

Policy ID: OSHA: Bloodborne Pathogen Exposure Control Plan

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| Related Regulations: | OSHA standard 29 CFR 1910.1030 Right to Know: (MN Rules Chapter 5206) | | |
| Revised by: | WCMCA Head Start Health Supervisor (JH) | Revision Date: | 01/01/2019 |
| Approved by: | WCMCA Head Start Policy Council; HS Management Team | Approval Date: | 05/18/2019 |
| Responsibility: | WCMCA Head Start Health Supervisor | | |
| Timeline: | Ongoing | | |
| Evaluation: | Completed training record; Hepatitis B results | | |
| Forms: | Voluntary Election Not to Receive Hepatitis B Vaccination | | |

Performance Objective: The following Bloodborne Pathogen Exposure Control Program 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". This plan also outlines the requirements West Central Minnesota Communities Action, Inc. Head Start must meet to comply with Minnesota's Employee Right-to-Know Rules (MN Rules Chapter 5206). This standard requires employers to inform employees about potential hazards from biological and infectious hazards in the workplace and what is being done to protect the employee.

There are a number of infectious diseases that can be transmitted by blood and other body fluids. The three infectious diseases primarily addressed in this document are:

Hepatitis B virus (HBV)

Hepatitis C virus (HCV)

Human Immunodeficiency Virus (HIV)

Employees who will be working in at-risk settings or have other occupational exposure to biohazards must receive training on the biohazards and required precautions.

1.0 Instruction

- 1.1 WCMCA Head Start Health Supervisor is responsible for the implementation of the Bloodborne Pathogen Exposure Control Program.
- 1.2 WCMCA Head Start will make provisions to maintain and provide all necessary personal protective equipment (PPE), engineering controls; e.g., labels, and red bags, sharps containers (if needed) as required by the standard.
- 1.3 The Head Start Health Supervisor will be responsible for training, documentation of training, and ensuring the written Bloodborne Pathogen Control Plan is available to employees or OSHA
- 1.4 Head Start center staff must comply with the procedures and work practices outlined in this Bloodborne Pathogen Control Plan and the program procedures.
- 1.5 Head Start will maintain, review, and update the Bloodborne Pathogen Control Plan at least annually, and whenever necessary to include new or modified tasks and procedures.
- 1.6 The Head Start Health Supervisor and Supervisors will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained. Potential exposure incidents should be reported to your immediate supervisors and the Health Supervisor. An Incident/Injury/Illness Report must be completed for all exposure incidents.

2.0 Bloodborne Pathogen Exposure Control Plan

- 2.1 WCMCA Head Start staff will utilize Universal Precautions. Whenever possible, a child should be directed to care for their own minor injuries or body fluids to avoid contact with bloodborne pathogens.
- 2.2 WCMCA Head Start staff receive an explanation of this Exposure Plan during their initial training session and during their annual training.
- 2.3 Engineering Controls and Work Controls include sanitation and sanitation procedures, safe use of equipment for handling materials, proper handling of sharps and needles and isolation of potentially infectious materials. The program provides biohazard waste disposal services including disposal of regulated waste as needed.
- 2.4 Personal Protective Equipment (PPE) is provided by WCMCA, Inc. Head Start staff at no cost to employees for use during their regular work hours. WCMCA, Inc. Head Start will provide staff training on the proper use of PPE.
 - a. Task appropriate equipment is provided to employees and may include:
 - i. Disposable gloves
 - ii. Aprons
 - iii. Antiseptic cleaners and hand wipes
 1. Disinfectants
 2. Biohazard bags and ties, and
 3. Disposable CPR masks and well supplied first aid kits.
 - b. PPE is located in each Head Start Center.
 - c. All employees using PPE must observe the following precautions:
 - i. Wear non-latex gloves when it can be reasonably anticipated that there may be hand contact with blood or other potentially infectious materials and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
 - ii. Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
 - iii. Remove PPE after it becomes contaminated.
 - iv. Contaminated PPE must be disposed of in red or orange biohazard bags.
 - v. Never wash or decontaminate disposable gloves for reuse.
 - vi. Remove immediately or as soon as feasible any garment contaminated by blood or other potentially infectious materials, in such a way as to avoid contact with the outer surface.

2.5 Housekeeping

- a) Decontamination: Decontamination involves first removing visible contaminated materials followed by a disinfectant. Disinfectants must be used according to manufacturer's instruction to ensure adequate contact time. Disinfection using bleach solutions will be mixed daily according to the "How to Mix Bleach Solutions" chart from the "Infectious Diseases in Child Care Settings" manual.
- b) Regulated waste: Blood soaked waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels), and closed prior to removal to prevent spillage or protrusion of contents during handling. Items that are only slightly soiled (bandages, paper towels, etc.) may be placed in a sealed plastic bag and placed in covered trash. Contaminated laundry must be placed in a clearly marked sealed plastic bag and sent home to parents.
- c) Broken items: Broken items that may be contaminated are to be picked up using mechanical means, such as a brush and dustpan.

2.6 Employee medical records are available to the employee upon request or to anyone having the written consent of the employee.

2.7 Exposure incidents will be evaluated to determine if the case meets OSHA's Record keeping Requirements.

2.8 WCMCA, Inc Head Start provides yearly training on Hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

2.9 The Hepatitis B vaccination series is available at no cost to all WCMCA, Inc. Head Start staff. Vaccination is encouraged unless:

- a) documentation exists that the employee has previously received the series,
- b) antibody testing reveals that the employee is immune, or
- c) medical evaluation shows that vaccination is contraindicated.

2.10 If a center staff employee chooses to decline vaccination, the employee must sign a declination form (attached to this plan).

2.11 Employees who decline may request and obtain the vaccination at a later date at no cost. Head Start will be billed for the vaccine by the public health agency.

2.12 Following Hepatitis B vaccinations, the employee is responsible for submitting their record of the Hepatitis B vaccination to the Health Supervisor via their Supervisor.

2.13 Should an exposure incident occur, staff must immediately conduct an initial assessment first and contact their supervisor and the Health Supervisor.

2.14 Blood soaked waste or sharps containers will be labeled with the biohazard warning label.

3.0 Employee Training

3.1 WCMCA, Inc Head Start center staff will receive yearly training during regular work hours on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. The training program, at a minimum, shall cover the following elements:

- a) An explanation of the WCMCA, Inc. Head Start Exposure Control Program and how to obtain a copy.
- b) An explanation of methods to recognize tasks and other activities that may involve exposure to blood and other potentially infectious materials, including what constitutes an exposure incident.
- c) An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE.
- d) Information describing emergency procedures involving blood or other potentially infectious materials.
- e) 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.
- f) Information on the post-exposure evaluation and follow-up that the WCMCA Head Start is required to provide for the employee following an exposure incident.
- g) An opportunity for interactive questions and answers with the person conducting the training session.

3.2 Training records are completed for each employee upon completion of training and uploaded to ChildPlus.

3.3 The training records include:

- a) The dates of the training sessions
- b) The contents or a summary of the training sessions
- c) The names of persons conducting the training
- d) The names of all staff attending the training sessions.

4.0 Administration of Post-Exposure Evaluation and Follow-Up

4.1 After the initial assessment is completed, the employee should notify their supervisor and the Health Supervisor.

4.2 An Incident/Injury/Illness Report must be completed by the employee and their supervisor and corrective action must be implemented to prevent similar incidents.

4.2 The Head Start Health Supervisor and the employee's supervisor ensure that the health care professional evaluating an employee after an exposure incident receives the following:

- a) A description of the employee's job duties relevant to the exposure incident
- b) Route(s) of exposure
- c) Circumstances of exposure
- d) If possible, results of the source individual's blood test
- e) Relevant employee medical records, including vaccination status

5.0 Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

5.1 The Head Start Management Team will review the circumstances of all exposure incidents to determine:

- a) Engineering controls in use at the time
- b) Work practices followed
- c) Protective equipment or clothing that was used at the time of the exposure incident (gloves, shields, etc.)
- d) Location of the incident
- e) Procedure being performed when the incident occurred
- f) Employee's training.

5.2 If it is determined that revisions need to be made, action will be assigned to ensure that appropriate changes are made to procedures or to this Bloodborne Pathogen Control Program.

5.3 Records Retention

See the *Voluntary Election Not To Receive Hepatitis B Vaccination* for the record that are maintained by WCMCA Head Start after completion.

Election to Receive Hepatitis B Vaccination

THE VACCINE: Hepatitis B vaccine is derived from hepatitis surface antigen produced in yeast cells. It is not made from human blood or blood products. Full immunization requires three doses of the vaccine over a six-month period, although some persons may not develop immunity even after three doses. There is no evidence that the vaccine has ever caused Hepatitis B. However, persons who have been infected with Hepatitis B virus prior to receiving the vaccine may go on to develop clinical Hepatitis in spite of immunization. The duration of the immunity is unknown at this time and the CDC does not recommend a booster at this time.

POSSIBLE VACCINE SIDE EFFECTS: No serious side effects have been reported with the vaccine. A few people have experienced tenderness and redness at the site of injection or experience mild fatigue.

THE VACCINE SHOULD NOT BE TAKEN BY:

- People who are allergic to yeast.
- Pregnant or nursing women.
- People who have an allergic response to the first injection should not have further injections.
- People with a fever or active infection should delay vaccination until they are well.

IF YOU HAVE QUESTION ABOUT THE HEPATITIS B VACCINE, PLEASE ASK.

CONSENT

Because of the potential occupational exposure to blood or other potentially infectious material, by receiving the Hepatitis B vaccine the employee agrees to the standard and policy. The employee has been informed of the benefits, risks, and possible reactions to receiving this vaccine. The employee understands this vaccine will be given in three does over a six-month period, at no charge to the individual.



Voluntary Election Not to Receive Hepatitis B Vaccination

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 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 sign a consent form and receive the vaccination series at no charge to me.

Employee Printed Name: _____

Employee Signature: _____

Date: _____

Phone/Contact: _____

RETURN COMPLETED FORM TO:

Head Start Health Supervisor, WCMCA, Inc. Head Start
411 Industrial Park Blvd. Elbow Lake, MN 56531

OSHA[®] FactSheet

OSHA's Bloodborne Pathogens Standard

Bloodborne pathogens are infectious microorganisms present in blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV), the virus that causes AIDS. Workers exposed to bloodborne pathogens are at risk for serious or life-threatening illnesses.

Protections Provided by OSHA's Bloodborne Pathogens Standard

All of the requirements of OSHA's Bloodborne Pathogens standard can be found in Title 29 of the Code of Federal Regulations at 29 CFR 1910.1030. The standard's requirements state what employers must do to protect workers who are occupationally exposed to blood or other potentially infectious materials (OPIM), as defined in the standard. That is, the standard protects workers who can reasonably be anticipated to come into contact with blood or OPIM as a result of doing their job duties.

In general, the standard requires employers to:

- **Establish an exposure control plan.** This is a written plan to eliminate or minimize occupational exposures. The employer must prepare an exposure determination that contains a list of job classifications in which all workers have occupational exposure and a list of job classifications in which some workers have occupational exposure, along with a list of the tasks and procedures performed by those workers that result in their exposure.
- **Employers must update the plan annually** to reflect changes in tasks, procedures, and positions that affect occupational exposure, and also technological changes that eliminate or reduce occupational exposure. In addition, employers must annually document in the plan that they have considered and begun using appropriate, commercially-available effective safer medical devices designed to eliminate or minimize occupational exposure. Employers must also document that they have solicited input from frontline workers in identifying, evaluating, and selecting effective engineering and work practice controls.
- **Implement the use of universal precautions** (treating all human blood and OPIM as if known to be infectious for bloodborne pathogens).
- **Identify and use engineering controls.** These are devices that isolate or remove the bloodborne pathogens hazard from the workplace. They include sharps disposal containers, self-sheathing needles, and safer medical devices, such as sharps with engineered sharps-injury protection and needleless systems.
- **Identify and ensure the use of work practice controls.** These are practices that reduce the possibility of exposure by changing the way a task is performed, such as appropriate practices for handling and disposing of contaminated sharps, handling specimens, handling laundry, and cleaning contaminated surfaces and items.
- **Provide personal protective equipment (PPE), such as gloves, gowns, eye protection, and masks.** Employers must clean, repair, and replace this equipment as needed. Provision, maintenance, repair and replacement are at no cost to the worker.
- **Make available hepatitis B vaccinations to all workers with occupational exposure.** This vaccination must be offered after the worker has received the required bloodborne pathogens training and within 10 days of initial assignment to a job with occupational exposure.
- **Make available post-exposure evaluation and follow-up to any occupationally exposed worker who experiences an exposure incident.** An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM. This evaluation and follow-up must be at no cost to the worker and includes documenting the route(s) of exposure and the circumstances

under which the exposure incident occurred; identifying and testing the source individual for HBV and HIV infectivity, if the source individual consents or the law does not require consent; collecting and testing the exposed worker's blood, if the worker consents; offering post-exposure prophylaxis; offering counseling; and evaluating reported illnesses. The healthcare professional will provide a limited written opinion to the employer and all diagnoses must remain confidential.

- **Use labels and signs to communicate hazards.** Warning labels must be affixed to containers of regulated waste; containers of contaminated reusable sharps; refrigerators and freezers containing blood or OPIM; other containers used to store, transport, or ship blood or OPIM; contaminated equipment that is being shipped or serviced; and bags or containers of contaminated laundry, except as provided in the standard. Facilities may use red bags or red containers instead of labels. In HIV and HBV research laboratories and production facilities, signs must be posted at all access doors when OPIM or infected animals are present in the work area or containment module.
- **Provide information and training to workers.** Employers must ensure that their workers receive regular training that covers all elements of the standard including, but not limited to: information on bloodborne pathogens and diseases, methods used to control occupational

exposure, hepatitis B vaccine, and medical evaluation and post-exposure follow-up procedures. Employers must offer this training on initial assignment, at least annually thereafter, and when new or modified tasks or procedures affect a worker's occupational exposure. Also, HIV and HBV laboratory and production facility workers must receive specialized initial training, in addition to the training provided to all workers with occupational exposure. Workers must have the opportunity to ask the trainer questions. Also, training must be presented at an educational level and in a language that workers understand.

- **Maintain worker medical and training records.** The employer also must maintain a sharps injury log, unless it is exempt under Part 1904 -- Recording and Reporting Occupational Injuries and Illnesses, in Title 29 of the Code of Federal Regulations.

Additional Information

For more information, go to OSHA's Bloodborne Pathogens and Needlestick Prevention Safety and Health Topics web page at: <https://www.osha.gov/SLTC/bloodbornepathogens/index.html>.

To file a complaint by phone, report an emergency, or get OSHA advice, assistance, or products, contact your nearest OSHA office under the "U.S. Department of Labor" listing in your phone book, or call us toll-free at **(800) 321-OSHA (6742)**.

This is one in a series of informational fact sheets highlighting OSHA programs, policies or standards. It does not impose any new compliance requirements. For a comprehensive list of compliance requirements of OSHA standards or regulations, refer to Title 29 of the Code of Federal Regulations. This information will be made available to sensory-impaired individuals upon request. The voice phone is (202) 693-1999; the teletypewriter (TTY) number is (877) 889-5627.

For assistance, contact us. We can help. It's confidential.

