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1.0 Purpose

Branscome is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, “Occupational Exposure to Bloodborne Pathogens.”

2.0 Scope

This Exposure Control Plan (ECP) applies to all persons who may respond to medical emergencies in the workplace involving blood in the course of their regular work assignments and those who may be tasked with cleaning up following such an event.

3.0 Roles and Responsibilities

4.0 Definitions

- 4.1 Bloodborne Pathogens - Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
- 4.2 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 particles and the surface or item is rendered safe for handling, use, or disposal.
- 4.3 Exposure Incident - A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee’s duties.
- 4.4 Occupational Exposure - The term "reasonably anticipated contact" includes the potential for contact as well as actual contact with blood or OPIM. Lack of history of blood exposures among designated first aid personnel of a particular manufacturing site, for instance, does not preclude coverage. "Reasonably anticipated contact" includes, among others, contact with blood or OPIM (including regulated waste) as well as incidents of needle-sticks. For example, a compliance officer may document incidents in which an employee observes a contaminated needle on a bed or contacts other regulated waste in order to substantiate "occupational exposure."



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NOTE: This definition does not cover "Good Samaritan" acts (i.e. voluntarily aiding someone in one's place of employment) that result in exposure to blood or other potentially infectious materials from voluntarily assisting a fellow employee, although OSHA encourages employers to offer follow-up procedures to these employees in such cases.

4.5 Other Potentially Infectious material (OPIM) - The following human body fluids: semen, vaginal secretions, cerebrospinal fluids, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures and body fluid that is visibly contaminated with blood;

HIV- containing cell or tissue cultures, organ cultures, and HIV- or HBV- containing culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV or HBV.

4.6 Parenteral - Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.

4.7 Universal Precautions - All employees will utilize universal precautions. This means that all blood and blood-contaminated equipment parts or blood-contaminated incident areas will be handled as if positive for HIV and/or HBV.

4.8 Work Practice - Controls that reduce the likelihood of exposure by altering the manner in which a task is being performed.

5.0 References

- 29 CFR 1910.1030 Occupational Exposure to Bloodborne Pathogens
- 29 CFR 1910.1020 Access to Employee Exposure and Medical Records
- 29 CFR 1904 Injury and Illness Recordkeeping

6.0 Program

6.1 Implementation

The Director of Safety is responsible for the implementation of the ECP throughout Branscome. This includes ensuring that the program will be maintained, reviewed, and updated at least annually, and whenever necessary to include new or modified tasks and procedures.



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Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (see Appendix A) must comply with the procedures and work practices outlined in this ECP.

6.1.1 Controls

The Safety Specialist will provide and maintain all necessary personal protective equipment (PPE), engineering controls, labels, and red bags as required by the standard and ensure that adequate supplies of this equipment are available in the appropriate sizes. This can be accomplished by placing a “Bloodborne Pathogens Clean-Up Kit” at each First Aid Kit or station.

6.1.2 Medical

The Director of Safety will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained. Medical records will be maintained by the Human Resource Department.

6.1.3 Training

The Director of Safety will make sure that required training is provided to employees and that training is documented. Bloodborne Pathogens training shall take place during First Aid and CPR training.

6.2 Employee Exposure Determination

6.2.1 Job Classifications

- Branscome has identified the following job classifications as those in which employees could be exposed to bloodborne pathogens in the course of fulfilling their job requirements:
 - Those employees who might render first aid only as a collateral duty
 - Those employees who would be tasked with cleanup after a first-aid incident which results in contamination of a work area and equipment
 - Utility pipe layers tying into existing sewer lines.



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6.2.1 Branscome has identified a list of tasks and procedures performed by employees in the above job classifications in which exposure to bloodborne pathogens may occur as follows:

- Providing first aid, which may include CPR.
- Assisting the primary first-aid provider
- Cleanup after an event
- Tying into existing sewer lines.

This exposure determination is made without regard to the use of personal protective equipment.

6.3 Methods of Control

6.3.1 Universal Precautions

All employees will utilize Universal Precautions. This means that all blood and blood-contaminated material will be handled as if positive for HIV and/or HBV.

6.3.2 Exposure Control Plan

Covered employees will receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training and during any First Aid/CPR training.

All employees can review this plan at any time during their work shifts by contacting the Plant Superintendent or the Safety Specialist. If requested, Branscome will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

Hand washing facilities shall be readily accessible to employees. When provision of hand washing facilities is not feasible, an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes shall be provided. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.



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6.3.3 Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens whenever possible. Because the only potential for exposure at Branscome is from the response to a medical incident, these provisions are limited.

6.3.4 First Aid Response

When a medical incident occurs where blood or OPIM is involved, the first responder will send for the Bloodborne Pathogens Kit and don the appropriate PPE before coming in contact with these materials.

6.3.5 Personal Protective Equipment

PPE is provided to our employees at no cost to them. Training in the proper use of the appropriate PPE for first aid is provided by the Safety Specialist or during First Aid/CPR training.

The types of PPE available to these employees are as follows:

- Latex or Nitrile Gloves
- Safety glasses or goggles
- Tyvek or similar lab coat
- Filtering Face-Piece Respirator

6.3.6 PPE Procedures

All employees using PPE must observe the following precautions:

- 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 red plastic bags labeled as Biohazard.
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, splatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.



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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.

6.3.7 Post Incident Clean Up

Use the following methods of decontamination during a medical or first aid emergency where blood or fluid might be involved:

1. Isolate the area to be cleaned by using a warning tape barrier and posting appropriate signs.
2. Protect yourself with appropriate PPE.
3. Scatter absorbent on the body fluid, and then collect the debris and deposit in the plastic bag.
4. Use pliers, tongs, or a broom to pick up broken glass or metal. Dispose of sharp items in a container.
5. Wash floor with soap and water followed by a bleach solution.
6. Leave warning tape barrier in place until disinfected area is completely dry.
7. Place all gowns, gloves, and materials used in cleaning and disinfecting into a biohazard bag.

Report the accident to the Field Safety Coordinator as soon as possible

6.2 Labeling and Disposal of Waste

6.4.1 Packaging

All infectious waste shall be placed in bags or closable containers that are leak-proof. These containers will be red and labeled infectious waste. Bags are generally adequate for bloody bandages, absorbed materials and contaminated PPE. Glass or any other sharp material contaminated with blood must be placed in a puncture-resistant container before being placed in the plastic container

6.4.2 Availability

Pre-labeled red bags can be found in the Bloodborne Pathogen Spill Clean-up Kits. The Field Safety Coordinator has a supply of extra materials for a larger incident.



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6.4.3 Disposal

All regulated waste will be disposed of in accordance with State regulations.

Local fire or rescue may be able to assist with proper disposal.

6.3 Reporting Procedures

6.4.1 All first-aid incidents that involve the presence of blood or OPIM must be reported to the Safety Specialist by the Supervisor on site before the end of the work shift when the incident occurred. This should be done by telephone. If the Safety Specialist is unavailable, the Plant Superintendent or Director of Safety must be contacted.

6.4.2 Required Information

The following information must be provided at that time:

- Date
- Time
- Names of all first-aid providers rendering assistance.
- A description of the incident, including a determination of whether an “exposure incident” occurred.

A reporting form is provided in Appendix B. This form must be completed and submitted immediately to the Safety Specialist who will pass this information on to the Director of Safety .

6.4.3 Follow Up

The Director of Safety will determine if this is an exposure incident and requires the initiation of post-exposure evaluation, vaccination, and follow-up procedures. This includes HBV vaccination within 24 hours of the event.

6.4 Hepatitis B Vaccination

6.5.1 Collateral Duty

Hepatitis B vaccination will not be provided to Branscome employees who receive first aid training because their only exposure to blood is



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voluntarily responding to injuries resulting from workplace incidents in their normal work areas. First Aid response is considered a collateral duty and OSHA Directive CPL 2-02-069 allows this practice

6.5.2 Post Incident Procedure

The full hepatitis B vaccination series will be made available to responding employees within 24 hours after any medical event that involves the presence of blood or OPIM, regardless of whether an exposure incident occurred. This series will be at no cost to the employee.

6.5.3 Declination of Vaccination

If the employee declines the vaccination, the employee must sign a declination form located in Appendix C. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept by the Director of Safety .

6.5 Post Exposure Evaluation

6.5.1 Trigger

If it is determined that an exposure incident has occurred, a post-exposure evaluation and follow-up will be initiated. This includes a confidential medical evaluation conducted by a licensed health care professional in reasonable proximity to the work location.

6.5.2 Responsibilities

Following any initial first aid, the Field Safety Coordinator is responsible for initiating all the follow-up activities, including the following:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual.

6.5.3 Testing the Source

- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV and HBV infectivity.
- If the source individual is already known to be HIV-, HCV-, and/or HBV- positive, new testing need not be performed.



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- If consent cannot be obtained, the employer shall establish that legally required consent cannot be obtained and document this in writing.

6.5.4 Testing the Exposed Employee

- After obtaining consent, the employee will be sent to the health care provider to collect blood as soon as possible to test for HBV and HIV serological status.
- If the employee does not give consent for testing at this time, the health care provider will store the sample for 90 days in case the employee changes his mind about the testing.

6.5.5 Information for Health Care Provider

The Director of Safety will provide each of the following to the health care professional evaluating an employee after an exposure incident:

- A copy of the Bloodborne Pathogens Standard
- A description of the employee's job duties relevant to the exposure incident.
- Route(s) of exposure
- Circumstances of exposure
- If possible, results of the source individual's blood test
- Relevant employee medical records, including vaccination status

6.5.6 Health Care Provider

The Provider will submit a written opinion to Director of Safety so that it can be given to the employee within 15 working days of the completion of the evaluation. This will include the following information:

- The employee vaccination status
- The fact that the employee has been informed of the diagnosis and any medical conditions resulting from this exposure requiring further evaluation and treatment

Decisions about post-exposure prophylaxis are left to the health care provider.

6.5.7 The Director of Safety will:

- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure



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laws and regulations concerning the identity and infectious status of the source individual.

- Document that the source individual’s test results were conveyed to the employee’s health care provider.
- Provide counseling to the employee when requested.
- Provide the employee with a written copy of the evaluating health care professional’s written opinion within 15 days after completion of the evaluation

6.6 Evaluating the Exposure Event

6.7.1 Procedure

The Field Safety Coordinator will review the circumstances of all exposure incidents to determine the following:

- Engineering controls in use at the time
- Work practices followed
- Protective equipment or clothing that was used at the time of the exposure incident
- Location of the incident
- Procedure being performed when the incident occurred
- Employee’s training

6.7.2 Revisions to the ECP

If problems are identified with the procedures or equipment used as a result of this evaluation, the ECP will be updated by the Director of Safety and the change in procedure communicated to all affected employees.

7.0 Training

7.1 Training Administrator

All employees who receive First Aid/CPR training will also receive initial and annual training in Bloodborne Pathogens. This will be conducted during First Aid training or by the Safety Specialist. This training is to be followed with annual refreshers



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7.2 Content

The training will include the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the OSHA bloodborne pathogen standard
- An explanation of Branscome ECP and how to obtain a copy
- An 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 use and limitations of engineering controls, work practices, and PPE
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- An explanation of the basis for PPE selection
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- An explanation of 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
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- An explanation of the signs and/or color coding required by the standard and used at this facility

An opportunity for interactive questions and answers with the person conducting the training session

8.0 Documentation

8.1 Exposure Report List

A list of all the exposure reports for first aid incidents must be maintained by the Director of Safety and be readily available to all employees

8.2 Training Records



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Training records are completed for each employee upon completion of training. These documents will be kept for at least three years by the Director of Safety . These training records include:

- The dates of the training sessions
- The contents or a summary of the training session
- The names and qualifications of persons conducting the training
- The names and job titles of all persons attending the training sessions

Employee training records will be provided upon request to the employee or the employee’s authorized representative within 15 working days

8.3 Medical Records

All documents relating to vaccination status and follow-up after an exposure incident are medical records. Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, “Access to Employee Exposure and Medical Records.”

The Human Resource Director is responsible for maintenance of the required medical records. The following information will be included in the medical record: employee’s name and social security number, the employee’s HBV vaccination status including dates, and the results of procedures following an exposure incident. These confidential records are kept in the Human Resource Department for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days.

8.4 OSHA Recordkeeping

An exposure incident is evaluated by the Director of Safety to determine if the case meets OSHA’s Recordkeeping Requirements (29 CFR 1904). If so, the case is included on the OSHA 300 Log.



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9.0 9.0 Document History

Number	Effective Date	Comments	Author
Original	May, 2006		
Revision 1	January, 2012	Formatting	Alvin Trotman
Revision 2	November, 2013	General Review	Alvin Trotman
Revision 3	April, 2014	General Review	Alvin Trotman
Revision 4	October, 2014	Modification of job list to include Pipe Layers.	Alvin Trotman



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Appendix B: Exposure Incident Investigation Form

Date of Incident: _____ **Time of Incident:** _____

Location: _____

Person(s) Involved: _____

Submitted by: _____ **Date** _____

Potentially Infectious Materials Involved:

Type: _____ **Source:** _____

Circumstances (what was occurring at the time of the incident): _____

How was the incident caused: (accident, equipment malfunction, etc.) List any tool, machine, or equipment involved: _____

Personal protective equipment being used at the time of the incident:

Actions taken (decontamination, clean-up, reporting, etc.) _____

Recommendations for avoiding repetition of incident: _____



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Appendix C: Hepatitis B Vaccine Declination Form

HEPATITIS B VACCINE - 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 hepatitis B vaccination 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 vaccination series at no charge to me.

Signature

Date
