

Bloodborne Pathogen Program

This document identifies the elements of the company's Bloodborne Pathogen Program and provides information and training that can be used to set up and implement the program. This program is designed to eliminate or minimize employee occupational exposure to blood, infectious body fluids or other potentially infectious material (PIM).

Developed in accordance with the US OSHA Bloodborne Pathogens Standard 29 CFR 1910.30, this program applies to personnel that have job responsibilities with potential occupational exposure to blood or other PIM (refer to the "Exposure Determination" Section below).

This plan is accessible to all employees either by asking for a printed copy or from the Safety and Health website. It will be reviewed annually or whenever there are changes to tasks or procedures that affect potential occupational exposures or when review of an incident identifies a change.

Outside Vendors with affected personnel are responsible for ensuring their employees adhere to local health and safety regulations concerning Bloodborne Pathogens including meeting or exceeding company specific plans.

RESPONSIBILITY

The location Manager (or designated representative) shall be responsible for ensuring that the Bloodborne Pathogen program is implemented and ensuring that affected personnel comply with the provisions of this plan.

Global Environmental, Health & Safety (EH&S), will establish minimum training requirements for affected personnel. Local Safety & Security and Facilities personnel (including outside vendors) with affected personnel shall be responsible for ensuring employees are trained and for disposing of contaminated hazardous waste.

DEFINITIONS

Bloodborne Pathogens - Microorganisms that are present in blood and can cause disease in humans. These include, but are not limited to the Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV).

Exposure Incident - A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral (piercing the skin) contact with blood or other potentially infectious material that result from the performance of an employee duty.

Potentially Infectious Material (PIM) - Human tissue other than intact skin and essentially all body fluids.

EXPOSURE DETERMINATION AND CONTROL

Job classifications in which employees may have potential occupational exposure to blood or other PIM include:

First Aid Providers (either volunteers or security staff)
Janitorial Staff
Safety and Security Staff

The following tasks have potential occupational exposures when proper personal protective equipment (PPE) is not used:

Providing emergency first aid and medical care, including:

- Airway maintenance
- Rescue breathing
- Cardiopulmonary resuscitation (CPR)
- Bleeding control
- Dressing/bandaging wounds
- First aid for vomiting
- Patient handling and transportation

Post incident clean-up:

- Cleaning spills of blood or other body fluids
- Handling blood-contaminated items (such as gauze pads, dressings, etc.)
- Handling potentially contaminated "sharps" (such as broken glass, sharp metal, or needles)
- Handling containers of regulated (medical) waste
- Handling other potentially contaminated porous materials

BLOODBORNE PATHOGENS EXPOSURE CONTROLS

Engineering and work practice controls are the first line of defense in eliminating or minimizing employee exposure. When exposure remains after institution of these controls, personal protective equipment shall also be used. Engineering controls included in this program (including Sharps containers, Sharps with engineered injury protectors such as self-sheathing needles and needle less systems) shall be evaluated as part of the annual program revalidation.

Each office shall install an approved sharps container that is puncture resistant, properly labeled and colored, is leak proof on the side and bottom, and is constructed in such a manner that does not require people to reach by hand into the container. Sample of suitable containers can be found under the equipment tab of this program.

A hazardous waste receptacle shall be maintained in a designated storage location for collection of potentially contaminated materials (such as dressings and bandages). This bio-hazard waste shall be disposed by a qualified and where required, certified Medical Waste Disposal Contractor in accordance with local regulations.

Hand washing with antibacterial soap must be performed after participating in any activity with potential exposure to blood or other potentially infectious material, regardless of the personal protective equipment used. Personnel should familiarize themselves with the nearest hand washing facilities for the building in which they work.

Eating, drinking, applying cosmetics/lip balm and handling contact lenses is prohibited when there is a reasonable likelihood of exposure to blood or other PIM.

As a general precaution, food and drink must not be kept on shelves or counter tops or in cabinets where blood or potentially infectious material may be present.

After any incident where there may be an exposure to potentially infectious material or after any medical emergencies, the Incident Commander shall secure the scene until it is appropriately cleaned and disinfected to prevent any potential "exposure incidents". A 10% bleach solution is typically used to disinfect surfaces.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Use of Universal Precautions will be in place to prevent contact with blood or other potentially infectious materials.

When dealing with potentially infectious material, employees should use the proper personal protective equipment (PPE). This equipment will be provided by the company for all personnel with potential occupational exposures.

Personal protective equipment including gloves, splash shield/masks and CPR masks shall be kept in mobile emergency medical trauma bags. Other PPE such as disposable gowns, goggles, head covering and disposable booties should be available as needed.

Gloves must be used when contact with blood or potentially infectious material is possible. Disposable gloves must be replaced as soon as practical when contaminated. If gloves become torn or punctured replace them immediately. Do not try to reuse disposable gloves. Dispose of contaminated gloves as bio-waste after use.

Eye and face protection (splash shield/mask) must be used when eye, nose, or mouth contamination can be reasonably anticipated due to splashes, spray or droplets may be generated.

Before leaving the work area, remove and dispose or decontaminate all PPE that has been used.

HOUSEKEEPING

Following an incident or accident where first aid was provided or where exposure to potential infectious material occurred, immediate cleanup of the scene shall be performed. A clean up kit will be kept with the Facilities Operations or other designated team for spills of blood or other potentially infectious material. A sample clean up kit can be found under the equipment tab on the introduction page.

Immediately following the spill all environmental surfaces (floors, glass, walls, etc.), equipment surfaces (work stations, office equipment, etc.) must be cleaned and decontaminated as soon as possible after contact with the blood or potentially infectious material. Cleaning shall only be done by properly trained staff using the correct equipment or an acceptable outside contract cleaning company.

Medical waste containers shall be inspected on a monthly schedule by the Facilities Operations team. The waste containers shall be replaced when necessary. Sharps containers shall be inspected on a monthly schedule by the Facilities Operations

team and emptied or disposed of when necessary. All waste shall be disposed of using guidelines established by local, state or federal authorities that govern such waste. Each location will have a copy of their specific guidelines to use for training purposes.

WORK PRACTICE CONTROLS

Following an exposure to potential infectious material, Universal Precautions will be observed by all personnel in order to prevent contact with blood or other potentially infectious materials. A list of Universal Precautions can be found under the resources tab on the introduction page and will be covered during training. Personnel should wash their hands (and other skin exposed) with soap and water, flush mucous membranes with water immediately following a suspect exposure. When protective gloves are removed, hands should be washed immediately using soap and water. Employees should familiarize themselves with the nearest building hand washing station in the event of exposure to potential contaminated material.

In the event an employee discovers or finds improperly disposed needles, they shall notify the local security team of the location. The needles shall be collected and disposed of in a sharps container. If a sharps container is not available at the location, security shall contact Facilities Operations who shall make arrangement for pick up and disposal of the materials. Ensure that loose needles are not a potential hazard until disposal is completed.

DECONTAMINATION

Decontamination should occur immediately following the exposure to PIM. All contaminated clothes should be removed and bagged using latex gloves. Potentially contaminated material should be bagged and stored for proper disposal. Any medical devices (AED pads, splints, scissors, etc.) should be placed in an appropriate waste receptacle. Disposable material should be used at all times when decontaminating work surfaces.

After donning appropriate personal protective equipment, (disposable latex gloves and eye protection, etc.), spray the area(s) with disinfectant spray and allow to remain wet for a sufficient time according to manufacturer recommendations (normally 10-15 minutes).

Rinse the area(s) with small amount of water or use adsorbent material to remove gross contamination. Reapply the disinfectant spray and allow the area to remain wet for a sufficient time according to manufacturer recommendations. Dry the equipment with disposable towels. Place the towels, latex gloves and any other potentially contaminated material in the appropriately labeled waste bags.

HEPATITIS B VACCINATION

Hepatitis B vaccination shall be made available to all employees who have duties and responsibilities that may expose them to Bloodborne Pathogens and after the employee has received training in occupational exposures. The Hepatitis B vaccination shall be offered within 10 working days of initial training. If the employee declines the Hepatitis B Vaccination, a waiver form compliant with US OSHA regulations shall be completed indicating their refusal. (Hepatitis B Vaccine Declination Form can be found under the Forms tab on the main page). Cost for the vaccinations shall be covered by the location.

Exceptions to vaccinations may be given if:

- Employee has previously received the complete Hepatitis B vaccination series and proof is provided
- The employee is immune from the hepatitis B virus and documented by antibody testing
- Cannot take the vaccine for medical reasons (documentation required)
- Sign a statement declining to accept the hepatitis B vaccination

POST-EXPOSURE EVALUATION, FOLLOW-UP, AND REPORTING PROCEDURE

A post exposure evaluation and follow up will be made for all employees who have had an exposure incident. If an exposure incident occurs notify your supervisor or manager immediately.

Once a suspected exposure occurs a report of exposure incident and medical evaluation and follow up shall be made available to the employee. This confidential report will be made available to the exposed employee and contain the following:

- Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred on an "Exposure Incident Report Form" which can be found on the Forms tab on the main page.
- Identification of the source individual where feasible. The source employees blood shall be tested as soon as possible once consent has been obtained and documented. Once results are known they shall be made available to the exposed employee. Ensure the exposed employee understands the confidentiality of the report.

- Collection and testing of blood for HBV and HIV serological status
- Post-exposure treatment for the employee, when medically indicated in accordance with the US Public Health Service for those employees in the US.
- Health Counseling
- Evaluation of any reported illness

All medical evaluations shall be made by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional. The physician will work closely with the location to evaluate and follow an exposed employee. All laboratory tests must be conducted by an accredited laboratory at no cost to the employee. Medical records will be kept in accordance with local and company requirements and in the US with 29 CFR 1910.20.

The physician performing an evaluation of an exposed employee will be provided with the following information.

- A copy of this plan.
- A copy of the OSHA Bloodborne Pathogen regulations (29 CFR 1910.1030) for US locations
- Documentation of the route(s) of exposure.
- A description of the circumstances under which the exposure occurred.
- Results of the source individual's blood testing, if available.
- All medical records applicable to treatment of the employee, including vaccination status.

The employee will receive a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written post exposure opinion for Hepatitis B vaccination is limited to the following:

- (1) whether the employee needs Hepatitis B vaccination;
- (2) whether the employee has received such a vaccination.

The healthcare professional's written opinion for post-exposure evaluation and follow-up is limited to the following information:

- That the employee was informed of the results of the evaluation.
- That the employee was informed about any medical conditions resulting from exposure to blood or other infectious materials that require further evaluation or treatment.

All other findings or diagnoses will remain confidential and will not be in a written report.

LABELS

Warning labels shall be attached to all containers that contain potentially infectious material for disposal. Labels shall be orange in color with contrasting lettering. A sample of such labels can be found under the Equipment Tab on the front page.

TRAINING

All high-risk employees shall participate in a training program. High risk employees include those who respond to incidents or are involved in cleaning potentially infected materials. Training will occur before assignment to a task where occupational exposure may take place and at least annually thereafter. Additional training will be provided when changes such as modification of tasks or procedures affect the employee's occupational exposure.

Any employee who is potentially exposed to infectious materials shall receive training, even if the employee was allowed to receive the HBV vaccine after exposure.

The training program will include at least the following elements:

- In the US, an accessible copy of the regulatory text of 29 CFR 1910.1030 and an explanation of its contents.
- A general explanation of the epidemiology and symptoms of Bloodborne diseases.
- An explanation of the modes of transmission of Bloodborne pathogens.
- An explanation of the employer's exposure control plan (this document) and the means by which the employee can obtain a copy of the written plan.

- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood or other potentially infectious materials.
- An explanation of the use and limitations of methods that will prevent or reduce exposure, including appropriate engineering controls, work practices, and personal protective equipment as well as a description of Universal Precautions.
- Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
- An explanation of the basis for selection of personal protective equipment.

Training is typically procured through an outside service provider who is certified to give First Aid/CPR and BBP training.