

Bloodborne Pathogens Procedure

November 2022

A. GENERAL

1. IPS*ITCS recognizes that during the course and scope of its work, injuries or accidents may occur to which its employees may be exposed to bodily fluids.
2. All employees who are at risk or have a substantial potential exposure from occupational exposure to bloodborne pathogens such as Hepatitis B and HIV Virus shall be informed of the appropriate actions that may be taken to protect themselves.
3. The occasional potential for occupational exposure necessitates the development of IPS*ITCS Bloodborne Pathogen Exposure Control Program.
4. Project Superintendents may elect to manage their onsite first aids so that it will not be necessary to implement an Exposure Control Program. This would include providing direct access by employees to basic first aid supplies so that the employee can provide self-treatment. Injuries that are beyond an employee's ability to self-treat will either be referred to the nearest physician and/or hospital. A written statement detailing these stipulations can be found in Attachment 39A and must be completed.

B. EXPOSURE CONTROL PLAN

1. Exposure Determination
At this facility the following employees are involved in a job classification whose assignment may have the potential for occupational exposure to Bloodborne Pathogens.
 - a. EMT's, Medics
 - b. Safety Personnel
 - c. Emergency Response Team Members
2. At this facility the following employees job classification may be required to assist medical personnel in the event of mass/multiple injury. Therefore, potential exists for these employees to have occupational exposure to Bloodborne Pathogens:
 - a. Project Manager
 - b. Superintendent
 - c. Supervisor/Foreman
 - d. Working Employees/Craftsmen
3. The following tasks represent tasks that may have the potential for occupational exposures to some employees.
 - a. Emergency Extrication/Rescue
 - b. Cardiopulmonary Resuscitation
 - c. Medical Stabilization/Transportation
 - d. First Aid Evaluation/Treatment
4. Universal Precaution
 - a. Since there is no way of knowing if an injured worker is infected, Universal Precautions shall be observed at this facility in order to prevent contact with blood or potentially infectious material.
 - b. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual and without regard to the use of Personal Protective Equipment.
5. Engineering Controls
 - a. Will be utilized to eliminate/minimize exposure to employees at this facility.

1. IPS*ITCS has instituted the following controls for the expressed purpose of isolating or removing the hazard from the work environment.
 - (1) Hand washing facilities (or antiseptic hand cleansers and towels) which are readily accessible to all employees who have the potential for exposure.
 - (2) Biohazard stickers to label / identify potentially infectious materials.
 - (3) Containers shall be provided for contaminated reusable sharps, which are puncture resistant, leak proof and color-coded.
 - (4) Specimen containers that are leak proof, color-coded and labeled.
 - (5) Biohazard bags for the segregation and isolation of infectious waste.
 - (6) Isolation or containment of a work area or equipment during a medical emergency.
6. Work Practices
 - a. Employees shall immediately wash their hands with antiseptic soap and water immediately after removing gloves/other P.P.E. or after contact with any bodily fluid.
 - b. Employees shall wear gloves when anticipating contact with blood, bodily fluid, tissues, mucous membranes, or contaminated surfaces, or if breaks in tissue/skin are present.
 - c. Employees shall wear an impervious gown/apron if spattering or contamination of clothing is likely.
 - d. Employees shall wear a dust mask if there is to be contact with Airborne Droplets.
 - e. Employees shall wear appropriate P.P.E. including eye protection if aerosol products are present.
 - f. Employees shall use mouthpieces, resuscitation bags / other ventilation devices during emergency resuscitation.
 - g. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses in any work area designated for medical treatment is not permitted.
 - h. No food/drinks shall be allowed in refrigerators, freezers/counter tops used for storage of blood/other potentially infectious materials.
 - i. Implements of treatment, pails, bins, containers, or similar receptacles must be cleaned and decontaminated after any contact of bodily fluids.
 - j. All work surfaces and floors must be cleaned and disinfected daily.
 - k. All contaminated material/potentially contaminated material shall be placed in a biohazard bag with the appropriate label and disposed of accordingly.
 - l. Hand Washing Facilities
 1. Hand wash facilities shall be readily available to all employees who incur exposure to blood/potentially infectious materials.
 2. All First Aid Kits shall contain antiseptic towelettes/towels.
 3. All First Aid Facilities shall have a sink and running water for hand washing purposes.

7. Needles
 - a. Containment needles and other contaminated sharps will not be bent, recapped, removed, sheared, or purposely broken.
 - b. The only exception to this rule is that no alternative is feasible, and the action is required by the medical procedure.
 1. If such action is required, then recapping or removal of the needle must be done using a mechanical device or a one-handed technique
8. Contaminated Equipment
 - a. Equipment which has become contaminated with blood/other potentially infectious material shall be examined prior to servicing or shipping and shall be decontaminated as necessary.
9. Personal Protective Equipment (P.P.E.)
 - a. All P.P.E. used at this facility will be provided at no cost to the employee.
 - b. P.P.E. will be chosen based on the anticipated exposure to blood or other potentially infectious material.
 - c. The P.P.E. will be considered appropriate only if it does not permit contaminants to pass through/reach the employees clothing, skin, eyes, mouth/mucous membranes under normal use and for the duration of exposure.
 - c. All P.P.E. will be cleaned, laundered, and disposed of by IPS*ITCS
 1. All garments which are penetrated by contaminants shall be removed immediately or as soon as feasible.
 - d. All P.P.E. will be removed prior to leaving the work area.
 - e. All P.P.E. shall be inspected periodically, and defective equipment shall be repaired/removed from service.
10. Hepatitis B Vaccine
 - a. IPS*ITCS will offer all employees who have been identified as having exposure to blood/other potentially infectious material the Hepatitis B Vaccine at no cost to the employee.
 - b. The vaccine will be administered within 10-days of their initial assignment, unless the employee has previously had the vaccine/and wishes to submit to antibody testing which shows sufficient immunity.
 - c. Employees who decline the Hepatitis B Vaccine will sign a Waiver of Declination Statement, verifiable by IPS*ITCS's managing care physician.
 - 1) Employees who initially decline the vaccine but later wish to receive the vaccine will be allowed. IPS*ITCS will provide the vaccine at no cost to the employee.
11. Post Exposure Evaluation and Follow-up
 - a. When an IPS*ITCS employee incurs an exposure incident, it should be reported to the Corporate Office.
 - b. A thorough investigation shall be initiated to determine the effectiveness of P.P.E. utilized, engineering controls and work protection. If deficiencies are found the program shall be revised to provide adequate protection to the workers.
 - c. All employees who incur an exposure incident will be offered post exposure evaluation and follow-up to include:
 - (1) Documentation of route of exposure and circumstances.
 - (2) If possible, identification of source individual and if possible, the status of source individual.

- (a) The blood of the source shall be tested for HIV/HBV infection after consent.
 - d. Test results of source individual will be made available to exposed employee.
 - e. The exposed employee will be informed of applicable Laws and Regulations concerning disclosure of the identity and infection of the source individual.
 - f. The employee will be offered the option of having testing for HIV/HBV.
 - g. The blood sample will be preserved for 90-days to allow employee to decide the need for additional tests.
 - h. The employee will be offered post exposure prophylaxis in accordance with the current recommendations of U.S. Public Health Services.
 - i. The employee will be given appropriate counseling concerning precautions necessary after exposure incident, as well as potential illness alerts.
12. Interaction with Health Care Professionals
- a. Written opinion shall be obtained for a health care professional that evaluates employees of this facility. Written opinions will be obtained in the following instances:
 - (1) When employees are sent for HBV
 - (2) Following an employee exposure
13. Training
- a. Training for all employees will be conducted prior to initial assignment to tasks where occupational exposure may occur.
 - b. Training will include:
 - 1. Overview of the OSHA Standard
 - 2. Epidemiology and Symptomatology of Bloodborne Diseases
 - 3. Modes of Transmission
 - 4. This Procedure
 - 5. Conditions where employees may be exposed
 - 7. Control Methods
 - 7. P.P.E.
 - 8. Post Exposure Evaluations
 - 9. Vaccine Program
 - 10. Access to Exposure Control Plan
 - c. Training shall be reviewed annually
 - d. All training shall be documented.
14. Record Housekeeping
- a. All records required by this program will be maintained by Office by the HSEQT Manager.
 - b. All records will be reviewed annually.
 - c. All records will be maintained for the employees' length of employment services, plus 30-years.
 - d. All records required by this the employee/his designated representative or appropriate regulatory agency would make program available upon request.
15. Regulated Waste
- a. Regulated waste means liquid or semi-liquid blood or other potentially infectious contaminated materials that would release blood or other potentially infectious material in a liquid or semi-liquid state if compressed. Certain practices regarding the handling,

disposal and storage of contaminated sharps and other regulated waste are as follows:

1. Waste disposal shall be handled in accordance with the state and local regulations. Disposal shall be coordinated through the local consulting physician's office, hospital emergency office or client facilities. Otherwise, the use of an authorized vendor will be arranged.

Competency Assessment

No.	Questionnaire	C/NYC
Q1		
A1		
Q2		
A2		
Q3		
A3		
Q4		
A4		
Q5		
A5		

Enclosed Attachments	
Risk Assessment	<input checked="" type="checkbox"/>
Environmental Aspect and Impact	<input checked="" type="checkbox"/>
Training and Competency	<input checked="" type="checkbox"/>
Measure and Evaluation Tools	<input checked="" type="checkbox"/>

Competency Checklist

To be filled out by Trainer and signed by Employee, Assessor and Supervisor before being returned to the HSEQT Manager for recording purposes.

Procedure	Competency	Date	Competent YES / NO	Employee Signature

(Please tick appropriate box)

This employee is competent in performing the job.

This employee has not attained the competency level.

*

* *If the employee has not attained all competency levels, the General Manager must assess the action to be taken, provide an extension of training or alternative action as listed below.*

Alternate action to be taken: _____

Signed By Employee: _____ Date: _____

Trainer: _____ Date: _____

Assessor: _____ Date: _____

Regional Manager: _____ Date: _____

Environmental Aspects and Impacts

Identified Environmental Aspects and Impacts

The following table is a summary of the likely environmental aspects and impacts that may be identified during site inspections. The significance of each impact needs to be assessed using the Risk Assessment Model.

Activity	Aspect	Impact
Purchasing & Administrative Work	Consumption of goods	Conservation of natural resources
	Consumption of energy (eg. Electrical equipment and facilities)	Release of greenhouse gases and atmospheric pollution; Consumption of natural resources; Habitat loss
	Generation of waste (eg. Paper)	Consumption of space for waste disposal; Habitat loss
Climate Control	Consumption of energy	Release of greenhouse gases and atmospheric pollution; Consumption of natural resources; Habitat loss
	Generation of noise	Disturbance to community; Habitat loss
Cleaning of – offices / vehicles	Storage, use and release of chemicals	Contamination of air, water or soil; Risk to human health
Transport (Fleet vehicles / staff travel)	Consumption of energy	Release of greenhouse gases and atmospheric pollution; Consumption of natural resources; Loss of habitat at all stages of generation; Light pollution
	Consumption of goods (eg. Oil)	Consumption of natural resources; Generation of waste; Habitat loss; Biodiversity impacts
	Generation of waste (eg. Oil)	Consumption of space for waste disposal; Potential contamination of water or soil; Habitat loss
	Exhaust emission	Release of greenhouse gases and atmospheric pollution
	Use of dangerous goods (eg. Batteries)	Potential contamination of air, water or soil; Risk to human health
	Generation of noise	Disturbance to community; Habitat degradation
Operations		

Sample only.
To be filled in

Risk Assessment



Risk Assessment // insert name here

<p>Step No: Logical sequence</p>	<p>Sequence of Basic Job Steps documented in the Procedure, Work Instruction and project plans. Break down Job into steps.</p> <p>Each step should be logical and accomplish a major task.</p>	<p>Potential Safety & Environmental Hazards/Impacts at the site of the Job</p> <p>Identify the actual and potential health and safety hazards and the environmental impacts associated with each step of the job.</p>	<p>Risk Rating</p> <p>Refer to the risk matrix or HSEQT.PRO. Risk Mgt</p>	<p>Recommended Corrective Action or Procedure</p> <p><i>Determine the corrective actions necessary to reduce the risk to as low as reasonably practical (ALARP) refer to HSEQ.PRO.Risk Mgt. The risk must be reduced or controlled to ALARP before work commences.</i></p> <p>Document who is responsible for implementing the controls to manage each hazard identified.</p>	<p>Risk Rating refer to the risk matrix or HSEQT.PRO.Risk Mgt</p>
1.					
2.					
3.					
4.					
5.					

Audit



Process: insert// Procedure: Insert //		Date:	Audited by:	
		Location of Audit:	Area Mgr/Supervisor:	
Item	Question	Evidence Sited	Comments	Conformance Score 0,3,5
1.				
2.				
3.				
4.				
5.				
6.				
7.				
AUDITOR'S SIGNATURE:		CONFORMANCE SCORE: / 25		0 – Non-Conformance 3 – Continuous Improvement Opportunity 5 – Total Conformance
SAFETY REP'S SIGNATURE:		CONFORMANCE %:		