## Applicability

A review of potential exposures to bloodborne pathogens (BBP) here at has determined that the *incidental* use of volunteer first aid/CPR providers and other *Good Samaritan* acts in the event of an emergency presents a reasonable chance that the volunteer or another employee might be exposed to bloodborne pathogens (blood or other potentially infectious materials). As such, the requirements of the OSHA Bloodborne Pathogen Standard apply to our workplace within the scope of these *incidental* duties or *Good Samaritan* acts.

## Exposure Determination

Exposure determination, as required by the BBP standard, indicates that volunteer first aid/CPR providers and any employees performing *Good Samaritan* acts may have exposures to bloodborne pathogens.

## Exposure Control Measures

Based on exposure determinations, the following control measures have been established:

### Universal Precautions

All blood or other potentially infectious materials and any materials associated with emergency response, first aid clinical analysis, pathological specimens, etc. will be considered possibly infected with bloodborne pathogens. Bloodborne pathogen awareness training is provided to all employees.

### Medical Emergencies (first aid/CPR providers)

Those employees who have volunteered to provide first aid and CPR in the event of an emergency will be protected against bloodborne pathogens as required by the standard. Applicable safeguards are listed below.

*Full-time medical emergency care providers.*

Applicable  Not Applicable 

* Training given in bloodborne pathogen exposure prevention
* Employee(s) offered the pre-exposure hepatitis B vaccination series
* Applicable personal protective equipment (PPE) provided
* Post exposure follow-up will be conducted

*Collateral Responders (incidental, part-time responsibility)*

Applicable Not Applicable

* Training given in bloodborne pathogen exposure prevention
* Employee(s) offered a the pre-exposure hepatitis B vaccination series
* Applicable personal protective equipment (PPE) provided
* Post exposure follow-up will be conducted

*Good Samaritan (not authorized but still provides services in an emergency)*

Applicable Not Applicable

* Training given in bloodborne pathogen exposure prevention
* Applicable personal protective equipment (PPE) available
* Post-exposure hepatitis B vaccination series offered
* Post-exposure follow-up will be conducted

*Health Care Services*

Applicable Not Applicable

* Training given in bloodborne pathogen exposure prevention
* Applicable personal protective equipment (PPE) available
* Engineered controls where feasible

*Sharps Controls*

Applicable  Not Applicable 

* Sharps injury log is maintained
* Needle-less procedures in place, where feasible; date implemented / /
* Needless procedures not feasible, engineered sharps protection in place (one-handed capping or other); date implemented / /
* Sharps wastes not handled by employees and are deposited in sharps containers per standard; date implemented / /
* Reevaluation of engineered sharps controls will be conducted periodically; next review / /

Other control procedures for sharps:

## Post Exposure Hygiene Facilities and Practices

Washing facilities are readily accessible. After an exposure incident, employees with a potential or actual exposure to bloodborne pathogens will remove personal protective equipment and immediately scrub hands, arms and exposed skin thoroughly. Washing shall be performed even if not certain an exposure has occurred. Where exposure has occurred in the head and/or face area, employees are required to flush mucous membranes with water.

Employees will not eat drink, apply cosmetics or lip balms, handle contact lenses, etc. in work areas where an exposure incident has occurred.

## Decontamination and Waste Disposal

### Decontamination

After a workplace injury or other incident resulting in contamination by blood or other potentially infectious materials, all contaminants will be cleaned up immediately and all areas sanitized using a disinfectant solution (two parts bleach to ten parts water, or a packaged commercial disinfectant). Employees performing cleanup shall be required to wear gloves, coveralls, aprons and eye and face protection, as applicable to cleanup. Waste containers will be appropriately labeled as to content, hazard, and instructions, if necessary.

### Broken Glassware

Broken glass will not be handled by hand, but will be swept using a broom or brush and dustpan. Non-contaminated glass will be thrown into trash. Contaminated glass will be considered sharps and disposed of accordingly.

### Contaminated Needles and Other Sharps Waste

Sharps waste shall not be handled by employees. Place in sharps containers designed and designated for this purpose.

### Bandages, Sanitary Napkins, Etc.

Dry waste bandages, sanitary napkins, paper towels, etc., will be disposed of in ordinary refuse containers as allowed by the exception for items containing only dried blood. Waste containers will be lined to prevent potential exposure, and janitorial staff will wear gloves when handling trash.

### Medical Waste Management Requirements

All wastes subject to the bloodborne pathogens standard shall be presumed to be medical waste and managed per requirements of the Medical Waste Management Act.

## Labels and Signs

As required, facilities with possible exposures to bloodborne pathogens will be marked with applicable signs and labels. Containers with contaminated items (sharps, clothing, PPE, etc.) will be appropriately labeled for biohazards.

## Personal Protective Equipment

Personal protective equipment (PPE) is provided at no cost to employees. PPE is available based on each employee’s full-time and incidental (emergency first aid, clean up, etc.) job function. Equipment includes, at a minimum:

* Latex gloves designed for protection against bloodborne pathogens;
* Safety glasses or goggles, nose and mouth protection and/or other equipment, as applicable;
* Protective clothing, as applicable (gowns, foot coverings, etc.);
* Protective masks for CPR.

## Information and Training

Employee training is provided as required by potential exposure inherent with assigned full-time and/or incidental duties. Training is provided initially upon job assignment and periodically, thereafter, per BBP standards. Minimum training provided includes:

* Causes, symptoms, and control of bloodborne diseases;
* Modes of transmission of bloodborne pathogens;
* Exposure Control Plan for the facility and the need for the use of *universal precautions*;
* Recognition of tasks and activities that can result in exposure to bloodborne pathogens or other potentially infectious materials;
* Methods for the prevention or reduction of exposure to bloodborne pathogens (engineering controls, work practices and PPE, etc.);
* Selecting personal protective equipment (PPE);
* Hepatitis B vaccine, including their value, safety, method of administration and benefits of being vaccinated, company policies related to hepatitis B vaccine and vaccine declination;
* Action to take in emergencies involving blood and other potentially infectious materials;
* Procedures that must be followed if an exposure incident occurs;
* Post exposure evaluation and follow-ups after an exposure incident; and
* Explanations of labels and color-coding.

## Hepatitis B Vaccine and Post Exposure Follow-up

Hepatitis B vaccination is provided on a pre-exposure basis to employees with anticipated exposure to bloodborne pathogens or other potentially infectious materials. Employees who refuse the HBV vaccination are required to sign a hepatitis B Vaccine Declination Statement. *Unauthorized* G*ood Samaritan* responders will be offered post exposure vaccination within 24 hours following an exposure incident by these employees.)

## Post Exposure Follow Up

An investigation of any exposure incident will be conducted according to requirements of the standard. A Post-Incident Report Form will be utilized to document the investigation and findings.

## Recordkeeping

Records will be maintained as follows:

### Confidential Personal Records

Records will be maintained of employees with occupational exposure including name, HBV vaccination status, medical examination and test results, a copy of healthcare professional’s opinion and information provided by the employee. Records will be maintained in source individual’s and exposed employee’s confidential medical records file. Such records will be available on a need-to-know basis only and will be maintained at the facility for the duration of employment plus 30 years.

### Training Records

Records of training dates and contents of training sessions are maintained for a period of three years from the date of the session and include the name and qualifications of the trainer.

### Other Records

Completed forms and documentation of compliance with the bloodborne pathogens standard are kept current and maintained for at least three years thereafter, as applicable. Documents include, but are not limited to:

* Bloodborne Pathogen Control Plan
* Bloodborne Pathogen Exposure Determination Documentation
* Sharps Injury Log
* Hepatitis B Vaccine Declination Statement
* Blood Test Consent Form
* Post Incident Report Form

Responsible Person:

(Approving and responsible for plan)

Signature:

Title:

Date

# Sharps Injury Log

Employer/Facility:

**Note:** *This form must be completed within 14 days of the incident(s) report to the employer]. The injury log shall be maintained 5 years from the date the exposure incident occurred.*

1. Date and time of the exposure incident:
2. Type and brand of sharps involved in the exposure incident:
3. Description of the exposure incident, which shall include:
   1. Job classification of the exposed employee:
   2. Department or work area where the exposure incident occurred:
   3. The procedure that the exposed employee was performing at the time of the incident:
   4. How the incident occurred:
   5. The body part involved in the exposure incident:
4. If the sharp had engineered sharps injury protection, whether the mechanism was activated, and whether the injury occurred before the protective mechanism was activated, during activation of the mechanism or after activation of the mechanism, if applicable:

 Applicable; or  Not Applicable:

1. If the sharp had no engineered sharps injury protection, the injured employee’s opinion as to whether and how such a mechanism could have prevented injury:

Applicable; or Not Applicable:





# Sharps Injury Log – Page 2

1. The employee’s opinion about whether any other engineering, administrative, or work practice control could have prevented the injury:

Person Performing Investigation:

Name:

Signature:

Title:

Date:

# Bloodborne Pathogens Exposure Determination

Employer/Facility:

|  |  |
| --- | --- |
| Job titles or occupations with anticipated exposure (List alternate personnel as well) | Tasks or work activity that may cause exposure (if all activities list all) |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

# Hepatitis B Vaccination/Declination Statement

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself. However, I decline the hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk for acquiring hepatitis B, a serious disease. If in the future I continue to have exposure to blood or other potentially infectious materials and want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee:

Employee’s Signature: Date:

Supervisor’s Signature: Date:

# Blood Test Consent Form

I, confirm that on / / , I have been involved in an incident resulting in occupational exposure to blood or other potentially infectious materials as:

 Source Individual  Exposed Employee

Due to the potential for exposure to bloodborne pathogens during this incident, I hereby freely and without coercion grant my consent to my employer to arrange for the testing of my blood for the presence of Hepatitis B virus (HBV) and the Human Immunodeficiency Virus (HIV). I understand, acknowledge and accept if I am a source individual, the results of my blood test must be provided to any exposed employee(s). Otherwise information will be regarded as confidential medical information.

Employee’s Signature: Date:

Supervisor’s Signature: Date:

# Post Incident Report Form

Employer/Facility: Date of Incident: / / Time: a.m. p.m.

Yes (continue) No (proceed to 3)

1. Emergency Medical response incident:
   1. Name(s) of injured employee(s) or other person(s).

1.1.1

1.1.2

1.1.3

* 1. Name(s) of first aid responders.

1.2.1

1.2.2

1.2.3

* 1. Did blood or body fluids come in contact, in any way, with first aid responder(s)?

Employee 1: No  Yes 

(If yes, include routes of exposure with description below.)

Employee 2: No  Yes 

(If yes, include routes of exposure with description below.)

Employee 3: No  Yes 

(If yes, include routes of exposure with description below.)

* 1. Describe personal protective equipment used by first aid responders:

Employee 1:

Employee 2:

Employee 3:

* 1. Describe the first aid incident in detail:
  2. Has injured employee consented to blood testing and completed *Blood Test Consent Form*:

Yes  No 

*If yes*, has the exposed employee been informed of applicable laws and regulations concerning the disclosure of the identity and infectious status of the injured employee:

# Post Incident Report Form – Page 2

Yes  No 

Has the employer obtained and provided the exposed employee with a copy of the evaluating healthcare professional’s written opinion within 15 days of the completion of the evaluation:

Yes  No 

* 1. Has the employer obtained and provided the exposed employee with a copy of the evaluating healthcare professional’s written opinion within 15 days of the completion of the evaluation:

Yes  No 

### The healthcare professional’s written opinion will indicate if a vaccination is needed for the exposed employee and whether preventive treatment is medically indicated.

* 1. Have the first aid responders in this incident taken the HBV vaccination:

Employee 1: *If yes*, date of vaccination / / *If no*, attach Declination Statement. Employee 2: *If yes*, date of vaccination / / *If no*, attach Declination Statement. Employee 3: *If yes*, date of vaccination / / *If no*, attach Declination Statement.

1. Other Exposure incidents (including sharps incidents):
   1. Name of exposed employee(s):

2.1.1

2.1.2

2.1.3

* 1. Describe how incident occurred:
  2. Describe engineered controls:
  3. Describe post incident response:
  4. Describe exposure source materials:
  5. Do source materials contain infectious agents:

Yes  No  Don’t Know  Basis of knowledge:

1.1. Describe exposure source materials:

# Post Incident Report Form – Page 3

* 1. Results of tests on source materials:
  2. Has the employee been provided counseling and medical treatment:
  3. Has the employer obtained and provided the exposed employee with a copy of the evaluating healthcare professional’s written opinion within 15 days of the completion of the evaluation:

Yes  No 

### The healthcare professional’s written opinion will indicate if a vaccination is needed for the exposed employee and whether preventive treatment is medically indicated.

* 1. Have the first aid responders in this incident taken the HBV vaccination:

Employee 1: *If yes*, date of vaccination / / *If no*, attach Declination Statement. Employee 2: *If yes*, date of vaccination / / *If no*, attach Declination Statement. Employee 3: *If yes*, date of vaccination / / *If no*, attach Declination Statement.

1. Recommendations for further follow up (see incidents described in this form:

Person Completing Report:

Name:

Signature:

Title:

Date: