

Email to Attorney if required to launder/clean PPE

Attorney Response:

This is from OSHA's website:

Q28. Who is responsible for providing PPE?

A28. The responsibility for providing, laundering, cleaning, repairing, replacing, and disposing of PPE at no cost to employees rests with the employer.

Employers are not obligated under the standard to provide general work clothes to employees, but they are responsible for providing PPE. If laboratory jackets or uniforms are intended to protect the employee's body or clothing from contamination, they are to be provided at no cost by the employer.

Q45. Are employees allowed to take their protective equipment home and launder it?

A45. Employees are not permitted to take their protective equipment home and launder it. It is the responsibility of the employer to provide, launder, clean, repair, replace, and dispose of personal protective equipment.

- 145 2. During use containers shall be easily accessible and located as close as feasible
146 to the immediate area where used, maintained upright, replaced routinely and not
147 be allowed to overfill
148 3. When moving: containers are closed, placed in a secondary container if leakage
149 is possible, containers are constructed to contain all contents and prevent leaking
150 during storage, handling, transport or shipping, labeled or color coded
151 4. Reusable containers shall not be opened, emptied or cleaned manually
152 5. Regulated waste shall be placed in containers that are a: close-able, constructed
153 to contain all contents and prevent leakage during handling, storage, transport or
154 shipping, labeled or color coded, closed prior to removal to prevent spillage or
155 protrusion of contents
156 6. If outside contamination of the container occurs it shall be placed in a second
157 container with the above specs
158 7. Disposal of regulated waste shall be in accordance with applicable regulations
159

160 **7. Laundry (D&D)**

- 161 ~~1. Contaminated laundry shall be handled as little as possible~~
162 ~~2. Shall be bagged and containerized at the location where it was used and shall~~
163 ~~not be rinsed or sorted in the location of use~~
164 ~~3. Placed and transported in bags or containers labeled or color coded~~
165 ~~4. Wet laundry shall be placed and transported in bags or containers that prevent~~
166 ~~soak through and/or leakage~~
167 ~~5. Employees who have contact with contaminated laundry shall wear gloves and~~
168 ~~other appropriate PPE~~
169 ~~6. If laundry is shipped off site the generating facility must place laundry in bags or~~
170 ~~containers which are labeled or color coded (unless the second facility uses~~
171 ~~Universal Precautions)~~
172

173 **8. Hepatitis B Vaccination**

- 174 1. The maintenance staff are the only employees receiving the Hepatitis B Vaccine
175 2. Hepatitis B Vaccine available to all employees who have occupational exposure
176 3. Hepatitis B Vaccine available post exposure evaluation and follow up of an
177 exposure incident
178 4. Hepatitis B Vaccine made available at a "Reasonable Time & Place" and at no
179 cost to the employee
180 5. Performed under supervision of licensed Health Care professional
181 6. Provided according to current recommendations of the U.S. Public Health Service
182 7. Laboratory tests are conducted at an accredited lab and at no cost to the
183 employee
184 8. Hepatitis B vaccine made available after BBP training and within 10 working days
185 of initial assignment *unless* the individual has already received the series and
186 antibody testing has revealed the individual is immune, or the vaccine is
187 contraindicated for medical reasons
188 9. Employer *shall not* make participation in a prescreening program a pre-requisite
189 for receiving the Hepatitis B vaccination
190 10. If the employee initially declines Hepatitis B vaccine but wants it at a later date –
191 and they are still covered under the standard – it shall be made available
192 11. If the employee declines the vaccine the appropriate declination form shall be
193 used
194 12. If the U.S. Dept of health recommends a routine booster at a later date, such a
195 booster shall be made available.

196 13. OSHA requires use of the CDC guidelines current at the time of the evaluation or
197 procedure. Copies of the current guideline can be obtained at www.cdc.gov.

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200 Recordkeeping

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203 **1. Exposure Records**
204 ~~Department Heads~~Employers must establish internal procedures, to document the
205 route of exposure and the circumstances under which an exposure incident

- 206 occurred. The information should include:
- 207 1. engineering controls in use at the time,
 - 208 2. work practices followed,
 - 209 3. a description of the brand name of the device in use,
 - 210 4. protective equipment or clothing that was used at the time of the exposure
211 incident,
 - 212 5. location,
 - 213 6. procedure being performed when the incident occurred,
 - 214 7. The employee's training and the injured employee's opinion about whether any
215 other engineering / administrative / or work practice control could have prevented
216 the injury and the basis for that opinion.

217

- 218 **2. Medical Records**
- 219 1. Medical records shall be established & maintained in accordance with 29 CFR
220 1910.1020
 - 221 2. The record shall include the name of the employee
 - 222 3. Copy of the Hepatitis B vaccination status including dates and any relative
223 medical records
 - 224 4. Copy of all results of examinations, medical testing and follow-up procedures
225 (see (f) (3), any health care provider's written opinions and a copy of the
226 information the employer provided to the healthcare professional due to an
227 exposure
 - 228 5. Medical records shall be confidential and not disclosed without express written
229 consent to any person inside or outside the workplace except as required by law.
 - 230 6. Maintain the records for the duration of employment plus 30 years
 - 231 7. Medical records shall be provided to the employee or anyone having appropriate
232 written consent from the employee

233

- 234 **3. Training Records**
- 235 1. Shall include: dates of the sessions, contents or a summary of the session,
236 name(s) and qualification(s) of the trainer(s)
 - 237 2. Names and job titles of all persons attending the sessions
 - 238 3. Training records shall be maintained 3 years from the date of training
 - 239 4. Training records shall be provided upon request to employees and their
240 representatives
 - 241 5. Management shall be responsible for maintenance of the training records

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- 243 **Post Exposure Evaluation & Follow up**
- 244 1. If a report of exposure is reported the employer makes immediately available a
245 confidential medical evaluation and follow-up including: documentation of route of
246 exposure and circumstances under which the exposure incident occurred;

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Commented [SP2]: Mark Ness Comment: Where is this?

- 247 identification and documentation of the source individual (unless it is infeasible or
248 prohibited by state law)
- 249 2. Source individual's blood tested as soon as feasible after consent. If consent *not*
250 obtained employer shall establish that legally required consent *couldn't* be
251 obtained. If source individual's consent is not required by law the individuals
252 blood can be tested if it is available
 - 253 3. If the source individual is already known to be infected the HIV HBV status need
254 not be repeated
 - 255 4. Results of the source individual's testing shall be made available to the exposed
256 employee and employee informed of applicable laws regarding disclosure of this
257 information

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259 **1. Collection & testing of blood**

- 260 1. Exposed employee's blood collected and tested as soon as consent is obtained
- 261 2. If employee consents to giving blood but *not* to the HIV serologic testing then the
262 sample shall be held for at least 90 days. If the employee changes their mind
263 during this time the sample shall be tested

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265 **2. Post-Exposure prophylaxis**

- 266 1. When medically indicated by current U.S. Dept of Health guidelines

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268 **3. Counseling**

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270 **4. Evaluation of reported illness**

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272 **5. Information Provided to Health Care Professional**

- 273 1. Employer shall ensure health Care Provider has a copy of this regulation
- 274 2. After an exposure incident the employer shall make sure the Health care provider
275 has: a copy of the regulation, a description of the employee's duties as they
276 relate to the exposure incident, documentation of the routes of exposure and
277 circumstances under which it occurred, results of the source individual's blood
278 testing if available, all medical records relevant to the appropriate treatment of
279 the individual including vaccination status

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281 **6. Information Provided to the Employee**

- 282 1. The HealthCare Professional's written opinion with in 15 days of the post
283 exposure evaluation
- 284 2. The HealthCare Professional's written opinion as to the need for a Hepatitis B
285 vaccination and if the employee received it during the evaluation
- 286 3. The HealthCare Professional's written opinion for post exposure evaluation and
287 follow-up limited to the following information: that the EE has been informed of
288 the results of the evaluation, that the employee has been told of any medical
289 conditions resulting from the exposure that will require further evaluation or
290 treatment, all other findings or diagnoses shall remain confidential and shall not b
291 written in the report

292
293 **Copy of Exposure Control Plan accessible to employees**

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295 **1. Communication of Hazards to Employees**

- 296 1. Labels & signs: labels affixed to all containers, refrigerators etc used to store and
297 transmit blood or other potentially infectious material *unless* the material is in a

- 298 red bag or container, *unless* the container for blood & blood products that are
299 labeled as to their contents & have been released for transfusion or other clinical
300 use, *or unless* individual containers of blood are placed in a labeled container
301 during storage transport etc.
302 2. Labels shall include the biohazard logo, shall be fluorescent red or orange-red
303 with lettering in a contrasting color
304 3. Labels shall be affixed as close as feasible to the container to prevent loss or
305 unintentional removal
306 4. Labels required for contaminated equipment shall also state which portions of the
307 equipment is contaminated
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309 2. Information & Training

- 310 1. Employees with occupational exposure are trained (during working hours)
311 2. At the time of initial assignment to tasks where exposure could take place
312 3. At least annually
313 4. Additional training when changes such as modification of tasks or procedures
314 affect the exposure of the employee-this training can be limited to addressing the
315 new exposures created
316 5. Materials must be appropriate in content and vocabulary to the educational level,
317 literacy and language of the employees
318 6. Shall contain at a minimum the following elements:
319 A. a copy of the regulation and an explanation of its contents
320 B. a general explanation of the epidemiology and symptoms of bloodborne
321 diseases
322 C. explanation of the modes of transmission
323 D. explanation of the employers exposure control plan & where they can review
324 a copy of the plan
325 E. explanation of methods they can use to recognize hazardous tasks and
326 activities that may involve exposure
327 F. explanation of the use and limitations of methods that will prevent or reduce
328 exposure-engineering, work practices, and PPE
329 G. Information on types, proper use, location, removal, handling,
330 decontamination and disposal of PPE
331 H. Explanation on the basis for selection of PPE
332 I. Information on the Hepatitis B vaccine including: efficacy, safety, method of
333 administration, benefits of the vaccine, and that it is offered free of charge
334 J. Info on appropriate actions to take and who to call in an emergency involving
335 blood or other potentially infectious materials
336 K. Explanation of the procedure to follow if an exposure incident occurs,
337 including how to report it and the medical follow up that will be made
338 available
339 L. Information on the post exposure evaluation and follow up that the employer
340 is required to provide to them following an exposure incident
341 M. Explanation of the signs and labels
342 N. Opportunity for interactive questions with the person conducting the training
343 O. The person conducting the training shall be knowledgeable in the subject
344 matter
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346 Annual and PRN review of the Exposure Control Plan

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- 348 • The ~~management teams~~ safety committee will be responsible for annual review of
349 the plan.
- 350 • Review the exposure control plan after an incident where an employee was
351 contaminated with blood or body fluids, regardless of the HIV, HBV or HCV, etc.
352 status of the source individual. Determine the root causes that contributed to the
353 occurrence and take any corrective actions necessary.
- 354 • Determine employee compliance with the exposure control plan, especially
355 compliance with work practices and PPE use and apply necessary controls to ensure
356 compliance.
- 357 • On an annual basis complete a formal review of the exposure control plan for
358 effectiveness. Examine and analyze exposure and training records for trends.
359 Evaluate equipment such as sharps containers, needless IV systems, safety
360 syringes, various PPE items, etc. to determine if they are the most effective products
361 on the market to reduce exposures.