

02 3000
Bloodborne Pathogens Policies &
Procedures

EMPLOYEE QUALIFICATION

1. All employees should follow the precautions provided in this policy. Some employees may have more potential for exposure. These employees must take additional precautions, such as wearing personal protective equipment. The following job classifications fall in this category:

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| Physicians/Nurses/Medical Examiners | Dentists/Dental Workers |
| Pathologists | Laboratory Personnel |
| Medical Technologists | Emergency Medical Technicians |
| Applicable Maintenance Personnel | Emergency Response Personnel |
| Applicable Housekeepers | First Aid/CPR Volunteers |
| Laundry Workers | Funeral Service Personnel |
| Firefighters | Police Personnel |

COMPLIANCE METHODS

Three compliance methods will be observed in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material (i.e. body fluids) will be considered infectious regardless of the perceived status of the source individual.

These compliance methods include: 1) engineering & work practice controls, 2) housekeeping, and 3) personal protective equipment.

A. ENGINEERING & WORK PRACTICE CONTROLS:

1. Controls should be in place to minimize or eliminate exposure (i.e. sharps disposable containers, self sheathing needles, etc.). Contaminated sharps should be placed immediately, or as soon as possible after use, into appropriate containers. The containers are closable, puncture resistant, leakproof, and labeled with a biohazard label. Contaminated needles should not be bent, recapped, removed, sheared, or intentionally broken.
2. All employees will wash hands using soap, running water, and friction if potential exposure exists. Handwashing facilities are readily accessible to employees and are located throughout the facility. Handwashing should be done (at a minimum):
 - a. At the beginning and the end of a work shift
 - b. Prior to physical contact with an employee, patient, etc.
 - c. Immediately after or as soon as feasible following contact with blood or potentially infectious materials.
 - d. Immediately after or as soon as feasible after removal of gloves or other personal protective equipment.
3. Procedures involving blood or other potentially infectious materials should be performed as to minimize splashing, spraying, spattering, aerosolization, and generation of droplets.
4. In work areas where there is a reasonable likelihood or potential exposure to blood or other infectious materials, employees are not to eat, drink, smoke, apply cosmetics or lip balm, handle contact lenses, or use hand lotions. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter or bench tops where blood or other infectious materials are present.
5. Specimens of blood or other infectious materials will be placed in a container which prevents leakage during the collection, handling, processing, storage, and transport of the specimens. The containers will be labeled and color coded in accordance with OSHA standards. The container must be closed prior to storage, transport, and shipping. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container which prevents leakage during the handling,

processing, storage, transport, and/or shipping of the specimen. The secondary container may be a zip-lock or other sealable plastic bag.

6. Equipment which has become contaminated with blood or other infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

B. HOUSEKEEPING:

1. Contaminated work surfaces will be decontaminated with an appropriate disinfectant immediately or as soon as feasible. An appropriate disinfectant is registered with the EPA as HIV- and HBV-effective (i.e. a solution of 5.25% sodium hypochlorite (household bleach) diluted between 1:10 and 1:100 = 1 cup bleach per 2 gallons of water).
2. A blood and body fluid spill kit will be retained at each nurse's station for use in the case of a spill of blood or other potentially infectious material. The kit should contain: 1) a pair of vinyl or latex gloves, 2) two pieces of absorbent material, such as a cloth or paper towel, 3) a small bucket or spray bottle, 4) two plastic bags, 5) disinfectant.
3. If the floor or other surfaces have been contaminated with blood or other potentially infectious materials, the employee should do the following:
 - a. Put on gloves
 - a. Lay out a bag in an open fashion
 - b. Dampen first piece of absorbent material and mop up spill.
 - c. Deposit material in bag. Avoid touching outside of bag.
 - d. If outside of bag is contaminated, put contaminated bag into second bag.
 - e. Dampen second piece of absorbent material and clean floor or surface. Deposit into bag.
 - f. Tie bag snugly.
 - g. Dispose of bag in common waste container.
 - h. Return buck or spray bottle to storage area. Restock used items in spill kit.
 - i. Wash hands after removing gloves.
4. Regulated waste shall be placed in approved properly labeled containers and disposed according to established regulatory procedures.
5. Laundry, which includes linens and reusable personal protective equipment, should be handled as little as possible and with minimum agitation, bagged, and containerized.
6. Contaminated laundry will not be sorted or rinsed in the location of use. Whenever laundry is wet, the laundry shall be placed and transported in bags or containers designed to prevent soak through and/or leakage. Employees handling soiled laundry shall wear disposable or utility gloves and gowns. The facility shall wash contaminated laundry according to recommendations outlined by the Center for Disease Control (i.e. wash with detergent and water at 160°F for 25 minutes).

C. PERSONAL PROTECTIVE EQUIPMENT:

1. Personal protective equipment will be provided to employees, based on anticipated exposures. The protective equipment will be considered appropriate only if does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth under normal conditions of use and for the duration of time which the protective equipment will be used. The following protective equipment is available and should be used, cleaned, laundered and/or disposed of as appropriate.
 - a. Disposable gloves, gown/apron, shoe covers, surgical mask/cap, and breathsaver resuscitator.
 - b. Eye/Face protection device
 - c. Lab coats, clinic jacket

2. Gloves, gowns (or aprons, lab coats, or clinic jackets), shoe covers, and masks/caps must be worn when it is reasonably anticipated that the employee may have direct contact with blood or other potentially infectious materials. Disposable breathsaver resuscitators provide emergency breathing capability to the victim without direct mouth-to-mouth contact. Eye/face protection devices, such as surgical masks and caps, goggles, glasses with solid side shields, or chin-length face shields, must be worn whenever splashes, spray, spatter, droplets of blood, or other potentially infectious materials may be generated.

VACCINATIONS & EVALUATIONS

A. All employees who have been identified as having exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within 10 working days of their initial assignment, involving the potential for occupational exposure to blood or other potentially infectious materials. Employees who previously had the vaccine may submit to anti-body testing which shows the employee to have sufficient immunity.

B. Post-exposure evaluations and follow-ups are provided for an employee who has been exposed to an incident involving the release of blood or potentially infectious materials.

TRAINING

All applicable employees shall be trained in conjunction with applicable requirements for certification (e.g. EMT, CPR, First Aid). Where independent training is not available, company-sponsored training will be offered. Annual retraining will also be made available in accordance with OSHA standards.

Additional training will include:

1. OSHA standards for bloodborne pathogens
2. Exposure Control Plan review
3. Procedures at this facility which may cause exposure to blood or other potentially infectious materials
4. Control methods which will be used at the facility
5. Personal Protective Equipment available
6. Hepatitis B Vaccination program
7. Post exposure evaluation & follow-up
8. Signs & labels used at the facility

RECORDKEEPING

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| Employee Name & Social Security Number (SS #) | Record of Post-Exposure Evaluations & Follow-ups |
| Company Name, Department, & Location | Personal Protective Equipment Provided |
| Hepatitis B Vaccination Record | Training Record |
| Employee Signature | |