1.0 Policy

All employees who have been identified as having a predetermined risk of occupational exposure to Bloodborne Pathogens shall be provided with appropriate procedural precautions and training.

2.0 Purpose

The outlining of protection and safety measures for employees at risk of occupational exposure to Bloodborne Pathogens and other potentially infectious material.

3.0 Scope

Applies to all Sunbelt Controls work sites. In particular, this section applies to certain cleaning service work areas, plumbing service work, plumbing construction work (when tying into active sewer systems), certain hospital work areas, certain lab work areas, first-responders, and any supervisors for these activities.

4.0 Definitions

Approved Disinfectant – refers to a bleach/water solution in a ratio of 1:10 or any commercially available disinfectant such as *Betacide* or *Madacide.*

Blood – refers to human blood, human blood components and products made from human blood.

Bloodborne Pathogens – refers to 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).

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

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, and/or disposal.

Engineering Controls – any controls that isolate or remove the bloodborne pathogens hazard from the workplace

Exposure Incident – refers specifically to eye, mouth (or other mucous membrane), non-intact skin, or parenteral (non-intestinal) contact with blood or other potentially infectious materials resulting from the performance of an employee's duties.

First Responder – refers to any employee who has received accredited training in first aid and/or cardiopulmonary resuscitation (CPR) who has also been designated as a person responsible for rendering immediate first aid assistance to persons who require emergency assistance while on company property.

Hand-washing Facilities – refers to the provision of adequate supply of running potable water, soap, and single use towels or hot air drying machines.

HBV – an acronym for Hepatitis B Virus

HIV – stands for Human Immunodeficiency Virus.

Licensed Healthcare Professional – refers to an individual whose legally permitted scope of practice allows them to independently perform the activities required by Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

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

Other Potentially Infectious Materials (OPIM) – refers to the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and 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.

Parenteral – the introduction of a foreign substance into the body via a route other than the gastro-intestinal tract, *for example* piercing mucous membranes or the skin barrier through events including human bites, cuts, and abrasions

Responsible Person (Personnel) – any person or persons trained in the disinfection control procedures and disposal procedures for equipment, products or materials suspected to be contaminated with Bloodborne Pathogens.

Source Individual – an individual–living or dead–whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

Universal Precautions – the approach to (an) infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

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

5.0 Requirements

5.1 Exposure Determination

All job classifications shall be reviewed by the Safety Manager to determine activities that involve potential occupational exposure to bloodborne pathogens or OPIM. A list of these classifications as noted under sub-section 5.1.1 shall be compiled and retained. Exposure determination shall be based on the definition of occupational exposure regardless of personal protective equipment (PPE) and clothing.

5.1.1 Job Classifications With Possible Occupational Exposure

The first group includes job classifications in which all employees have occupational exposure. These job classifications shall be listed on the referenced appendix form – although it is not necessary to list the specific work tasks of the people contained in this group (reference Appendix 11-A).

The second group includes job classifications in which some of the employees have occupational exposure. For these job classifications, it SHALL be necessary to list the specific tasks and procedures causing occupational exposure on the referenced appendix form (reference Appendix 11-B).

First Responders and other responsible personnel have been identified as having a potential occupational exposure to blood and/or Bloodborne Pathogens. Employees who volunteer for this assignment could be exposed to blood and Bloodborne Pathogens as a result of providing immediate first aid assistance, or due to decontamination of contaminated equipment and/or surfaces.

Any employee who has been identified as a First Responder shall sign a First Responder Information Form. This form shall be maintained in the employee's personnel file (reference Appendix 11-C).

Any employee who has been identified as a Responsible Person shall be required to sign a Responsible Person Bloodborne Pathogen Exposure

Control Statement – This form shall be maintained in the employee's personnel file (reference Appendix 11-H).

5.2 Training

Bloodborne Pathogen Exposure Control training shall be held within ninety (90) days of the effective date of hire, initially upon work site assignment(s), and annually for all applicable employees.

A hard copy of this Bloodborne Pathogens Exposure Control Program shall be provided to every applicable employee trained.

5.3 Exposure Prevention

5.3.1 Universal Precautions

All employees shall adhere to the Universal Precautions method, as such all human blood and OPIM shall be treated as known to be infected with: HIV, HBV (Hepatitis B Virus), HCV (Hepatitis C Virus), and/or any other Bloodborne Pathogen(s). Where differentiation of types of body fluids is difficult or impossible, all body fluids are to be considered potentially infectious.

Appropriate personal protective equipment (PPE) shall be utilized at all times. (Reference sub-section 5.3.3 of this section [11] for more information on personal protective equipment)

5.3.2 Engineering Controls and Work Practice Controls

Engineering controls and work practice controls are to be the primary methods used to prevent occupational transmission of HBV and HIV.

Engineering Controls reduce employee exposure at the work site by either removing or isolating the hazard or isolating the employee from exposure.

Engineering controls shall be examined and maintained or replaced on a scheduled basis. Proper work practice controls change the manner in which a task is performed.

All employees who come in contact with the blood of another person or other potentially infectious materials shall wash their hands and any other skin with soap and water; if contact with eyes, mouth or nose, flush area with water immediately or as soon as possible following such contact.

When hand-washing facilities are unavailable, employees shall use antiseptic cleanser and paper towels or antiseptic towelettes. All employees must know where the hand-washing facilities and other hand washing supplies are located.

5.3.3 Personal Protective Equipment (PPE)

If occupational exposures remain after instituting engineering and work practice controls, personal protective equipment (PPE) shall be furnished by Sunbelt Controls and be used within its intended purposes. All PPE costs are to be incurred by Sunbelt Controls.

PPE is considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach employees' work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of the time that the PPE shall be used.

Types of PPE include gloves, gowns, masks, mouthpieces and resuscitation bags. If the PPE is reusable, it shall be repaired, replaced and/or cleaned when necessary.

First Responders and Responsible Personnel shall have an Infection Protection Kit in their possession. Contents of an Infection Protection Kit should include the following items:

- **Antiseptic Towelettes**
- **Rubber latex gloves**
- **Face mask**
- **Disposable body gown and shoe covers**
- **Protective eye wear**
- **Biohazard bag with secure tie**
- **Area Control Biohazard warning tape and signs**

Disposable PPE shall not be reused. If circumstances require the use of this equipment, it shall be properly disposed of as soon as possible after its use in the designated leak-proof container.

First Responders certified in CPR shall be provided with plastic mouth shields to protect a first responders' mouth area while performing Artificial Respiration or Cardiopulmonary Resuscitation (CPR).

All First Responders and Responsible Personnel shall be required to use PPE at all times when performing first aid on another person or decontaminating suspected contaminated equipment, products, or materials. It shall be the responsibility of each person rendering first aid assistance to use the appropriate degree of discretion and judgment necessary when deciding what type of PPE should be utilized for the given circumstances. However, in all cases, when rendering immediate first aid to a bleeding person, First Responders shall be required to use all PPE in their assigned Infection Protection Kits. If the First Responder makes a judgment in a given circumstance, that the use of PPE shall impede the delivery of first aid treatment or pose an increased hazard to the safety of the injured person or other employees, this judgment shall be documented.

5.3.4 Housekeeping

Any surface that has been exposed to potentially infectious materials shall be decontaminated.

5.4 Vaccinations

Hepatitis B vaccinations shall be made available to all employees who have occupational exposure to blood within 10 working days of applicable work site assignment, at no cost, at a reasonable time and place, and under the supervision of a licensed physician/licensed healthcare professional, and according to the latest recommendations of the U.S. Public Health Service.

Employees shall sign a declination form if they choose not to be vaccinated, but may later opt to receive the vaccine at no cost to the employee (reference Appendix 11-E, Appendix 11-F and Appendix 11-F1).

All employees identified as First Responders or Responsible Persons, shall be immediately eligible to be prescreened for the presence of Hepatitis B virus antibodies and to receive a Hepatitis B Vaccine at no cost to the employee within ten (10) working days of their designation as a First Responder or Responsible Person. Employees who decline a Hepatitis B vaccination shall sign a Hepatitis B Vaccination Declination Form (reference Appendix 11-F).

Employees shall be provided with a copy of the medical provider’s written report within fifteen (15) working days of receipt.

If the U.S. Public Health Service recommends a routine dose or doses of Hepatitis B vaccine at a future date, such booster dose or doses shall be made available at no cost to the employee.

5.5 Exposure Incidents

An exposure incident may occur if an employee comes into contact with the blood of another person or some other potentially infectious material. If any exposure incident occurs, a senior Sunbelt Controls employee shall ensure that the area and/or equipment that has been contaminated by blood or other potentially infectious materials is secured from inadvertent

exposure to others by placing warning tape and signs around the contaminated area. Signs shall not be removed until the area is thoroughly cleaned and disinfected with disinfectant solution by a Responsible Person wearing appropriate PPE.

The senior Sunbelt Controls employee shall document the incident on the Blood and Body Fluid Exposure Report (reference Appendix 11-D).

When any employee is subject to an exposure incident, regardless of whether or not that employee is a designated First Responder, the senior Sunbelt Controls employee shall:

- **Immediately refer that employee to the designated medical provider.**
- **Ensure that the employee subjected to the exposure incident receives a confidential medical evaluation and follow up.**
- **Provide the designated medical provider with a copy of the completed Blood and Fluid Exposure Report as soon as possible following the investigation of the exposure incident.**
- **Request the source individual voluntarily submit to serological blood test to screen for the presence of Hepatitis B (HBV) and Human Immunodeficiency Virus (HIV) antibodies (consent form can be found under Appendix 11-F). If the source individual agrees to be tested, the person shall be directed to the designated medical provider.**
- **Request the source individual provide the medical provider for the employee subjected to the exposure incident the results of all blood tests conducted on the source individual.**
- **If the source individual refuses to voluntarily submit to blood testing, advise the medical provider that the source individual refused to be tested, and document it with the forms in Appendix 11-F and 11-F1.**

If the source individual declines a blood test to determine the presence of Human Immunodeficiency Virus (HIV) antibodies, but does give consent for a blood test to determine the presence of Hepatitis B (HBV) antibodies, the medical provider shall be instructed to retain the source individual's blood sample for a period of ninety (90) days following the date the source individual's blood was drawn. The source individual may elect to have a blood test to detect HIV antibodies at a later date, in which case the medical provider can use the original sample provided by the source individual.

Request that the medical provider send a written report to the company documenting that the employee subjected to the exposure incident was informed of the medical evaluation results and the need for any further follow up. The employee subjected to the exposure incident shall be provided a copy of the medical provider’s report within fifteen (15) days after receipt.

All post-exposure evaluation and follow-up plus laboratory tests conducted shall be available, in confidence, to each employee who has had an exposure incident.

The evaluations and test shall be conducted by an accredited laboratory and provided at no cost to the employee. Follow-up shall include a confidential medical evaluation documenting the following information:

- Circumstances of the exposure
- Identifying and testing the source individual, if feasible
- Testing the exposed employee's blood if he/she consents
- Post-exposure prophylaxis
- Counseling and evaluation of reported illnesses

5.6 Contaminated Materials and Labeling

Any disposable contaminated materials shall be discarded by sealing within a plastic bag, which is then to be sealed in a red bag or one that is marked with a bio-hazard symbol.

Proper disposal of these items shall occur by coordinating with a local waste disposal company. Disposal of these items without such coordination is prohibited.

Work areas that contain processes where occupational exposure is known shall be marked with the biohazard symbol and include: **"Warning Biohazard Area"**.

The senior Sunbelt Controls employee for the applicable work area, or designee, shall ensure proper disposal.

5.7 Recordkeeping

Any transfer of records must be in compliance with OSHA 29 CFR 1910.1020(h). Exposure and medical records shall be maintained for thirty (30) years past the exposed employee's last date of employment, as follows:

- The name and social security number of the employee
- A copy of the employees HBV vaccination status, including the dates of vaccination
- A copy of the results of examinations, medical testing, and follow-up procedures
- A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure

Training records shall be maintained (reference Appendix 11-G) and kept for three years from the date of training. Other documentation of this training is acceptable when multiple topics are covered. The following information shall be included with the documentation:

- The dates of the training sessions
- An outline describing the material presented
- The names and qualifications of persons conducting the training
- The names and job titles of all persons attending the training sessions
- Training records shall be available to employees or employee representatives upon request

The Safety Manager shall provide to any employee who so requests, a copy of the Bloodborne Pathogen Exposure Control Program no later than fifteen (15) working days from the date of the employee's request.

6.0 References

OSHA 29 CFR 1910.1030
OSHA 29 CFR 1910.1020(h)