



Bloodborne Pathogens Written Program

Purpose

The purpose of this plan is to establish a program and procedures for employee protection from bloodborne pathogens at Hagen Decorators, Inc.

This program supports compliance with the Occupational Safety and Health Administration 29 CFR 1910.1030 on bloodborne pathogens. This plan applies to all company employees.

Definitions

Bloodborne Pathogens: Microorganisms that are present in human blood and body fluids and can cause diseases in humans. These pathogens include Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV).

Exposure Incident: A situation in which an employee has contact with blood or other potentially infectious materials as a result of his or her duties. This contact includes specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact.

Nonintact Skin: Skin that has cuts, abrasions or other openings through which bloodborne pathogens can enter the bloodstream.

Occupational Exposure: Reasonably anticipated employee contact with blood or other potentially infectious materials that may result from performing an employee's duties. This includes specific eye, mouth, other mucous membrane, nonintact skin or parenteral contact.

Source Individual: Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to an employee.

Universal Precautions: An approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV and other bloodborne pathogens.

Responsibilities

The Program Administrator is: Thomas Hagen, Safety Director

This person is responsible for:

- Issuing and administering this plan and making sure that it satisfies the requirements of all applicable federal, state and local bloodborne pathogen regulations
- Identifying which employees are likely to be exposed to bloodborne pathogens
- Developing procedures for post exposure incidents
- Maintaining medical records of exposure incidents, training records and hepatitis vaccinations
- Completing exposure incident reports and notifying affected individuals
- Evaluating and updating the program annually
- Training employees annually

First Aid Providers: See attached list

These people are responsible for:

- Using Universal Precautions in all situations that involve exposure to blood and other body fluids
- Informing the program administrator of all exposure incidents

Program Activities

Determination Of Exposure

- A list will be made of all job classifications that have the potential for exposure to bloodborne pathogens. (Attached)
- Specific tasks and procedures will be listed when only some employees in a job classification have the potential to be occupationally exposed.

Personal Protective Equipment (PPE)

- Employees will be provided with PPE at no cost.
- PPE will be removed before leaving the work area or after a garment becomes contaminated.
- Used PPE will be placed in designated containers.
- Gloves will be worn when the employee may have contact with blood or other potentially infectious materials.
- Gloves will be replaced if torn, punctured or contaminated.

- Utility gloves will be decontaminated for reuse if they are not torn or cracked.
- Decontaminated disposable gloves will never be reused.
- Appropriate face and eye protection will be worn when splashes, sprays, spatters or droplets of blood or other potentially infectious materials pose a hazard to the eyes, nose or mouth.
- Appropriate protective body covering will be worn when occupational exposure is anticipated.

Housekeeping

- All equipment and work surfaces that have been contaminated with blood or other potentially infectious materials will be cleaned and decontaminated with an appropriate disinfectant.
- Tongs, forceps or a brush and a dust pan will always be used to pick up contaminated broken glass.
- All infectious waste will be placed in red-colored plastic bags for disposal.
- Contaminated sharps will be discarded in containers that are closeable and puncture resistant. The containers will then be discarded in the red-colored plastic bags.
- All regulated waste will be discarded according to federal, state and local regulations.

Labeling

- All infectious waste containers will be labeled with a biohazard symbol and the word *biohazard*.

HBV Pre-Exposure Program

- The Hepatitis B vaccine and vaccination series will be offered within 10 working days of initial assignment to employees who have occupational exposure.
- The vaccine and vaccinations, as well as all medical evaluations and follow-up, will be made available to employees during work hours at no cost.
- Vaccinations will be administered according to current recommendations of the U.S. Public Health Service.
- Each employee who declines the vaccination will sign a declination form. (The vaccination will still be made available to the employee at a later date and at no cost if he or she continues to have the potential for exposure in the workplace.)

HBV Post Exposure Program

- Company post exposure procedures will be followed for any employee who is not initially identified as occupationally exposed but who voluntarily or inadvertently becomes exposed in the workplace.
- The HBV vaccine will be administered within 24 hours of any reported exposure incident.

Exposure Incident Procedure

- The routes of exposure and how exposure occurred will be documented.
- The source individual will be identified and documented.
- If consent is given, the source individual's blood will be tested and documented as soon as possible to determine HIV, HBV and HCV infectivity.
- The exposed employee will be provided with the source individual's test results and information about applicable laws and regulations concerning source identity.
- After consent is given, the exposed employee's blood will be tested for HIV, HBV and HCV serological status.
- If the employee does not give consent for HIV serological testing, the baseline blood sample will be preserved for at least 90 days.
- Recommendations by the U.S. Public Health Service will be followed.
- The health care provider who is responsible for administering the vaccine and post exposure evaluation will be given a copy of the OSHA standard.
- After an exposure incident occurs, the health care provider will receive a description of the exposed employee's job duties relevant to the exposure incident, documentation of the route of exposure, circumstances of exposure, results of the source individual's blood tests and all relevant employee medical records, including vaccination status.
- The employee will be provided with a copy of the health care provider's written opinion within 15 days after the evaluation.
- The health care provider will complete the post exposure evaluations:

Name **Luther Hospital**
Address **1221 Whipple Street, Eau Claire, WI**
Phone **715-838-3311**

Training

- Employees will be trained annually on the requirements of the OSHA standard, symptoms of bloodborne diseases, ways in which bloodborne pathogens are transmitted, how to recognize tasks that might result in occupational exposure and what measures are provided by the company's Written Exposure Control Plan (which will include receiving a copy of the plan).