

Bloodborne Pathogens Control	S.O.P. 5B		Page 1 of 10
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STANDARD OPERATING PROCEDURE			

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I. SCOPE, PURPOSE, AND GOALS

- A. Scope
 - 1. Policy and procedures for use by all employee's of the Company.
- B. Purpose
 - 1. Establish management procedures for use where personnel may have exposure to bodily fluids and infectious waste.
- C. Goal
 - 1. The goal established for this procedure is to:
 - a. Institute controls and work practices to prevent exposure,
 - b. Provide personal protective equipment consistent with exposure,
 - c. Prevent exposure of Qualified Position and others,
 - d. Designate personnel responsible for instituting and maintaining the policy and its procedures, and
 - e. Provide periodic evaluation of the policy and procedure.

II. RELATED PROCEDURES

- A. S.O.P. 1A, Incident Investigation and Reporting
- B. S.O.P. 5A, Drug, Alcohol and Contraband

- C. New Employee Orientation
- D. New or Newly Promoted Supervisor Orientation
- E. 29CFR 1910.1030, Bloodborne Pathogens

III. DEFINITIONS

- A. **Body Fluids** – Liquids produced by the body e.g., saliva, tears, blood, urine, synovial fluids, etc.
- B. **Body Waste** – Controlled or uncontrolled elimination of liquids, solids or semi-solids from the body e.g., urine or feces.
- C. **Bloodborne Pathogens** – Pathogenic microorganisms present in human blood that can cause disease in humans.
- D. **Universal Precaution** – Treating all body fluids as if infectious.
- E. **Engineering Controls** – Controls that isolate or remove the hazard from the workplace.
- F. **Exposure Incident** – A specific eye, mouth, other mucous membrane, non-intact skin, or potential contact with blood or other potentially infectious materials that results from the performance of an employee’s duties.
- G. **Field Biohazard** – Bloodborne pathogens present at the worksite resulting from employee injury, i.e., laceration from metal insulation jacketing while performing task on an elevated work platform.
- H. **First Aid Station Biohazard** – Bloodborne hazards and infectious waste present in the station as a result of employee injury or specimen collection.
- I. **Infectious Waste** – Blood and blood products, urine, pathological wastes and microbiological wastes.
- J. **Qualified Position** – Persons designated by the Company as First-Aid Providers.

IV. PERSONNEL RESPONSIBILITY

- A. Safety Director
 - 1. Is responsible for the program as Program Administrator.
 - 2. To comply with the policy and related procedures.
 - 3. To inform Safety personnel of their rights under this policy.
 - 4. Schedule Safety and Supervisory personnel for training.
 - 5. Review, alter, and update, if necessary, this procedure at least annually and after all exposure investigations.
 - 6. Examine any engineering controls in use quarterly, to ensure their proper maintenance and effectiveness.
- B. Human Resource Manager:
 - 1. To comply with the policy and related procedures.
 - 2. Inform Human Resource personnel of their rights under this policy.
 - 3. Schedule Human Resource personnel training with Safety Department.
 - 4. Maintain training records of Qualified Position, and employee/s.
- C. Supervisor:
 - 1. To comply with this policy and related procedures.

2. Maintain training necessary for Qualified Position.
 3. Inform exposed employees of their rights under this policy.
 4. Contact Safety Director or their designated Safety Department representative if any employee exposure occurs.
 5. Inform all employees of the project procedure for implementation of this policy.
- D. Employee
1. To report any exposure, potential exposure and to report any knowledge of field contamination of bloodborne pathogens or other infectious material

V. EXPOSURE DETERMINATION

- A. Job classification that should expect to incur an occupational exposure to bloodborne pathogens and infectious waste.
1. Safety Personnel
- B. Designated task that should expect opportunity for occupational exposure to bloodborne pathogens and other infectious waste.
1. First aid and C P R providers on “Company” projects.
 2. Application of mouth-to-mouth resuscitation.
 3. Potentially infectious waste (i.e. urine) collected for laboratory analysis.
- C. Job classifications that may expect occupational exposure to bloodborne pathogens and other infectious waste.
1. Supervisor/Foremen
- D. Designated task may expect opportunity for occupational exposure to bloodborne pathogens or other infectious waste.
1. When job classification designated as first aid and C.P.R. Provider on “Company” projects.
 2. Potentially infectious waste (i.e. urine) collected for laboratory analysis.
- E. Exposure Determination of the above job classifications and/or tasks have been determined without any regard to any of the required personal protective equipment listed in sections VI and VIII, below.

VI. INFECTION CONTROL PLAN

- A. General Requirements
1. The Company infection control plan shall consist of two types of potential control.
 - a. First-Aid Station Biohazard
 - b. Field Biohazard
 2. At a minimum, you are required to have and maintain a Bodily Fluid Clean-up Kit, requirements for kit are:
 - a. Clean-up absorbent pack,
 - b. Disposable apron,
 - c. Disposable safety glasses with side shields,
 - d. Disposable facemask,

- e. Disposable latex gloves,
- f. Disposable cardboard scoop,
- g. Disposable cardboard scraper,
- h. 2 ea Red Biohazard plastic bags,
- i. 8oz. Bottle Chlorine concentrate,
- j. Disposable paper towels, and
- k. 2ea Benzalkonium Chloride Towelettes

NOTE: A kit should be part of the project start packages, in the event you have an existing project, kits may be obtained from the Safety Department.

- 3. Red “DANGER” Barricade Tape
- 4. All projects shall have disposal container with container liner/s marked as shown at Example 5B.A.



Example 5B.A

NOTE: The example shown here is for recognition purposes only, although it does accurately show design and wording. The colors are black and white. The labeling of the container and the labeling on the liner shall be according to 29 CFR 1910.1030(g)(1)(C). These labels shall be fluorescent orange or orange-red or predominately so, with lettering or symbols in contrasting colors.

- 5. Dispose of used first aid supplies, potentially contaminated clothing and personal protective equipment contaminated with bloodborne products or infectious waste in designated locations.
- 6. Universal precautions are required to prevent contact with blood or other potentially infectious materials.
- 7. Report all employee exposures to the Safety Department.
- 8. Consider all blood or other potentially infectious material infectious, regardless of the perceived status of the source individual.
- 9. Utilize engineering and work practice controls to eliminate or

minimize exposure to employees.

- a. Use personal protective equipment where occupational exposure remains after institution of engineering controls.
10. Hand washing facilities with antiseptic hand cleanser and disposable drying towels are to be available to employees who incur exposure to blood or other potentially infectious waste.
 - a. When a hand washing station is not available, a sufficient quantity of disposable towels containing Benzalkonium chloride shall be available to clean hands.
11. Qualified Persons shall wash hands at a designated hand washing station with antiseptic hand cleanser and dry hands with disposable towels or use other approved methods. Antiseptic techniques shall be performed as follows:
 - a. Hands and forearms shall be wetted,
 - b. Apply antiseptic hand cleanser to palm of hand,
 - c. Rub cleanser over all surfaces of hand and forearms,
 - d. Scrub between creases of skin (i.e. knuckles),
 - e. Leave antiseptic on a minimum of five minutes,
 - f. Rinse hands of soap, and
 - g. Dry completely with clean disposable towels
12. Dispose of towels in a biohazard container.
13. Personnel opting for cleansing with “Benzalkonium Chloride” shall read and comply with label instructions.
14. Qualified Persons are required to wash hands immediately after treatment of any personnel injured in an industrial accident.
15. Place personal protective equipment, bandages, clothing, and any material or waste in an appropriately labeled bag or containers clearly marked for decontamination and/or disposal.
16. In the work area where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses.
17. All infectious waste collection and first aid treatment shall be conducted in a manner that minimizes splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.
18. A yearly review of this S.O.P. as determined by the Program Administrator.

B. First Aid Station Biohazard Management

1. Designate a First Aid Station at start of the project.
2. Inform project employees of First Aid Station location.
3. No employee will store, or consume food or beverages in the First Aid Station.
4. No employee will eat, drink, apply cosmetics or lip balm, smoke, or

- handle contact lenses in the First Aid Station.
5. Minimum required supplies, detailed in section (VI)(A)(2) of this policy, for filed management of biohazards should be stored in a readily available location in the First Aid Station.
 6. Perform treatment of injuries (i.e., cleaning and bandaging lacerations, burns, et cetera) on impervious absorbent after treatment.
 7. Disinfect all surfaces after treatment.
 8. Dispose of all contaminated waste in approved container.
 9. Qualified Person is responsible to keep the First Aid Station in a clean and sanitary condition.
 10. Decontaminate First Aid Station after each use.
 11. Place all first aid generated biohazard waste and infectious waste in properly labeled leak proof bags or containers.
 12. Disposal of biohazards and hazardous waste will be in accordance with area regulations.

NOTE: Contact the Safety Department for area disposal protocol.

13. A ten to one solution of bleach and water or an EPA registered germicide is minimum required for decontamination of surfaces.

NOTE: Do not use bleach solution or germicide for topical wound cleaning. Do not use a Providone-Iodine USP for topical wound cleaning.

14. Replace protective coverings and dispose of imperviously backed absorbent paper after treatment.
15. Do not pick up contaminated material (e.g., broken glass, wire mesh, et cetera) directly with the hands. Use mechanical means only.
16. Personal protective equipment is required when handling potentially contaminated laundry.
17. Minimize handling of contaminated laundry.
18. Place laundry in appropriately marked bags.
19. Bag and label contaminated laundry separately from other biohazards.

NOTE: Contact the Safety Department for disposal, transfer and handling.

- C. Field Injury Biohazard Management
 1. Employee injuries resulting in a release of bodily fluids (blood) in the field shall effect an “area isolation” of the injury site.
 2. Isolate potentially contaminated areas by using **RED DANGER BARRICADE**.
 3. The area shall be of sufficient size to enclose any potential exposure source.

4. Notify client that a site is isolated and quickly as practicable.
5. A Qualified Person is required to perform the assessment of the injury site to determine if decontamination is required.
6. The Qualified Person is required to wear personal protective equipment adequate to protect them from potential exposure while performing the assessment. Latex gloves are a minimum requirement for personal protective equipment before gaining entry into the isolated area.
7. Qualified Person shall access the Bodily Fluid Clean-up Kit and perform decontamination of any surface impermeable to liquids.
8. Remove and dispose of porous contaminated material according to approved biohazard packaging and labeling.

VII. SPECIMEN COLLECTION

- A. All “Qualified Positions” shall wear, at a minimum, latex gloves during the collection of potentially infectious waste.
- B. Place potentially infectious waste specimens in a container, which prevents leakage during the collection, handling, processing, storage and transport of the specimens.
- C. Storage of infectious waste shall be stored only in approved properly labeled refrigerated containers.
- D. No food or beverages will be placed or stored in refrigerators, freezers, shelves, cabinets, on counter tops, or bench tops where potentially infectious waste are present.
- E. Specimen collection should be performed in First Aid Station whenever possible. Reference S.O.P. 5A - Drug, Alcohol and Contraband Procedure for specific collection, handling, storage, and transport protocol.

VIII. PERSONAL PROTECTIVE EQUIPMENT

- A. Wear personal protective equipment whenever there is a possibility of exposure to bloodborne pathogens or potentially infectious waste.
- B. Cleaning, laundering and disposal of personal protective equipment provided at no cost to the employee.
- C. Replacement of clothing and foot wear provided at no cost to the employee.
- D. Remove garment penetrated by bodily fluids or biohazards as soon as possible.
- E. Remove and dispose of contaminated personal protective equipment before leaving the work area.
- F. Wear gloves when reasonable anticipated contact with blood, potentially infectious materials, non-intact skin and mucous membranes is made.
- G. When splashes, spray, splatter, droplets of blood or other potentially infectious materials may be generated, wear the following protective equipment.
 1. Masks
 2. Eye protection devices, such as goggles or glasses with solid side-shields or chin length face shields.

IX. HEPATITIS B VACCINE

- A. Employees having an exposure to bodily fluids or potentially infectious waste will be offered at no cost, the Hepatitis B vaccine.
- B. The offer will occur within ten working days of an initial assignment to a Qualified Position job classification unless:
 - 1. The employee has previously had the vaccine,
 - 2. Wishes to submit to antibody testing which shows the employee has sufficient immunity, or
 - 3. Declines a Hepatitis B vaccine.

NOTE: Persons having received the vaccination prior to designation as a Qualified Position must provide documentation or will sign form 5B.1a, Declination of Hepatitis B Vaccination.

- C. Employees who initially decline the vaccine but later wish to receive the vaccination may have the vaccine provided at no cost.

X. POST-EXPOSURE EVALUATION AND FOLLOW-UP

- A. All employees who incur an exposure will be offered post-exposure evaluation and follow-up in accordance with 29 CFR 1910.1030.
- B. When an employee incurs an exposure incident, it should be reported to site supervision and the Safety Department.
- C. Post-exposure follow-up will include:
 - 1. Documentation of the route of exposure and the circumstances related to the incident.
 - 2. If possible, the identification of the source individual and if possible, the status of the source individual. After receiving consent, the blood of the source individual will be tested HIV/HBV infectivity.
 - 3. Results of testing of the source individual will be made available to the exposed employee, with the exposed employee informed about the applicable Federal laws and regulations concerning disclosure of the identity and infectivity of the source individual.
 - 4. The employees will be offered the option of having their blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employees to decide if the blood should be tested for HIV/HBV serological status. However, if the employee decides prior to that time that testing will or will not be conducted, then the appropriate action can be taken and the blood sample discarded.
 - 5. The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and report any related experiences to appropriate personnel.

XI. INTERACTION WITH HEALTH CARE PROFESSIONALS

- A. A written opinion shall be obtained from the health care professional evaluating the employee.
- B. Written opinions will be obtained in the following instances:
 - 1. When the employee is sent to obtain the Hepatitis B vaccine.
 - 2. Whenever the employee is sent to a health care professional following an exposure incident.
- C. Health care professionals shall be asked to limit opinion to:
 - 1. If Hepatitis B vaccine is indicated,
 - 2. If the employee has received the vaccine, or an evaluation following an incident.
 - 3. Inform employee of the results of the evaluation.
 - 4. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials.
 - 5. The written opinion to the employer is not to reference any personal medical information.

XII. TRAINING

- A. All employees shall successfully complete the Basic Industries of South Texas' New Employee Orientation.
- B. All newly promoted Supervisors shall successfully complete the New Supervisor's Orientation.
- C. All "Qualified Persons" shall successfully complete an authorized First Aid and CPR class.
- D. Training for "Qualified Persons" shall include the following:
 - 1. The OSHA standard for Bloodborne Pathogens.
 - 2. Modes of transmission of Bloodborne diseases.
 - 3. This "Exposure Control Plan", i.e., points of the plan, lines of responsibility, how the plan will be implemented, etc.
 - 4. Procedures, which could potentially cause exposure to Bloodborne Pathogens or Infectious Waste.
 - 5. Control Methods to be used to control exposure to Bloodborne Pathogens or Infectious Waste.
 - 6. Care and use of personal protective equipment.
 - 7. Post-exposure evaluation and follow-up.
 - 8. Signs and labels used.
 - 9. Hepatitis B Vaccination Program
- E. Personnel trained, as First Aid and CPR Providers, other than the Company's, shall attend training sponsored by B.I.S.T. They will receive instructions on company specific management of Bloodborne Pathogens and Infectious Waste.

XIII. RECORDKEEPING

- A. Medical records:
 - 1. Medical records, including a copy of all test results, physical examinations, follow-up procedures, physician's written opinion, information provided to the physician and any other related medical information, shall be kept for the duration of the employee's employment plus thirty (30) years.
 - 2. The Human Resources Manager or a designated representative shall maintain all training records. Designation of which will be determined by the Safety Director.
- B. Training records:
 - 1. Date of training, contents of training, names of person or persons conducting the training and names of personnel attending the training shall be kept on file for five (5) years.
 - 2. The medical and training records shall be made available to:
 - a. Employee
 - b. Department of Labor Occupational Safety & Health with the consent of the subject employee.
 - c. Anyone with written consent of the subject employee.
- C. Declination Hepatitis B Vaccine
 - 1. All employees required or requested as First-aid Provider shall have the option to accept or decline Hepatitis B inoculation.