



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).

Commented [SP1]: Mark Ness Comment: Do we need this language?

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.

Commented [SP2]: Mark Ness Comment: The following steps are discussed in detail below.

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

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, unfixated 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
 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 (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 would pose an increased hazard to the safety of the worker or co-worker. When

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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. PPE – accessible, appropriate sizes, address allergy issues w/hypoallergenic gloves, glove liners, powder-less gloves or similar alternatives when necessary.
5. Employer shall clean, launder and dispose of contaminated PPE
6. Employer shall repair or replace PPE as needed to maintain effectiveness
7. Garments contaminated by blood or potentially infectious material shall be removed immediately or as soon as feasible
8. All PPE to be removed prior to leaving the work area- -placed in appropriate designated container for storage, washing, disposal or decontamination
9. 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. Disposable gloves shall be replaced as soon as practical when contaminated, torn, punctured or integrity is compromised
11. Disposable gloves may not be reused
12. Utility gloves can be decontaminated for re-use if their integrity is not compromised
13. Routine gloving for phlebotomies (except for volunteer blood donation centers- see standard for specific protocol)
14. 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. 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

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5. Housekeeping (D&D)

1. Determine and implement an appropriate written schedule 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

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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.
2. During use containers shall be easily accessible and located as close as feasible to the immediate area where used, maintained upright, replaced routinely and not be allowed to overfill

3. When moving: containers are closed, placed in a secondary container if leakage is possible, containers are constructed to contain all contents and prevent leaking during storage, handling, transport or shipping, labeled or color coded
4. Reusable containers shall not be opened, emptied or cleaned manually
5. Regulated waste shall be placed in containers that are a: close-able, constructed to contain all contents and prevent leakage during handling, storage, transport or shipping, labeled or color coded, closed prior to removal to prevent spillage or protrusion of contents
6. If outside contamination of the container occurs it shall be placed in a second container with the above specs
7. Disposal of regulated waste shall be in accordance with applicable regulations

7. Laundry (D&D)

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

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8. Hepatitis B Vaccination

1. The maintenance staff are the only employees receiving the Hepatitis B Vaccine
2. Hepatitis B Vaccine available to all employees who have occupational exposure
3. Hepatitis B Vaccine available post exposure evaluation and follow up of an exposure incident
4. Hepatitis B Vaccine made available at a "Reasonable Time & Place" and at no cost to the employee
5. Performed under supervision of licensed Health Care professional
6. Provided according to current recommendations of the U.S. Public Health Service
7. Laboratory tests are conducted at an accredited lab and at no cost to the employee
8. Hepatitis B vaccine made available after BBP training and within 10 working days of initial assignment *unless* the individual has already received the series and antibody testing has revealed the individual is immune, or the vaccine is contraindicated for medical reasons
9. Employer *shall not* make participation in a prescreening program a pre-requisite for receiving the Hepatitis B vaccination
10. If the employee initially declines Hepatitis B vaccine but wants it at a later date – and they are still covered under the standard – it shall be made available
11. If the employee declines the vaccine the appropriate declination form shall be used
12. If the U.S. Dept of health recommends a routine booster at a later date, such a booster shall be made available.
13. OSHA requires use of the CDC guidelines current at the time of the evaluation or procedure. Copies of the current guideline can be obtained at www.cdc.gov.

Recordkeeping

1. Exposure Records

Employers must establish internal procedures to document the route of exposure and the circumstances under which an exposure incident occurred. The information should include:

1. engineering controls in use at the time,
2. work practices followed,
3. a description of the brand name of the device in use,
4. protective equipment or clothing that was used at the time of the exposure incident,
5. location,
6. procedure being performed when the incident occurred,
7. The employee's training and the injured employee's opinion about whether any other engineering / administrative / or work practice control could have prevented the injury and the basis for that opinion.

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2. Medical Records

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

3. Training Records

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

Post Exposure Evaluation & Follow up

1. If a report of exposure is reported the employer makes immediately available a confidential medical evaluation and follow-up including: documentation of route of exposure and circumstances under which the exposure incident occurred; identification and documentation of the source individual (unless it is infeasible or prohibited by state law)

2. Source individual's blood tested as soon as feasible after consent. If consent *not* obtained employer shall establish that legally required consent *couldn't* be obtained. If source individual's consent is not required by law the individuals blood can be tested if it is available
3. If the source individual is already known to be infected the HIV HBV status need not be repeated
4. Results of the source individual's testing shall be made available to the exposed employee and employee informed of applicable laws regarding disclosure of this information

1. Collection & testing of blood

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

2. Post-Exposure prophylaxis

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

3. Counseling

4. Evaluation of reported illness

5. Information Provided to Health Care Professional

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

6. Information Provided to the Employee

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

Copy of Exposure Control Plan accessible to employees

1. Communication of Hazards to Employees

1. Labels & signs: labels affixed to all containers, refrigerators etc used to store and transmit blood or other potentially infectious material *unless* the material is in a red bag or container, *unless* the container for blood & blood products that are labeled as to their contents & have been released for transfusion or other clinical

use, *or unless* individual containers of blood are placed in a labeled container during storage transport etc.

2. Labels shall include the biohazard logo, shall be fluorescent red or orange-red with lettering in a contrasting color
3. Labels shall be affixed as close as feasible to the container to prevent loss or unintentional removal
4. Labels required for contaminated equipment shall also state which portions of the equipment is contaminated

2. Information & Training

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

Annual and PRN review of the Exposure Control Plan

- The management team will be responsible for annual review of the plan.
- Review the exposure control plan after an incident where an employee was contaminated with blood or body fluids, regardless of the HIV, HBV or HCV, etc.

Commented [SP9]: Mark Ness Comment: Should this be on the Safety Committee?

status of the source individual. Determine the root causes that contributed to the occurrence and take any corrective actions necessary.

- Determine employee compliance with the exposure control plan, especially compliance with work practices and PPE use and apply necessary controls to ensure compliance.
- On an annual basis complete a formal review of the exposure control plan for effectiveness. Examine and analyze exposure and training records for trends. Evaluate equipment such as sharps containers, needless IV systems, safety syringes, various PPE items, etc. to determine if they are the most effective products on the market to reduce exposures.