



**JANUARY 2016**

# BLOODBORNE PATHOGENS POLICY

Hager Oil Company, Inc. is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) 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." The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
  - Universal precautions
  - Engineering and work practice controls
  - Personal protective equipment
  - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

## PROGRAM ADMINISTRATION

- Your supervisor is responsible for implementation of the ECP and will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number: Hager Oil Co. main office, 205-384-3422
- Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
- Your supervisor will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. (*Name of responsible person or department*) will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact location/phone number: Hager Oil Co. main office, 205-384-3422

- Your supervisor 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. Contact location/phone number: Hager Oil Co. main office, 205-384-3422
- Your supervisor will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Contact location/phone number: Hager Oil Co. main office, 205-384-3422

### EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications at our establishment in which all employees have occupational exposure: Gas well maintenance, supply and sales personnel. (All positions should be reviewed for “occupational exposure.” *Occupational Exposure* means 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. Most YMCAs identify nurses and doctors (usually at camp) and sometimes lifeguards as the employees who have occupational exposure. Licensed child care might also require BBP training, but are not usually considered to have occupational exposure. The primary difference between medical staff and child care workers is that nurses, doctors are hired specifically to help people who are in need of medical attention. Other staff may be around when an accident happens and might step in to help someone, but that isn't their primary job. If maintenance staff is expected to dispose of biohazard waste, they should be included as well.

<i>Job Title</i>	<i>Department/Location</i>
Gas well delivery driver	Dispatch
Maintanance	Distpatch

### METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions: All employees will utilize universal precautions, which means assume that everyone potentially carries a bloodborne pathogen and treat all blood or bodily fluid spills the same. **Exposure Control Plan** Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by contacting Your supervisor. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

Your supervisor is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

**Engineering Controls and Work Practices** Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

**Personal Protective Equipment (PPE)** PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by Your supervisor.

The types of PPE available to employees are as follows:

Gloves, clothing, cold weather gear, eye protection, foot wear, disposable face masks

PPE is located in the dispatch office and may be obtained through your supervisor.

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 lined trash container.
- 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.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- 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.

## **POST-EXPOSURE EVALUATION AND FOLLOW-UP**

Should an exposure incident occur, contact your supervisor at the following number 205-384-3422 .

An immediately available confidential medical evaluation and follow-up will be conducted by Urgent Care Northeast or Afterhours Clinic. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing

- need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
  - After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
  - If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

### **ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP**

Your supervisor ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

Your supervisor ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- 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

Your supervisor provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

### **PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT**

Your supervisor will review the circumstances of all exposure incidents to determine:

- engineering controls in use at the time
- work practices followed
- a description of the device being used (including type and brand)
- protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- location of the incident (O.R., E.R., patient room, etc.)
- procedure being performed when the incident occurred
- employee's training

Your supervisor will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log. If revisions to this ECP are necessary Your supervisor will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

## **EMPLOYEE TRAINING**

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by Your supervisor. All employees who have occupational exposure to bloodborne pathogens receive training on 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 our 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 labels 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.

Training materials for this facility are available at (*name location*).

## **RECORDKEEPING**

Training Records Training records are completed for each employee upon completion of training. These documents will be kept for at least three years in your supervisor's office. The training records include:

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

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to your supervisor.

### **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."

Your supervisor is responsible for maintenance of the required medical records. These confidential records are kept in your supervisor's office 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. Such requests should be sent to Your supervisor.

### **OSHA Recordkeeping**

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by Your supervisor.

## **POST-EXPOSURE EVALUATION AND FOLLOW-UP**

Employee/Volunteer \_\_\_\_\_

### **Date Take the following steps when there is an exposure to bloodborne pathogens:**

\_\_\_\_\_ Document the route of exposure and circumstances relating to the incident. This should be very specific listing times, exactly what happened and why. The employee should sign the report if at all possible.

\_\_\_\_\_ Identify the source individual and document the consent for testing for HIV/HBV infectivity or lack of it. If consent is denied (this is the source's right), record your attempts to secure consent. Do not delay seeing a medical professional while waiting to get the results for the source individual's blood test.

Source Individual \_\_\_\_\_

Individual requesting consent \_\_\_\_\_ Date \_\_\_\_\_

Witness of request for consent \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Forward or give the following documentation to a health care professional:

- copy of OSHA standard 29 CFR 1910.1030
- job description of employee's duties, identifying duties as they relate to the exposure incident
- Document detailing incident and route of exposure
- results of source individual's blood tests, if available
- all medical records relevant to the appropriate treatment of the employee including vaccination status

\_\_\_\_\_ Make available to the exposed employee the results of the source individual (in cases where consent was obtained) after the employee is informed of laws and regulations concerning disclosure of such information.

**Signature of health care worker** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ Offer employee the opportunity to have his/her blood collected and tested for HBV/HIV infectivity. If the employee is undecided on being tested for HIV infectivity, the blood sample will be held for 90 days or until a decision is reached, whichever comes first.

**Signature of health care worker** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ Offer employee the post-exposure HBV vaccination in accordance with the current recommendations of the U.S. Public Health Service. If declined, employee signs declination statement.

**Signature of health care worker** \_\_\_\_\_ **Date** \_\_\_\_\_

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

**Signature of health care worker** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ Obtain a written opinion from the health care professional within 15 days.

\_\_\_\_\_ Place this document in the employee's medical record along with attachments.