**P.10. Control of Exposure to Bloodborne Pathogens**

1. Purpose: The purpose of this program element is to assure that employees are protected against the hazards related to exposure to blood or other potentially infectious body fluids. This also includes employee education, training, and a procedure for implementing an immediate response should an exposure incident occur.
2. Introduction: This directive contains the minimum requirements to protect employees from bloodborne pathogens (BBPs) by eliminating or minimizing exposures. Bloodborne pathogens are pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, the hepatitis B virus (HBV), the hepatitis C virus (HCV), and the human immunodeficiency virus (HIV).
3. Procedures Elements:
4. Hazard and Exposure Assessment: Conduct an assessment of the hazards and potential employee exposures to determine if a bloodborne pathogens (BBP) program is applicable for your agency. Although needle stick injuries are the most common means of exposure, pathogens can also be transmitted through body fluids, mucous membranes, and non–intact skin. The majority of at-risk workers are in the healthcare field, but exposures can also occur to workers in general industrial and office settings.
5. A BBP program is applicable for agencies that place employees at risk for an occupational exposure to blood or other potential infectious material (OPIM).
6. An occupational exposure is defined as employees with reasonably anticipated eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood, bodily fluids or other potentially infectious materials that result from the performance of their job duties.
	1. If applicable, all employees trained in first aid, CPR, and AEDs must be included in the agency’s BBP program.
	2. If applicable, all housekeeping staff or other employees assigned the responsibility for cleaning up blood or other potentially infectious materials must be included in the agency’s BBP program.
	3. Document assessment for each work area, job classification, or task.
7. Applicable Standards: Numerous standards and regulations pertain to bloodborne pathogens and control practices. The following list includes several of the possible standards that may apply, but it is not inclusive
8. Pennsylvania Department of Health’s Guidelines on Bloodborne Pathogens for the Public Sector.
9. Management Directive 505.26, HIV/AIDS and Other Bloodborne Infections/Diseases in the Workplace.
10. OSHA 29 CFR 1910.1030
11. OSHA 29 CFR Subpart Z—Toxic and Hazardous Substances.
12. CPL 2-2.69 - (Compliance Directive) Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens.
13. CPL 2-2.36 - (Compliance Directive) Hepatitis B Risks in the Health Care System.
14. Written Procedure: Develop a written exposure control plan designed to eliminate or minimize employee exposure. Ensure the plan is consistent with the Pennsylvania Department of Health’s guidelines and general industry regulatory standards concerning bloodborne pathogens. The written plan must address the needs and exposures of the agency and cover, as applicable, the following areas.
15. List the job classifications, locations, tasks, and/or procedures where there is the potential for occupational exposure to blood or OPIM.
16. List the names or job classifications of the individuals responsible for maintaining the BBP program and outline their duties.
17. Establish a methodology and list an implementation schedule for the various requirements of the exposure control plan.
18. Procedures for the use of universal precautions to prevent contact with blood and other potentially infectious materials.
19. Safe work practices to eliminate or minimize employee exposures. Examples of work practices include, but are not limited to, the following:
20. Proper hand washing and hand sanitation procedures.
21. Procedures for the recapping or removing needles with a mechanical device or one-handed technique.
22. Procedures or methods to minimize splashing, spraying, splattering, and generation of droplets of blood or OPIM.
23. Procedures to handle broken, bent, or contaminated sharps.
24. Procedures for spill clean-up.
25. Prohibited work practices in areas where there is a reasonable likelihood of exposure to blood or OPIM. Examples include eating, drinking, applying cosmetics or lip balm, smoking, handling contacts or storing food/beverages in areas where blood or OPIM are present.
26. Engineering controls to eliminate or minimize employee exposure as feasible. Examples include needleless systems and sharps with engineered injury-protection.
	1. Before an engineering control can be introduced, employees must receive education on its use.
27. Procedures for cleaning and decontamination of equipment, work areas, instruments, and laundry after spills or contact with blood or other potentially infectious materials.
28. List the areas and schedule for cleaning and decontamination.
29. Procedures for the proper handling, storage, and disposal of blood or OPIM including contaminated trash and infectious waste.
	1. Sharps containers shall be as close to the work area as possible, positioned at a convenient level for use, and maintained in a safe, secure manner. Containers shall be puncture resistant, labeled or color-coded, and leak proof on sides and bottom.
	2. List the locations of where biohazard waste, sharps containers, and spill kits are maintained.
	3. List the name or job titles of individuals responsible for maintenance and disposal of BBP/OPIM waste.
	4. Warning labels, including the orange or orange-red biohazard symbol, shall be affixed to containers of regulated waste, refrigerators, freezers, or other containers/areas used to store or transport blood, or other potentially infectious materials.
	5. All regulated waste, other than sharps, shall be placed into at least two appropriately labeled or color-coded plastic bags, and securely closed to prevent spillage.
	6. Disposal, storage and transport shall be in accordance with applicable regulations and requirements of the PA Department of Environmental Protection.
30. Procedures for the selection, provision and use of personal protective equipment (PPE) when potential exposures remain despite engineering and work practice controls.
	* 1. Employers shall require the use of the appropriate PPE and provide it at no cost to the employee.
		2. Examples include, but are not limited to, gloves (disposable and reusable), gowns, masks, mouthpieces and resuscitation bags, eye protection, and face shields.
		3. List the locations of PPE and the individuals or job titles responsible for maintaining the PPE.
31. Describe the protocol used for offering the Hepatitis B Vaccinations to all employees at risk for exposure to blood or OPIM, at no cost to the employee.
	1. List the name, job classification or contract organization responsible for administering the Hepatitis B vaccinations.
	2. Document employees who were offered, received, or declined the hepatitis B vaccination.
	3. Employees who refuse the vaccination must sign a declination form, but can later decide to receive the vaccination.
	4. Vaccinations and boosters shall be administered according to the latest recommendations of the U.S. Public Health Service.
32. Describe the procedures used to provide care and treatment to employees who have been exposed to BBP and/or OPIM.
	* 1. Following an exposure incident, the employer shall immediately make available to the employee a confidential medical evaluation, including laboratory tests, and follow-up.
		2. The evaluation and follow-up must include the following:
33. Documentation of the routes and circumstances of the exposure.
34. Identification, acquisition of consent, and testing of source individual where feasible.
35. Post-exposure treatment.
36. Counseling and evaluation of the employee’s condition or reported illness.
37. Provide physician or health care professional with copy of state guidelines, and information about the employee’s exposure and vaccination status.
38. Provide employee with a copy of the health care professional’s written evaluation results within 15 days of the completed evaluation.
39. All other findings and diagnoses shall remain confidential and shall not be included in the written report.
	1. Medical records are maintained in a confidential file for each employee with an occupational exposure to BBP’s. These records shall be kept for the length of employment plus 30 years thereafter and include the following:
40. Social security number.
41. Hepatitis B vaccine status, dates of vaccination, consent/refusal form.
42. Exposure incident information, post-exposure follow-up information, and all other relevant records.
43. Establish a sharps injury log to assist in monitoring injuries and developing plans to eliminate or reduce injury incidents.
44. At the minimum, the sharps log should include:
45. Date and time of exposure.
46. Type and brand of sharp involved in the exposure.
47. Description of the exposure.
48. Job classification of the exposed employee.
49. Department or work area where exposure occurred.
50. Procedure which the exposed employee was performing at the time of the exposure.
51. How the exposure occurred.
52. Body part involved in the exposure.
53. The sharps log should indicate if the sharp had engineered injury protection and when the injury occurred in relation to the possible activation of the protective mechanism.
54. If the sharp did not have engineered injury protection, whether and how such a mechanism could have prevented the injury.
55. An assessment if any other engineering, administrative or work practice could have prevented the injury.
56. A copy of the exposure control plan shall be accessible to employees at normal work hours.
57. Education and Training: Develop, provide, and document education and training based on the type of BBP hazards and exposures in the workplace.
58. Provide information to all employees during orientation that covers the following:
	1. The nature of transmission and prevention through universal precautions.
	2. The agency’s policy concerning bloodborne infections/diseases in the workplace.
	3. The hazards associated with BBP.
	4. The procedures for reporting an exposure.
59. Provide training to all employees certified in first aid, CPR, or AEDs or given the responsibility for blood or OPIM clean-up. The training must include the following:
	1. Training on the hazards and the use of universal precautions.
	2. The agency’s policy concerning bloodborne infections/diseases in the workplace.
	3. The agencies exposure control plan.
	4. The procedures for reporting an exposure.
	5. The procedures, PPE, and equipment necessary for blood spill or OPIM clean-up.
	6. Benefits and availability of Hepatitis B vaccine.
60. Provide training and education to all employees with occupational exposures to blood or OPIM.
	1. The training must be provided at no cost and during working hours.
	2. The training must be provided at the time of initial assignment, at least annually thereafter, or when tasks, conditions, products, or equipment change.
	3. At the minimum, training and education shall include the following:
61. A copy of the state guidelines.
62. The health effects of exposure to BBP’s.
63. The details of the Exposure Control Plan.
64. Exposure prevention methods (i.e., engineering controls, safe work methods, and PPE).
65. Hands-on training on use of needles and needleless systems.
66. Exposure reporting procedures.
67. Post-exposure counseling and evaluation.
68. Benefits and availability of Hepatitis B vaccine.
69. Access to records (personal medical records, sharps injury log records, and training records).
70. List names or job titles of the individuals responsible to provide and monitor the training program.
71. Training records must be documented and maintained for each employee for at least 3 years.
72. Checklists and Forms: Develop the necessary forms to ensure compliance with the requirements of this standard operating procedure. The forms may include, but are not limited to, the following:
73. Vaccination and declination form used for recording Hepatitis B Vaccination Program.
74. Sharp injury log.
75. Program Effectiveness Review and Response: The effectiveness of this program in preventing workplace hazards, injuries, and illnesses should be evaluated at least annually with appropriate actions taken to address any program deficiencies found.
76. Document dates of review.