

Bloodborne Pathogen Exposure Control Plan



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SCOPE

R.W. LaPine, Inc. recognizes that employees of this organization may encounter **Non-Routine** occupational exposure to bloodborne pathogens. This written exposure control program has been developed to eliminate or minimize employee exposure to blood or other potentially infectious materials. Further, this program is intended to comply with the requirements of State and Federal OSHA standard 29 CFR 1910.1030, Bloodborne Pathogens.

The Safety Manager for R.W. LaPine, Inc. has been designated as the **Exposure Control Program Coordinator**, and will be responsible for enforcement, review annually, and maintenance of this program.

Upon request all employees will have access to a copy of this bloodborne pathogen exposure control plan.

DEFINITIONS

BLOODBORNE PATHOGENS:

Microorganisms that are present in human blood and cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

CONTAMINATED:

The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

CONTAMINATED SHARPS:

Any contaminated object that can penetrate the skin including, but not limited to, broken glass, metal scrap, diabetic needles, razor blades, utility knives.

DECONTAMINATION:

The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious articles and the surface or item is rendered safe for handling, use, or disposal.

ENGINEERING CONTROLS:

Controls that isolate or remove the bloodborne pathogens hazard from the workplace.

EXPOSURE INCIDENT:

A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials.

OCCUPATIONAL EXPOSURE:

Any reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of employee's duties.

DEFINITIONS, (Continued):

OTHER POTENTIALLY INFECTIOUS MATERIALS:

Human body fluids, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, or any body fluid that is visibly contaminated with blood.

PARENTERAL:

Piercing mucous membranes or the skin barrier by cuts, and abrasions, needle sticks.

PERSONAL PROTECTIVE EQUIPMENT:

Specialized equipment worn or used by an employee for protection against a hazard.

UNIVERSAL PRECAUTIONS:

Considering and treating all human blood and body fluids as if known to be infectious.

WORK PRACTICE CONTROLS:

Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

EXPOSURE DETERMINATION

It has been determined at R.W. LaPine, Inc. that no employee or job classification has a “Reasonably Anticipated” occupational exposure to blood.

Due to the concern R.W. LaPine, Inc. has about the Health and Safety of its employees. The following job classifications have been listed that may have a potential of **non-routine** exposure to blood or other potentially infectious materials.

Good Samaritan First Aid Responders
Supervisors
Job Foreman

COMPLIANCE METHODS

UNIVERSAL PRECAUTIONS:

Universal precautions will be observed at R.W. LaPine, Inc. in the provision of first aid, the removal of sharps and waste, and the housekeeping of any first aid area in order to prevent contact with blood or other potentially infectious material (OPIM). All blood and OPIM will be considered infectious regardless of the perceived status of the source individual.

ENGINEERING & WORK PRACTICE CONTROLS:

Engineering and work practice controls are limited to hand washing and housekeeping practices. Hand washing facilities are normally available at all work locations. In the event there are no hand washing facility available antiseptic solutions or towelettes will be made available. In the event an employee must give self-injection of insulin. This employee will be required to be responsible for removing the used needle. **At no time will insulin needles be discarded** in waste containers within R.W. LaPine, Inc. buildings, vehicles, or jobsites.

SHARPS and UTILITY KNIFES:

Areas using utility knives will have sharps containers for blade disposal. **No blades will be thrown into ordinary waste containers.**

Contaminated blades shall be cleaned with a bleach and water solution prior to being removed from knife holder. After cleaning the blade, it must be disposed of in the sharps container.

PERSONAL PROTECTIVE EQUIPMENT:

All personal protective equipment used in first aid or housekeeping will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials.

The following PPE is used at R.W. LaPine, Inc.:

Latex/Vinyl Gloves: Providing first aid to injured employees
First aid housekeeping

Safety Glasses: Providing first aid to injured employee.
First aid housekeeping

CPR Mask: When performing CPR.

HOUSEKEEPING:

Areas involving a first aid incident will be cleaned and decontaminated as soon as possible after the incident.

Band-aids and gauze pads, which contain blood, but would not be capable of blood secretion will be considered non-hazardous, and disposed of as normal waste.

Contaminated materials:

Option #1:

These materials shall be deposited in a bucket containing a Bleach and Water solution 1:10 ratio. After thoroughly soaking, materials may be deposited as normal waste.

Option #2:

Contaminated materials will be placed into a **Biohazard Bag**, which is red in color and will bear the biohazard-warning label. This biohazard waste will be picked up quarterly by a contracted licensed waste hauler.

Contaminated Surfaces & Equipment: These areas shall be cleaned with a Bleach and Water solution 1:10 ratio. Or professional disinfectant carrying the HBV and HIV label

FIRST-AID STATIONS:

First-Aid kits located in each company vehicle will be maintained by the employee assigned to that vehicle. The job foreman will maintain job-site gang box first-aid kits.

HEPATITIS B VACCINE:

Because no occupational exposures exist at R.W. LaPine, Inc., HBV vaccinations have not been offered. However, if an employee has an exposure incident, R.W. LaPine, Inc. will provide within 24 Hrs of the incident a medical evaluation. If the medical evaluation determines that the HBV vaccination is warranted. It will be provided at no charge to the employee.

EXPOSURE INCIDENT REPORTING:

When an employee incurs an exposure incident, it should be immediately reported to their supervisor or job foreman. The office manager will be responsible for maintaining records of all exposure incidents. All employees who incur an exposure incident will be offered post exposure evaluation and follow-up in accordance with the MIOSHA standard.

This follow-up will include the following:

Documentation of the route of exposure and the circumstances related to the incident.

POST EXPOSURE/ FOLLOW-UP:

The employee will be offered the option of having their blood collected for testing of the employees HIV/HBV serological status. The blood sample will be preserved for at least 90 days to allow the employee to decide if the blood should be tested.

The employee will be offered the Hepatitis B Vaccination, at no charge. If the employee declines the vaccination, the employee must sign a declination form. If the employee later decides they wish to have the vaccine, it shall be given at no cost to the employee.

The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.

HEALTH CARE PROFESSIONALS:

A written opinion shall be obtained from the Health Care Professional who evaluates employees at R.W. LaPine, Inc.. A written opinion will be obtained in the following instances:

- 1) Whenever the employee is sent to a health care professional following an exposure incident.

Health care professionals shall be instructed to limit their opinions to:

- 1) Whether the Hepatitis B Vaccine is indicated and if the employee has received the vaccine, and that an evaluation was made of the employee.
- 2) That the employee has been informed of the results of the evaluation.
- 3) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials.

NOTE: The written opinion to the employer is not to reference any personal medical information.

EMPLOYEE TRAINING:

Employee training will be conducted before initial assignment and within 1 year of previous training. Training for employees will include the following areas:

1. Explanation of OSHA Bloodborne Pathogen Standard.
2. Bloodborne Pathogen Definitions.
3. Modes of Transmission.
4. Prevention Strategies.
5. Immunization Process.
6. Exposure Control Plan.
7. Housekeeping Requirements.
8. Post Exposure/ Follow-Up.

RECORD KEEPING:

R.W. LaPine, Inc. will establish and maintain records for each employee who has an exposure incident. The following information will be kept for the duration of employee's employment plus 30 years. R.W. LaPine, Inc. shall ensure record confidentiality.

The following information must be maintained on employees who have an exposure incident.

- Name
- Social Security Number
- Hepatitis B Vaccine Status
- Declination Form if used
- Copies of any exposure/evaluation or follow-up

The following training record information must be maintained.

- Dates of training
- Summary of contents
- Names and qualifications of trainers
- Names of trainees
- Maintain record for three (3) years

The office manager will maintain training records.

EXPOSURE INCIDENT REPORT

EXPOSURE INCIDENT REPORT FORM:

Date of Occurrence: ____/____/____ **Time of Occurrence:** _____Am/Pm

Report Date: ____/____/____

Report Prepared By: _____ **Title:** _____

Exposed Employee: _____

Employees Job Classification: _____

Employees Department/Length of Service: _____ Yr/Mo

Route (s) of Exposure: **The employee came into contact with BLOOD or Other Potentially Infectious Materials by:**

Please Check

Appropriate Areas:

- _____ **Contamination of the Eye**
- _____ **Contamination of the Mouth**
- _____ **Contamination of the Mucous Membranes**
- _____ **Contamination of Non-Intact Skin**
- _____ **Parenteral Contamination**

Source Individual if known: _____

Brief Description/Circumstances of Exposure Incident.

What changes can be instituted to prevent such occurrences in the future.

Employee Signature

Date: ____/____/____

Preparer Signature

Date: ____/____/____

POST EXPOSURE EVALUATION FORM

POST EXPOSURE EVALUATION FORM:

Name of Employee: _____

Date of Exposure Incident: ____/____/____

Social Security Number of Employee: _____

HEPATITIS B VACCINATION STATUS:

Vaccinated

Dates of Vaccine Doses

First Dose: _____

Second Dose: _____

Third Dose: _____

Not Vaccinated

Rationale: _____

Brief Description of Exposure Incident/Route (s) of Exposure:

HEALTH CARE PROFESSIONALS WRITTEN OPINION

Check Only One

- ☐ **HBV Vaccination indicated for this employee, vaccination not received.**
- ☐ **HBV Vaccination not indicated for this employee, vaccination not received.**
- ☐ **HBV Vaccination indicated for this employee, vaccination received.**

Check After Completion

- ☐ **Employee has been informed of evaluation results.**
- ☐ **Employee has been told of any medical conditions resulting from exposure to blood or other potentially infectious materials, which require further evaluation or treatment.**
- ☐ **All other findings or diagnoses shall remain confidential and shall not be included in this written report.**

Physicians Signature

Date: ____/____/____

HEPATITIS B VACCINE – DECLINATION STATEMENT

HEPATITIS B VACCINE - DECLINATION

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 an opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccine at this time. I understand that by declining this vaccine, 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 or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccine series at no charge to me.

Employees Signature

Date: ____/____/____

Signature of Witness

Date: ____/____/____