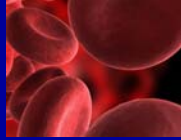


## Minnesota Logger Education Program OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS

29 CFR 1910.1030



Prepared by:  
Workplace Safety Consultation Unit  
Minnesota Department of Labor and Industry



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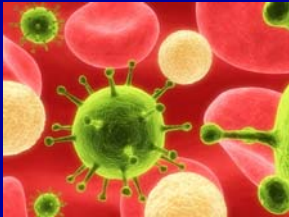
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## WHY IS A STANDARD NEEDED?

It doesn't take a lot of exposure to contract a disease

One milliliter of blood can contain over 100,000,000 infectious doses of Hepatitis B virus.



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## WHY IS A STANDARD NEEDED?

✓ 60–70 % of the individuals infected with Hepatitis C virus show no discernable symptoms.

✓ According to the Centers for Disease Control and Prevention (CDC), Hepatitis C virus (HCV) infection is the most common chronic bloodborne infection in the U.S.

✓ If infected with Hepatitis C, you will eventually need a liver transplant.

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OSHA's Bloodborne Pathogens standard (29 CFR 1910.1030) prescribes safeguards to protect workers against the health hazards from exposure to blood and other potentially infectious materials, and to reduce their risk from this exposure.

- The original standard became effective in Minnesota on June 6, 1992.

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## WHO IS COVERED BY THE STANDARD?

- ✓ All employees who could be "reasonably anticipated" as the result of performing their assigned job duties to face contact with blood or other potentially infectious materials.
- ✓ "Good Samaritan" acts, such as assisting a co-worker with a nosebleed would not be considered occupational exposure, if not part of assigned job tasks.

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## SOME WORKERS WHO ARE AT RISK

- |                                      |   |
|--------------------------------------|---|
| ✓ <i>Physicians</i>                  | ✓ <i>Law Enforcement Personnel</i>  |
| ✓ <i>Nurses</i>                      | ✓ <i>Firefighters</i>   |
| ✓ <i>Emergency Room Personnel</i>    | ✓ <i>Paramedics</i>   |
| ✓ <i>Housekeeping Personnel</i>      | ✓ <i>Emergency Medical Technicians</i>  |
| ✓ <i>Laundry Workers</i>             | ✓ <i>Medical Waste Handlers</i>   |
| ✓ <i>Laboratory Personnel</i>        | ✓ <i>Home Healthcare Workers</i>  |
| ✓ <i>Blood Bank Personnel</i>        | ✓ Employees assigned to first-aid response duties by their employer           |
| ✓ <i>Medical Examiners</i>           | ✓ Other workers assigned duties putting them at risk of occupational exposure |
| ✓ <i>Dentists and Dental Workers</i> |   |
| ✓ <i>Morticians</i>                  |   |

-- this is how requirements could apply to loggers --

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## WHY ARE LOGGERS COVERED?

- Typically more than 4 minutes from emergency response (often significantly more)
- Required to have First Aid training & provisions
- Also required to have a Bloodborne Pathogen Plan for those performing First Aid



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## HOW DOES EXPOSURE OCCUR?

- ✓ Contaminated **blood contact** with the eyes, mucous membranes of the mouth or nose, or broken (cut or abraded) skin during rendering of First Aid
- ✓ **Cuts** from contaminated materials such as saw blades, broken glass, etc.

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## FORMAT OF 29 CFR 1910.1030

- |   |   |
|---|---|
| (a) Scope and Application   | (f) (4) Information Provided to the Healthcare Professional |
| (b) Definitions   | (5) Healthcare Professional's Written Opinion               |
| (c) <b>Exposure Control</b>   | (g) <b>Communication of Hazards to Employees</b>            |
| (1) Exposure Control Plan   | (1) Labels and Signs  |
| (2) Exposure Determination  | (2) Information and Training                                |
| (d) <b>Methods of Compliance</b>  | (h) <b>Recordkeeping</b>                                    |
| (1) General (Universal Precautions)   | (1) Medical Records   |
| (2) Engineering & Work Practice Controls  | (2) Training Records  |
| (3) Personal Protective Equipment   | (3) Availability  |
| (4) Housekeeping  | (4) Transfer of Records                                     |
| (e) HIV & HBV Research Laboratories & Production Facilities                     | (5) Sharps Injury Log                                       |
| (f) <b>Hepatitis B Vaccination and Post-Exposure Evaluation &amp; Follow-up</b> | (i) <b>Dates</b>  |
| (1) General   |   |
| (2) Hepatitis B Vaccination   |   |
| (3) <b>Post-Exposure Evaluation &amp; Follow-up</b>                             |   |

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## SCOPE AND APPLICATION

### Paragraph (a)

- The standard applies to all **employees in general industry** (which includes **loggers**) with occupational exposures to blood and other potentially infectious materials.
- Part-time workers, temporary workers, and workers known as "per diem" employees per the above criteria would be covered. Students and volunteers (if they receive any type of compensation) per the above criteria would also be covered.

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## SCOPE AND APPLICATION

### Paragraph (a)

- Employees in general industry who are trained in first aid and designated by their employer as responsible for rendering medical assistance as part of their job duties would be covered.
- *Need to only be concerned with sections of the standard that apply to your operation*

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## DEFINITIONS

### Paragraph (b)

- **"Blood"** means human blood, human blood components, and products made from human blood.
- Human blood components includes plasma, platelets, and serosanguineous fluids (e.g. exudates from wounds).

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## DEFINITIONS

### Paragraph (b)

**"Bloodborne Pathogens"** means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

• While HIV and HBV are specifically identified in the standard, the term includes any pathogenic microorganism that is present in human blood and can infect and cause disease in persons who are exposed to blood containing the pathogen.

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## Bloodborne Pathogens...

- **Hepatitis B** is caused by a virus that attacks the liver. The virus, which is called hepatitis B virus (HBV), can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. In 2003, an estimated 73,000 people were infected with HBV. People of all ages get hepatitis B and about 5,000 die per year of sickness caused by HBV.
- HBV is spread when blood from an infected person enters the body of a person who is not infected.
- Personnel who have received hepatitis B vaccine and developed immunity to the virus are at virtually no risk for infection.
- For a susceptible person, the risk from a single needlestick or cut exposure to HBV-infected blood ranges from 6-30%.
- The annual number of occupational infections has decreased 95% since hepatitis B vaccine became available in 1982, from >10,000 in 1983 to <400 in 2001.
- **Hepatitis C** is a liver disease caused by the hepatitis C virus (HCV), which is found in the blood of persons who have this disease. HCV is spread by contact with the blood of an infected person. The spread of HCV from one person to another is rare, but can occur.
- The average risk for infection after a needlestick or cut exposure to HCV infected blood is approximately 1.8%. The risk following a blood exposure to the eye, nose or mouth is unknown, but is believed to be very small;
- HCV infection from blood splash to the eye has been reported.
- There also has been a report of HCV transmission that may have resulted from exposure to non-intact skin, but no known risk from exposure to intact skin.

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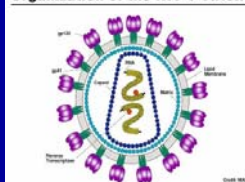
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## Bloodborne Pathogens...

- **HIV** stands for human immunodeficiency virus. This is the virus that causes AIDS. HIV is different from most other viruses because it attacks the immune system. The immune system gives our bodies the ability to fight infections. HIV finds and destroys a type of white blood cell (T cells or CD4 cells) that the immune system must have to fight disease.
- Exposures occur through needlesticks or cuts from other sharp instruments contaminated with an infected patient's blood or through contact of the eye, nose, mouth, or skin with a patient's blood. The overall risk for occupational exposures include the number of infected individuals in the population and the type and number of blood contacts. Most exposures do not result in infection.
- There is no vaccine against HIV. However, results from a small number of studies suggest that the use of some antiretroviral drugs after certain occupational exposures may reduce the chance of HIV transmission.

Organization of the HIV-1 Virion



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## DEFINITIONS

### Paragraph (b)

**"Contaminated"** means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

**"Decontamination"** means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

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## DEFINITIONS

### Paragraph (b)

▪ **"Exposure Incident"** means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

- Non-intact skin includes skin with dermatitis, hang-nails, cuts, abrasions, chafing, acne, etc.
- Parenteral means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
- When an employee experiences an "exposure incident", the employer must institute the required follow-up procedures in their plan.

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## DEFINITIONS

### Paragraph (b)

▪ **"Occupational Exposure"** means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood that may result from the performance of an employee's duties.

▪ A determination that an employee has "occupational exposure" based upon job assignment triggers the requirement that the employer provide, and include the affected employee in, the employer's exposure control plan.

▪ Employees assigned first aid response duties by their employer would be considered to have "occupational exposure".

▪ This definition does not cover "Good Samaritan" acts (i.e. voluntarily aiding someone in one's place of employment) which results in exposure to blood or OPIM.

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## DEFINITIONS

### Paragraph (b)

"Other Potentially Infectious Materials (OPIM)" means

- 1) The following human body fluids: cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
  - 2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead);
- Urine and feces are not OPIM unless, they are visibly contaminated with blood.

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## DEFINITIONS

### Paragraph (b)

▪ "Regulated Waste" means liquid or semi-liquid blood or OPIM; contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling.

▪ In Minnesota, a non-OSHA regulation known as the "Infectious Waste Control Act" (Minnesota Statutes 116.78 - 116.82) addresses the required labeling of infectious waste once it leaves a facility, and the required transport and disposal of infectious waste by licensed personnel. This regulation is under the jurisdiction of the Minnesota Pollution Control Agency. For more information on the "Infectious Waste Control Act", contact (651)296-7332.

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## EXPOSURE CONTROL PLAN

### Paragraph (c)

➤ Paragraph (c) of the standard discusses exposure control.

➤ Employees incur risk each time they are exposed to bloodborne pathogens. Any exposure incident may result in infection and subsequent illness. Since it is possible to become infected from a single exposure incident, exposure incidents must be prevented whenever possible.

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## EXPOSURE CONTROL PLAN Paragraph (c)(1)

➤ The **Exposure Control Plan** is a key provision of the standard. The purpose is to eliminate or minimize employee exposure to blood and OPIM, the employer is required to develop a **written Exposure Control Plan**.

➤ The size of the company does not matter, only if the job duty includes possible exposure to blood.



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## EXPOSURE CONTROL PLAN Paragraph (c)(1)

**The Exposure Control Plan shall contain:**

➤ The schedule and method of implementing paragraphs (d) Methods of Compliance, (f) Hepatitis B Vaccination and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of the standard.

➤ The procedures for evaluating circumstances surrounding exposure incidents as required by the standard.

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## EXPOSURE CONTROL PLAN Paragraph (c)(1)

➤ Each employer shall ensure that a copy of the **Exposure Control Plan** is accessible to employees.

➤ The **Exposure Control Plan** shall be made available to Minnesota OSHA Enforcement inspectors upon request for examination and copying.

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## EXPOSURE DETERMINATION

### Paragraph (c)(2)

- A key element of the **Exposure Control Plan** is the **exposure determination**.
- In the **exposure determination**, the employer is required to identify and document job classifications & tasks where occupational exposure to blood and OPIM can occur. -- providing 1<sup>st</sup> aid --
- This determination shall be made without regard to using personal protective equipment.

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## METHODS OF COMPLIANCE

### Paragraph (d)

Paragraph (d) of the standard sets forth the methods by which employers shall protect their employees from the hazards of bloodborne pathogens and comply with this standard through the use of universal precautions, engineering and work practices controls, personal protective equipment, proper housekeeping, and the handling of regulated waste.

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## UNIVERSAL PRECAUTIONS

### Paragraph (d)(1)

☐ **Universal precautions** shall be observed to **prevent contact with blood or OPIM**. Under circumstances in which differentiation between **body fluid types is difficult or impossible**, all body fluids shall be considered potentially infectious materials.

• "Universal Precautions" is an approach to infection control. According to the concept, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

• Assume the above status regardless of the perceived "low risk" status of an injured co-worker.

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## ENGINEERING CONTROLS

These controls reduce employee exposure by either removing the hazard or isolating the worker from the hazard.

These are likely to be minimal or non-existent at remote logging sites.

*Sharps container for insulin syringes would be a good practice, for those who are diabetic.*



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## ENGINEERING CONTROL EXAMPLES

- Employers shall provide hand-washing facilities which are readily accessible to employees (may/may not be feasible at remote sites???)
- When provision of hand-washing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes.



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## ENGINEERING CONTROL EXAMPLES

- Mouthpieces and resuscitation devices must be supplied where employees are expected to perform CPR as an assigned duty.



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## WORK PRACTICE CONTROLS

- Wash hands or use an antiseptic hand cleaner after removing gloves and as soon as possible after exposure occurs.



- Eating, drinking, smoking, applying lip balm, and handling contact lenses are prohibited where contamination is probable (i.e. an area where First Aid was provided).



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## PERSONAL PROTECTIVE EQUIPMENT Paragraph (d)(3)

- ✓ Personal protective equipment (PPE) is specialized clothing or equipment that is worn by an employee for protection against infectious agents. PPE includes:

- gloves
- goggles/face shields
- aprons / protective sleeves

- ✓ Where required, PPE must be provided at NO COST to the employee. Appropriate sizes must be accessible.

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## PERSONAL PROTECTIVE EQUIPMENT Paragraph (d)(3)

- ✓ PPE must be removed prior to leaving a work site or after becoming contaminated.

- ✓ PPE must be properly cleaned, laundered, repaired, or disposed of at no cost to employees. Employees are not allowed to take PPE home for laundering.

- ✓ Any clothing worn to and from work by an employee, including employer-provided uniforms, are considered "street clothes" and must be protected from contamination.

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## PERSONAL PROTECTIVE EQUIPMENT

### Gloves

Gloves shall be worn when blood or OPIM contact can be reasonably anticipated (i.e. while administering 1<sup>st</sup> aid)

Hypoallergenic gloves, glove liners, powderless gloves or other similar alternatives shall be readily accessible to employees who are allergic to the gloves normally provided.



- ✓ Disposable (single use) gloves shall not be washed or decontaminated for re-use.
- ✓ Utility gloves may be decontaminated for re-use if not compromised.
- ✓ Gloves shall be replaced as soon as feasible whenever their ability to function as a barrier becomes compromised.

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## PERSONAL PROTECTIVE EQUIPMENT

### Masks, Eye Protection, & Face Shields

- ✓ Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated.



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## PERSONAL PROTECTIVE EQUIPMENT

### Other Protective Body Clothing

- ✓ Other protective clothing includes gowns, aprons, sleeves, or similar outer garments that shall be worn if occupational exposure situations warrant the need.
- ✓ Long-sleeved garments shall be used for procedures in which blood or OPIM exposure to the forearms is reasonably anticipated.
- ✓ The "street clothes" must be protected from contamination.
- ✓ Gowns and other disposable PPE should be appropriately disposed of after use (not in the garbage)



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## HOUSEKEEPING

### Paragraph (d)(4) Decontamination

- All equipment, environmental surfaces and working surfaces shall be cleaned and decontaminated after contact with blood or OPIM.
- Contaminated work surfaces must be decontaminated with an appropriate disinfectant
- Dilute bleach solution made up within the last 24 hours
  - Household bleach [5.25 % sodium hypochlorite] diluted between 1:10 and 1:100 with water



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## HOUSEKEEPING

### Regulated Waste

- Regulated waste (including disposable PPE & cleaning rags) must be placed in closeable, leak-proof containers built to contain all contents during handling, storing, transporting or shipping and be appropriately labeled or color-coded.
- Keep a biohazard bag in your field provisions.
- Also, follow Minnesota Infectious Waste Control Act requirements.



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## HOUSEKEEPING

### Laundry

Contaminated laundry shall be:

- handled as little as possible,
- handled with the proper PPE,
- bagged or containerized at location where it was used,
- placed and transported in bags which prevent any soak-through or leakage in labeled or color-coded containers
- washed in normal laundry cycle with bleach.



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## HEPATITIS B VACCINATION and POST-EXPOSURE EVALUATION AND FOLLOW-UP Paragraph (f)

This paragraph of the standard outlines the requirements for the employer to:

- ✓ make available a Hepatitis B vaccination to employees with occupational exposure
- ✓ provide post-exposure evaluation and Hepatitis B vaccination and follow-up for an employee experiencing an exposure incident
- ✓ made available at no cost to the employee



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## HEPATITIS B VACCINATION Collateral Duty First Aid Providers

The Hepatitis B Vaccination does not have to be provided to an employee who is a "collateral duty First Aid provider" if:

- ✓ The primary job assignment of such designated first aid providers is not the rendering of first aid (this is the case with loggers).
- ✓ Any first aid rendered by such persons is rendered only as a collateral duty responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.

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## Collateral Duty First Aid Providers (continued)

(3) The employer's Exposure Control Plan should specifically address the provision of Hepatitis B vaccine to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM (regardless of whether an actual "exposure incident" occurred) and the provision of appropriate post-exposure evaluation, prophylaxis and follow-up for those employees who experience an "exposure incident", including:

Provision for the full Hepatitis B vaccination series to be made available as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving blood or OPIM.

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## POST-EXPOSURE EVALUATION AND FOLLOW-UP

Paragraph (f)(3 – 5)

A confidential medical evaluation and follow-up shall **immediately** be made available to an employee following an exposure incident. This must be offered at **no cost** to the employee.

- ✓ Employee reports incident
- ✓ Employee sent to HCP
- ✓ HCP evaluates / arranges for testing of source individual
- ✓ Provides treatment / counseling
- ✓ Sends written opinion to employer
- ✓ Employer provides to employee

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## COMMUNICATION OF HAZARDS TO EMPLOYEES INFORMATION AND TRAINING

Paragraph (g)(2)

The employer shall ensure that all employees with occupational exposure participate in a **training program** which must be provided at no cost to the employee and during working hours.



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## TRAINING PROGRAM ELEMENTS

- An accessible **copy of the standard and explanation of its contents**;
- A general explanation of the **epidemiology and symptoms of bloodborne diseases**;
- An explanation of the **use and limitations of methods that will prevent or reduce exposure** including appropriate engineering controls, work practices, and PPE.
- Information on the types, proper use, location, removal, handling, decontamination and disposal of **PPE**.
- 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 experiencing an exposure incident;
- An opportunity for interactive **questions and answers** with the person conducting the training session.

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## RECORDKEEPING

### Medical Records - Paragraph (h)(1)

The employer shall establish and maintain an accurate record for each employee with occupational exposure.

It shall include:

- (A) Name and social security # of employee;
- (B) Employee Hepatitis B vaccination status;
- (C) Results of examinations, medical testing, and post-exposure evaluation and follow-up procedures;



Employee medical records must be kept confidential and not disclosed or reported without the employee's written consent (unless required by law).

Medical records must be maintained for duration of employment plus 30 years.

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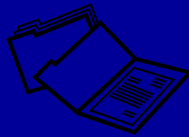
## RECORDKEEPING

### Training Records - Paragraph (h)(2)

Training records shall include the following:

- (A) Dates of the training session;
- (B) Contents or a summary of the training session;
- (C) Names and qualifications of persons conducting the training;
- (D) Names and job titles of all persons attending the training sessions.

Training records shall be maintained for 3 years from the date on which the training occurred.



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## SUMMARY

- ❖ OSHA's Bloodborne Pathogens standard prescribes safeguards to protect workers against the health hazards from exposure to blood and OPIM, and to reduce their risk from this exposure.
- ❖ Implementation of this standard will significantly reduce the risk of loggers contracting bloodborne diseases when performing First Aid.

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## SUMMARY

- ❖ Loggers should have a written Bloodborne Pathogen program that requires:
  - ❖ Practice universal precautions
  - ❖ PPE – gloves, masks/goggles, aprons, etc.
  - ❖ Procedures for cleaning & disinfecting surfaces and equipment
  - ❖ Procedures for cleaning or disposing of contaminated clothing and PPE.
  - ❖ Offer Hepatitis B vaccine following an incident (define in the written program what clinic/doctor employees will see)



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## EXAMPLE WRITTEN PROGRAM

### BLOODBORNE PATHOGENS EXPOSURE PROGRAM

In accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030, the following exposure control plan has been developed. \_\_\_\_\_ or his designee is the program coordinator and has overall responsibility for the program.

#### EXPOSURE CONTROL

OSHA requires logging contractor employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The following job classifications are in this category: **Feller, Skidder Operator, Mechanical Equipment Operators and Foreman.**

Exposure to blood or other potentially infectious materials will not usually occur during the course of your employment duties. However, exposure is possible and it is imperative that everyone be aware of all potential exposures to blood or other infectious materials at all times. The most likely situation where exposure will occur is when you provide first aid or assistance in emergency treatment or evacuation, or where you are present at an accident scene or are exposed to clothing, equipment or other materials that have been penetrated by blood or other infectious material.

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## EXAMPLE WRITTEN PROGRAM

### EXPOSURE DETERMINATION AND WORK PRACTICES TO PREVENT EXPOSURE

Stop and assess each potential exposure to blood or other infectious material which you encounter. Avoid the potential exposure by not contacting the blood or other infectious material and by remaining outside the area within which the blood or other infectious material may be sprayed.

If the blood or other infectious material cannot be avoided entirely, the exposure must be controlled. Personal protective equipment shall be used to shield eyes, mouth, mucous membranes, non-intact skin (e.g., cuts, scrapes, open sores or rashes, etc.), and skin generally from contact with blood, bodily fluids or other potentially infectious material.

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## EXAMPLE WRITTEN PROGRAM

### EXPOSURE DETERMINATION AND WORK PRACTICES TO PREVENT EXPOSURE Cont'd

If confronted with an unavoidable exposure to blood, bodily fluids or other infectious material, the personal protective equipment listed in the next paragraph shall be used unless the delay necessary to obtain and put on the equipment may increase the risk of death or greater injury to the individual whom you are assisting. However, even if the aforementioned personal protective equipment cannot be used due to the extreme nature of the emergency, all employees shall take every step reasonably possible to cover and shield eyes, mouth, mucous membranes, non-intact skin and as much skin as possible before contacting blood, body fluids or other infectious material, and before entering the spray area. For example, employees shall take the following precautions to protect:

- **Eyes:** protect with safety glasses, goggles or face mask, etc.
- **Ears:** protect with ear/noise protection or hat, etc.
- **Hands:** protect with gloves or other non-permeable material or tool, etc.
- **Mouth:** protect with face shield, scarf, handkerchief, or mask, etc.
- **Body:** protect with layers of clothing (e.g., put on coat, sweater, roll down sleeves, etc.) Put on disposable impermeable gown.

Avoid eating, drinking, smoking... at areas where contamination has occurred.

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## EXAMPLE WRITTEN PROGRAM

### CLEAN-UP AFTER EXPOSURE

An employee who has been exposed to blood, bodily fluids or other infectious material shall clean-up immediately. Provide one or more means for prompt washing of hands and other potentially contaminated areas. This can be done by providing a water source with soap, at the work-site, or through use of antiseptic wipes.

All garments which, are penetrated by blood, shall be removed immediately or as soon as feasible. All garments or other material that has been contaminated shall be put into the container marked for this purpose. The container is to be labeled "BIOHAZARD".

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## EXAMPLE WRITTEN PROGRAM

### LAUNDRY PROCEDURES

All employees who handle contaminated laundry shall utilize personal protective equipment to prevent contact with blood or other potentially infectious materials. Laundry contaminated with blood or other potentially infectious materials shall be handled as little as possible. Such laundry shall be placed in appropriately marked bags at the locations where it was used. Such laundry shall not be sorted or rinsed in the area of use. The laundry shall then be placed in the "BIOHAZARD" container. The employer shall be responsible for disposing of or laundering contaminated clothing or other material.

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## EXAMPLE WRITTEN PROGRAM

### CONTAMINATED EQUIPMENT

Equipment (chainsaws, wedges, etc.) that has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping, and shall be decontaminated as necessary with a bleach or tuberculocidal solution or the equipment.

Work surfaces contaminated with blood or other potentially infectious material must be cleaned and disinfected as soon as possible, using a 1:10 to 1:100 bleach solution (prepared at the time of use) or through use of a (EPA) registered disinfectant. *(the specific disinfection method that will be provided for can be indicated here...)*

## EXAMPLE WRITTEN PROGRAM

### WORK AREA RESTRICTIONS

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Gloves are available in the first-aid kits. Gloves shall be used for first aid and emergency procedures where the employee is likely to be exposed to blood and/or other infectious material.

Disposable gloves shall not be washed or decontaminated for reuse and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for reuse provided that the integrity of the gloves is not compromised.

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin-length face shields, shall be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can reasonably be anticipated.

Any broken glassware that may be contaminated will not be picked up directly with the hands.

## EXAMPLE WRITTEN PROGRAM

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

When the employee incurs an exposure incident, it shall be immediately reported to \_\_\_\_\_ or his designee. An exposure incident is specific eye, mouth, other mucous membranes, non-intact skin, or parenteral contact with blood or other potentially infectious material that results from the performance of an employee's duties.

All employees who incur an exposure incident shall be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. This follow-up shall include the following:

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. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity.
3. Results of testing of the source individual will be made available to the exposed employee, as provided by law, with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
4. The employee will be offered the option of having blood collected for testing to determine the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee time to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to the time that testing will or will not be conducted, then the appropriate action can be taken and the blood sample, if collected, discarded.
5. The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
6. 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 to report any related experiences to appropriate personnel.
7. \_\_\_\_\_ shall assure that the policy outlined here is effectively carried out, and shall maintain records related to this policy.

## EXAMPLE WRITTEN PROGRAM

### INTERACTION WITH HEALTH CARE PROFESSIONALS

A written opinion shall be obtained from the health care professional who evaluates employees of this company. Written opinions will be obtained in the following instances:

1. When the employee is sent to obtain a Hepatitis B vaccine.
2. Whenever the employee is sent to a health care professional following an exposure incident. Health care professionals shall be instructed to limit their opinions to:
  1. Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident.
  2. That the employee has been informed of the results of the evaluation; and
  3. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. The written opinion to the employer is not to reference any personal medical information.

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## EXAMPLE WRITTEN PROGRAM

### TRAINING

Training for all employees shall be conducted prior to initial assignment to tasks where occupational exposure may occur. Training will be conducted in the following manner:

Training for employees will include an explanation of:

1. The OSHA standard for Bloodborne Pathogens;
2. Epidemiology and symptomatology of bloodborne diseases;
3. Modes of transmission of bloodborne pathogens;
4. This Exposure Control Plan, i.e., points of the plan, lines of responsibility, how the plan might be implemented, etc.;
5. Procedures which might cause exposure to blood or other potentially infectious materials on the job site;
6. Personal protective equipment available at this facility and who should be contacted concerning;
7. Post exposure evaluation and follow-up;
8. Signs and labels at the job site; and
9. Hepatitis B vaccine program at the facility.
10. The specifics of the First Aid Reporting Procedures.

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## EXAMPLE WRITTEN PROGRAM

### HEPATITIS B VACCINE

All employees who have been identified as having exposure to blood or other potentially infectious materials shall be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine shall be offered within 10 working days of the initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine or who wishes to submit to antibody testing which shows the employee to have sufficient immunity.

Employees who initially decline the vaccine, but who later wish to have it, shall then have the vaccine provided at no cost. Any employee who declines the vaccine shall sign a "[Declination Statement](#)," a copy of which is attached hereto.

----- is responsible for assuring that the vaccine is offered, and for facilitating its provision to employees.

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## EXAMPLE WRITTEN PROGRAM

### FIRST AID REPORT PROCEDURE

All first aid incidents involving the presence of blood or other potentially infectious materials shall be reported to ----- or his designee before the end of the work shift during which the first aid incident occurred.

Each report of a first aid incident must include all of the following:

- 1.The names of all persons who provided assistance or first aid;
- 2.A description of the first aid incident, including the time and date; and
- 3.A determination of whether or not an exposure incident occurred.

Each report of a first aid incident shall be recorded on a list of such first aid incidents (that is, a first aid incident involving the presence of blood or other potentially infectious materials).

## EXAMPLE WRITTEN PROGRAM

### FIRST AID REPORT PROCEDURE Cont'd

----- shall keep and maintain first aid incident reports and the list of such reports. An employee may review such reports or list upon request.

An employee who has occupational exposure to blood or other potentially infectious materials, and who has not been offered a Hepatitis B vaccination and who provides hands-on first aid assistance in any situation involving the presence of blood or other potentially infectious materials shall be offered the full immunization series. In this specific situation, the full immunization series shall be offered to an employee whether or not a specific "exposure incident" has occurred. ----- is responsible for coordinating the initiation of the full vaccination series, and he shall do so immediately.

## EXAMPLE WRITTEN PROGRAM

### RECORD KEEPING

All records required by the standard shall be maintained by -----.

All employees shall receive annual refresher training. ----- shall be responsible for providing such training.

### DECLINATION STATEMENT

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 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 receive the vaccination series at no charge to me.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## INFORMATION SOURCES



Federal OSHA website:

<[www.osha.gov](http://www.osha.gov)>

At this website, you can find the Bloodborne Pathogens standard, interpretations, e-tools, and a variety of other helpful documents pertaining to worker safety and health.

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## INFORMATION SOURCES



Minnesota Department of Labor and Industry's website:



[www.doli.state.mn.us](http://www.doli.state.mn.us)

And starting May 1, 2009:

[www.dli.mn.gov](http://www.dli.mn.gov)



> Has link to access Minnesota Statutes and Minnesota Rules.

> Also, at the main page, under the Occupational Safety and Health section, click on "OSHA Compliance" then "Handouts". Go to topic of Bloodborne Pathogen and open "Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens Standard, 29 CFR 1910.1030" (MNOSHA Instruction CPL 2-2.44F dated Oct. 24, 2006).

Note: Appendix G of this document contains a bloodborne pathogens *Model Exposure Control Plan*.

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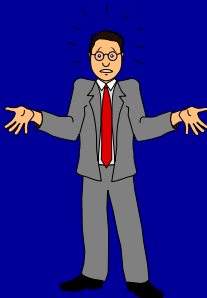
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## QUESTIONS ?



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THANK YOU!

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