



## Bloodborne Pathogens

### **PURPOSE**

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The purpose of this document is to outline The Bloodborne Pathogens Exposure Control Plan for **Fisher Systems Inc.**; hereafter referred to as "The Company." OSHA requires that all employers that can "reasonably anticipate exposure" of employees to infectious material prepare and implement a written exposure control plan. This policy has been adopted by The Company to ensure a safe and healthful work environment for its personnel.

### **POLICY**

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Bloodborne pathogens are diseases caused by microorganisms that live in the bloodstream and are spread through blood and other body fluids. Bloodborne pathogens include the human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HCV). These can enter the bloodstream through cuts, abrasions, or small tears in mucous membranes.

Bloodborne pathogens can be transmitted through any bodily fluid, and employees must take care when they are near, or come into contact with possible contaminants, in order to prevent the spread of bloodborne infections.

### **RESPONSIBILITIES**

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The Company is committed to providing a safe and healthful work environment for all personnel. In pursuit of this objective, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with [OSHA 29 CFR 1910.1030](#), "Occupational Exposure to Bloodborne Pathogens." This plan is vital to assist our organization in implementing and ensuring compliance with the OSHA standard, thereby protecting our employees.

#### **ECP Administration**

**Jim Aarstad** shall be responsible for the implementation, maintenance, review and update of this ECP. The plan should be review at least once annually, but whenever necessary, to ensure the plan aligns with applicable regulatory standards. All personnel who have occupational exposure to blood and or other potentially infectious materials (OPIM) must comply with the procedures set forth in this policy.

**Jim Aarstad** shall provide and maintain, on behalf of The Company, all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. **Jim Aarstad** will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes at all times to ensure that all personnel have access if needed.



**Jim Aarstad** shall be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained and current with applicable regulations at all times. **Jim Aarstad** will be responsible for training, documentation of training and for making the written ECP available to all personnel who perform work for The Company.

**Jim Aarstad** shall be responsible to identify employees who may reasonably be anticipated to come into contact with blood and other potentially infectious materials. The Company shall provide for post-exposure evaluation and follow-up should an employee be exposed to potentially infectious materials.

### **Employee Responsibilities**

Every employee is expected to:

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

### **PERSONNEL EXPOSURE DETERMINATION**

Designated employees are trained to render first aid and basic life support; executing first aid or basic life support will expose employees to bloodborne pathogens and will require them to adhere to this ECP. Medical sharps or similar equipment is not provided to, or used by, personnel who may render first aid or basic life support. A list of all first aid and basic life support trained employees in this work group shall be maintained at each work site and within each first aid kit.

It is crucial to determine which jobs expose an employee to blood and other potentially infectious material, as well as the means by which that exposure might occur. Accordingly, the 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 where all employees have occupational exposure
- Job classifications where some employees have occupational exposure
- Tasks and procedures where occupational exposure occurs

**Note:** This exposure determination shall be made without regard to the use of personal protective equipment. [1910.1030\(c\)\(2\)\(ii\)](#)

### **Methods of Compliance**

Employees will take precautions to prevent contact with potentially infectious material. If an employee cannot easily determine the nature of a body fluid, he or she should treat it as infectious.



## **UNIVERSAL PRECAUTIONS**

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All employees will utilize universal precautions involving the use of personal protective equipment (PPE) and sanitary procedures such as hand washing and cleaning work surfaces to reduce the risk for exposure. Under circumstances in which differential of infectious bloodborne and noninfectious bloodborne body fluids is difficult or impossible, all body fluids will be considered potentially infectious.

Body Substance Isolation (BSI) may also be used as an alternative to Universal Precautions, provided facilities using the method adhere to all other provisions of the standard. BSI is a control method that defines all body fluids and substances as infectious. BSI incorporates not only the fluids and materials covered by the standard but expands coverage to include all body substances.

Regardless of which method is used, employees should be trained on the engineering controls, work practice controls, and personal protective equipment that should be used to prevent exposure to blood and OPIM. These are discussed in the following sections.

## **EXPOSURE CONTROL PLAN**

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Personnel covered by the bloodborne pathogens standards receive an explanation of this ECP during their initial training session as well as reviewed annual refresher training. Access to a copy of the ECP shall be provided to personnel in a reasonable time, place and manner; specifically, each employee will receive a copy of this plan as a part of The Company's entire HSE manual at time of hire as well as an updated/revised copy annually.

The Company's Exposure Control Plan covers the various types of bodily fluid that employees can reasonably be exposed to in the workplace, including but not limited to blood, mucus and saliva.

If an employee misplaces their copy of this ECP, a new copy will be issued to the employee within five working days. If the employee needs access to the ECP before The Company can provide them with a new copy, an office copy will be available at all times in the office.

### **Review and Update of Exposure Control Plan**

The Company 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.



## **ENGINEERING CONTROLS AND WORK PRACTICES**

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Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. This plan encourages work task changes to reduce exposure, as well as for isolating or removing materials that might pose a hazard. The ECP shall be examined regularly to maintain, and replace, engineering controls to ensure their effectiveness, such as:

### **Handwashing**

- The Company will provide readily accessible handwashing facilities to every employee. If providing handwashing facilities is not feasible, the Company will provide antiseptic towelettes or an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels.
- For construction projects, the company 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 materials, 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 the employee can accomplish any bending, recapping or needle removal 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, constructed in a manner that does not require employees to reach into it to use it

### **Other Engineering and Work-Practice Controls**

- Employees may not eat, drink, smoke, apply cosmetics, or handle contact lenses where occupational exposure may occur.
- No food or drink is to be stored where potentially infectious materials are present.
- Containers used to store, or transport potentially infectious materials should be closable, prevent leaks, and be appropriately labeled or color-coded. They should also be puncture resistant, if necessary.
- Employees will examine any equipment that may be contaminated before servicing or shipping and will decontaminate it as necessary and feasible. OSHA recommends this be done using a solution of one-part household bleach to 10 parts water.



- Employees engaged in cleanup operations will be provided with personal protective equipment.
- 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.

## **TRAINING**

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All employees who have occupational exposure to bloodborne pathogens will receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. All employees shall be provided training at the time of initial assignment to task where occupational exposure may take place, and at least annually thereafter. Training will be documented and retained for a minimum of three years. The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation.

The Company 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.

In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the OSHA bloodborne pathogen standard
- Explanation of The Company ECP and how to obtain a copy
- Explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident.
- An explanation of the modes of transmission of bloodborne pathogens
- An explanation of the use and limitations of engineering controls, work practices and PPE
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE.
- The basis of PPE selection.
- Hepatitis B vaccine information.
- Appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
- The procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- Post-Exposure evaluation and follow-up.
- Signs and labeling.
- The person conducting the training will be knowledgeable in the subject matter of the training program as it relates to the workplace.



## **PERSONAL PROTECTIVE EQUIPMENT**

PPE shall be provided by The Company to personnel at no cost to the worker. Moreover, workers will be trained by The Company or by a qualified trainer in the use of appropriate PPE for specific tasks or procedures. Personal protective equipment will also be provided at no expense to affected employees when possible occupational exposure of bodily fluids exists.

The following list of PPE shall be made available to all personnel:

- Hard hats
- Goggles
- Gloves
- Reflective vests
- Fall-arrest
- Lanyards
- Fire retardant clothing
- Reinforced footwear as needed.
- Masks
- Gowns

Additional PPE shall be stored at Office, shop, vehicles and worksites. **Jim Aarstad** is responsible for making all PPE available to personnel and for keeping all PPE in safe working condition. Workers who notice PPE in disrepair or in non-working order, shall notify **Jim Aarstad** to the defective equipment replaced or repaired.

The following work procedures and precautions shall be followed by all personnel:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be disposed of in designated containers for storage, laundering, decontamination or disposal.
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM
- When handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated
- If the ability of the gloves to function as a barrier is compromised remove immediately
- Utility gloves may be decontaminated for reuse if their integrity is not compromised
- Discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

- Contaminated needles and other sharps should only be handled by authorized or by trained personnel

## **HOUSEKEEPING**

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Personnel are responsible for keeping work areas clean and sanitary. All equipment and working surfaces must be cleaned and decontaminated using sanitizing cleanser after contact with blood or OPIM.

Contaminated work surfaces must be decontaminated with disinfectant upon completion of each of the following:

- Directly following the contamination or after any spill of blood or OPIM
- At the end of the work day if the surface may have become contaminated since the last cleaning.
- All waste receptacles, buckets, and other containers shall be inspected regularly, cleaned/disinfected, and decontaminated as soon as reasonably possible if the unit is visibly contaminated.
- Broken glass shall be picked up using safe equipment such as a broom, dustpan, tongs or similar piece of equipment that is probable to mitigate worker exposure and risk.
- Broken glass must not be picked up directly with the hands even if gloved.

## **Regulated Waste**

Regulated waste is liquid or semi-liquid blood or OPIM. Contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed. Regulated waste shall be placed in containers which are closeable, constructed to contain all contents and prevent leakage and appropriately labeled.

## **Labels**

The following labeling methods are used at The Company's facilities to identify regulated waste, sharps disposal containers, contaminated laundry bags containers, potentially infectious material and equipment.



**Jim Aarstad** shall be responsible for ensuring that warning labels or red bags are used as required.



Personnel shall notify **Jim Aarstad** if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment etc. without proper labels.

## **RECORDKEEPING**

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### **Training Records**

Training records are completed for each employee upon successful completion of training. These documents will be kept for at least three years at the office.

Training records shall include the following information:

- Date of training
- Contents or a summary of the training
- Names and qualifications of trainer(s)
- Names and titles of all training session attendees

All training records shall be made available to all personnel upon request.

### **Medical Records**

Medical records shall be maintained for each employee with occupational exposure in accordance with [29 CFR 1010.1020](#), "Access to Employee Exposure and Medical Records." Written employee consent is required prior to the release of employee medical records.

**Jim Aarstad** is responsible for the maintenance of required medical records. These records shall be kept confidential in accordance with HIPPA regulations for the period of employment plus thirty years. Medical records shall be provided to personnel upon request.

### **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; and

- 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 company.

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

### **HEPATITIS B VACCINATION**

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The Company shall provide Hepatitis B vaccine to all employees that have occupational exposure at no cost to the employee(s). If not vaccinated, employees will be informed of the opportunity to be vaccinated within 24 hours of an exposure incident.

### **Post-Exposure Evaluation and Follow Up**

Should an exposure incident occur, the employee should contact the safety coordinator (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 company 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 HIV, HCV, and HBV infectivity, document and notify the employee's health care provider of the source individual's test results. 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).



### **Administrative Responsibilities Following Exposure**

The Company will ensure that the health care professional responsible for post-exposure evaluation and follow-up receives the following:

- A copy of OSHA's bloodborne pathogens standard;
- A description of the employee's job duties relevant to the exposure incident;
- Route(s) of exposure;
- Circumstances of exposure;
- Results of the source individual's blood test if possible;
- Relevant employee medical records, including vaccination status; and
- The Company will provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

### **Counseling**

The Company will ensure that post-exposure counseling will be given to employees following an exposure incident. Counseling should include Centers for Disease Control & 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.