

# Exposure Control Plan (Bloodborne Pathogens)

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## **1.0 Scope and Policy**

Prairie Lakes AEA (PLAEA) has developed the following Bloodborne Pathogen Compliance Manual and Exposure Control Plan to comply with OSHA's Bloodborne Pathogen Standard. This Standard has been specifically enacted to "reduce exposure to hepatitis B virus (HBV), human immunodeficiency virus (HIV) and other bloodborne pathogens" to which employees may be exposed in their workplace.

PLAEA has implemented the enclosed Exposure Control Plan to comply with the intent and the letter of the law regarding the Bloodborne Pathogen Standard. The main objective of this plan is to protect employees from potential workplace hazards by reducing occupational exposure to HBV, HIV and other bloodborne pathogens.

It is PLAEA's full intention that, if necessary, the physical facility, work practices and other areas will be modified to attain this goal. In addition, employees will be informed and trained so that they, too, can contribute to the reduction and elimination of exposure.

## **1.1 Program Management**

Central to effective implementation of the Exposure Control Plan are the following major categories of responsibility:

- Exposure Control Officer
- Supervisors
- Employees

**Exposure Control Officer** is responsible for the overall management and support of our Bloodborne Pathogen Compliance Program. The Business Office shall be knowledgeable in healthcare practices and have an administrative ability to implement, manage and assure compliance with this regulation to the best of his/her ability.

**Administrators/Regional Administrators** are to be responsible for exposure control in their work areas. All supervisory staff will work directly with the The Business Office and employees to ensure that proper exposure control procedures are followed.

**Employees** have the most important role in the Bloodborne Pathogen Compliance Program, for the final success of this plan is dependent upon them. Therefore, employees shall be aware of tasks they perform that involve exposure to bloodborne pathogens, they shall complete the training session online, and they shall conduct operations in accordance with appropriate work practices and procedures outlined in this plan to reduce exposure to blood or other body fluids.

## **2.0 Exposure Assessment/Determination**

### **2.1 Assessment Protocol**

The beginning step in implementation of the Bloodborne Pathogen Standard is the assessment and exposure determination of the various job classifications, positions and employees within our organization. This is of vital importance, as the designation of coverage under this regulation requires the employer to fully implement all aspects of the regulation, with the

exception of preexposure vaccination for designated staff members whose primary job responsibility is not the provision of first aid. In order to conduct the assessment, PLAEA has listed the most logical job classifications that may have the potential for exposure to blood or other potentially infectious material (OPIM) and could reasonably anticipate such exposure.

- Occupational Therapist
- Physical Therapist
- Licensed and Support Staff
- Secretaries
- Custodial Staff
- Classroom teachers
- Other Job Classifications with Potential for Exposure

It is not necessary to delineate tasks or list employees since all are covered.

### **3.0 Methods of Compliance**

In order to effectively eliminate or minimize exposure to bloodborne pathogens, the following areas are addressed in detail in this Exposure Control Plan:

- Use of Universal Precautions
- Implementing appropriate work practice controls
- Using necessary personal protection equipment
- Implementing appropriate housekeeping procedures

### **3.1 Universal Precautions**

Universal Precautions shall be implemented when dealing with blood or other potentially infectious materials. According to the concept of Universal Precautions, all human blood and certain human body fluids are to be treated as if known to be infected with HIV and HBV and other bloodborne pathogens. Although exposure to body fluids other than blood is unlikely except in healthcare settings, the following body fluids are to be treated as infectious:

- blood
- semen
- vaginal secretions
- cerebrospinal fluid
- synovial fluid
- pleural fluid
- pericardial fluid
- peritoneal fluid
- amniotic fluid
- saliva
- blood-contaminated body fluids
- all body fluids where it is difficult or impossible to differentiate.

Any employee encountering blood or other body fluids listed above is to treat them as being infectious, and to use necessary personal protection and work practice controls as listed in this section.

### **Universal Precautions Defined**

Universal Precautions are practices and procedures that assist in the prevention of contact with

blood and other body fluids by means of the wearing of nonporous articles such as gloves, goggles, and face shields. They are the best protection against HIV—the virus that causes AIDS, hepatitis B, and other infectious agents.

### **Safe Work Practices**

- **Assume everyone is infected** with HIV, hepatitis B or other bloodborne pathogens.
- **Avoid skin exposure** to body fluids. Body fluids to be concerned about are:
  - blood
  - Cerebrospinal fluid--a clear fluid surrounding the brain and spinal cord that may leak out of the nose, ears or mouth as a result of severe head injuries
  - amniotic fluid--the fluid in the uterus present during labor and delivery
  - semen, vaginal fluids and breast milk may also contain bloodborne pathogens, but are not common in first aid situations
  - any body fluid containing visible blood
- **Use a barrier** (cloth, paper towel, etc.) to keep fluids from contact with your skin.
- **Be careful with sharps** and dispose of sharps such as needles, lancets or contaminated broken glass in a puncture-resistant container. Use tongs or other equipment to pick up broken glass contaminated with blood or other potentially infectious materials (**OPIM**).
- **Use disposable equipment** whenever possible.
- **Dispose of items** soiled with potentially infected fluids in leak-proof bags or containers.
- **Wash hands thoroughly** for 15-20 seconds, minimum, with soap and water.
- **Clean up spills** of potentially infected fluids with soap and water and disinfect spill area with a bleach-water solution.

### **3.2 Work Practice Controls**

Using appropriate engineering and work practice controls should eliminate or minimize employee exposure to bloodborne pathogens. The procedures and controls listed in this section are being institutionalized, and will periodically be reviewed and updated as required.

The following engineering and work practice controls and policies are to be used:

#### **A. Work Practices**

- 1) Wear disposable gloves. Do not reuse disposable gloves and wash your hands with soap and water after removing gloves.
- 2) Wash with detergent and water and disinfect according to procedure.
- 3) Wear safety goggles if there is potential for contaminants splashing in the eyes.
- 4) If your skin is not covered, wear additional protective clothing.
- 5) Use an absorbent material (paper towel/cloth) as a barrier between you and the blood source.

In the event you become exposed to any blood or OPIM, wash the area with soap and water or flush mucous membranes immediately and report it to the supervisor or Human Resources Coordinator so an evaluation can be made and professional medical attention can be provided. If regulated waste is generated, it must be properly bagged, labeled and disposed of according to Infection Control Procedures.

#### **B. Hand washing**

- Readily accessible facilities (running water with soap and single-use towels) are available in all buildings, and shall be immediately utilized upon contact with blood or other potentially infectious material.
- Proper hand washing procedures include the use of warm water. Hands shall be wetted and

soap applied to hands and wrists to reach any organisms that may have traveled above the hand. Scrub between fingers and use a nailbrush for fingernails. Scrub a minimum of 15 seconds. Air drying or a single-use towel should be used to dry the hands.

### **C. Handling of Contaminated Sharps**

- Mechanical devices such as tongs or dustpan and broom will be available to pick up contaminated sharps such as blood-covered broken glass, etc. to avoid any direct contact. Contaminated glass will not be picked up by hand.
- Appropriate gloves as provided by the employer shall be used when handling any contaminated sharps.
- Needles and other contaminated sharps shall not be bent, recapped or removed. Shearing or breaking off contaminated needles is absolutely prohibited.
- Sharps will not be removed or recapped unless it is demonstrated that an alternative is not feasible and approval from the Exposure Control Officer is obtained.

### **D. Blood/Other Potential Infectious Material Spill Cleanup**

- Cleanup shall be conducted as soon as possible.
- Use Gloves. Do not reuse disposable gloves.
- Use disposable (paper) towels and other absorbent materials to absorb spill. There are spill kits available in the first aid kits. Check with the building secretary or custodial staff for its location.
- Clean spill area with soap and water.
- Immediately utilize proper disinfectant (registered with EPA) and follow procedures (example: 1/4 cup to 1 gallon; approximately 1:65).
- Dispose of waste in a proper container.
- Wash hands thoroughly with warm water and soap.
- Supervisor or Exposure Control Officer shall be informed and the exposure potential evaluated.

### **E. Cleanup of Objects Contaminated with Blood or OPIM (i.e. toys)**

- Use disposable gloves. Do not reuse disposable gloves
- Discard contaminated items that cannot be cleaned into a lined container.
- Wash objects using warm water and general purpose cleaner.
- Disinfect the object using approved disinfectant solution or a bleach solution (example: 1:65 bleach solution). Soak in solution at least 2 minutes and allow to air dry.
- Dispose of contaminated cleaning material in a lined container.
- Notify supervisor or Exposure Control Officer if exposure potential exists.

### **F. Self-Management.**

The principle of self-management is that the person whose blood or other body fluids are exposed shall themselves, if possible, manage, treat, clean and dispose of the contaminated materials, thereby avoiding contact by a second party.

### **G. First Aid/Healthcare**

- Use gloves or other personal protective equipment (PPE).
- Use paper toweling or other absorbent material to wipe injury and, if appropriate, allow person to rinse injury with running water.
- Place soiled materials into a lined waste container and direct person to perform as much of these procedures as possible.
- Soiled clothing shall be removed and placed into a plastic bag for laundering, if feasible.
- Assist in cleaning affected area; use cotton swabs to apply medicine, if appropriate.
- Follow other procedures for care in minimizing direct contact with blood or body fluids.

- Wash hands thoroughly.

Note: If you do not have access to PPE or exposure control kits, help the injured person to care for him/herself. Demonstrate how to do this, i.e. holding paper towels over bloody nose and applying pressure. Instruct person in cleanup of any blood spills. Place a barrier (e.g. paper toweling) between yourself and the injury if you need to provide assistance.

#### **H. Eating, Drinking, Other**

- Eating, drinking, applying cosmetics or lip balm and contact lens handling are not encouraged in work areas where there is a reasonable likelihood of occupational exposure. Also, food and drink shall not be stored in close proximity to where blood or potentially infectious materials are present.

### **4.0 Personal Protective Equipment (PPE)**

PPE shall be considered "appropriate" only if it does not permit blood or other potentially infectious material to pass through or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use. PLAEA will provide personal protective equipment as appropriate to employees at no cost.

**A. PPE includes**, but is not limited to:

- **Gloves** — used for first aid, cleanup, handling of sharps, and when in contact with any blood or other potentially infectious materials (OPIM). Disposable or single-use gloves, such as surgical gloves, for providing first aid etc. shall be discarded in leak-proof bags.

If possible, before putting on gloves, wash your hands. After you have put the gloves on, check for proper fit and punctures. Pull them snug to insure a good fit. To remove gloves, they shall be rolled or pulled from the wrist to the fingers so that the glove is inside out. This minimizes contamination. Disposable gloves shall be discarded immediately in lined container and never reused. Utility gloves used for blood cleanup must be cleaned and decontaminated after use. They must be inspected prior to each use and discarded if they have deteriorated or the integrity is compromised.

**B. Use.**

PLAEA will ensure that employees use appropriate PPE. Under rare and extraordinary circumstances, an employee may decline to use PPE; these cases will be investigated and documented.

**C. Accessibility**

Prairie Lakes AEA will ensure that appropriate PPE is readily accessible at the work site or issued to employees covered under the OSHA Bloodborne Pathogen Standard. Employees will be informed of the location and accessibility of PPE. PLAEA will base our decision regarding proper PPE issuance on the results of the assessment found at the beginning of the Exposure Control Plan.

**D. Upkeep.**

Prairie Lakes AEA will repair, replace, clean, launder and dispose of PPE at no cost to employee. Hypoallergenic vinyl gloves or appropriate substitutes shall be provided in place of latex gloves. Our policy dictates that employees inform the Exposure Control Officer of faulty, worn, dirty or other problematic PPE.

### **5.0 Clean and sanitary conditions shall be maintained in the work site.**

**A.** All contaminated equipment; environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

Decontamination will involve the cleanup of all material by absorption using paper toweling or

other absorbent material, water and soap, and final disinfection with an EPA-approved disinfectant. Bleach and water solution may be used, recommended at 1:65 solution

B. Broken glassware, which may be contaminated, will not be picked up directly with the hands. Tongs, forceps or a brush and dustpan shall be used and the material disposed of in a sharps container. This equipment shall be cleaned and disinfected by custodial staff after contact with blood. Cleaning and disinfecting procedures described in Paragraph A above shall be used.

C. Most waste can be disposed of in the regular waste stream; however, other regulated waste (example: blood-soaked rags):

- Shall be placed in containers, which are closable, leak-proof, labeled or color coded and closed prior to removal.

- If outside contamination occurs, the container will be placed in a second container that is closable, leak-proof, biohazard labeled or color-coded (red), and closed prior to removal.

- Disposal will be in accordance with federal and other applicable local/state regulations.

D. In the event that clothing and/or other washable materials are contaminated with blood or other potentially infectious material, the following conditions are applicable:

- Contaminated laundry shall be handled as little as possible and gloves utilized.

- Contaminated laundry shall be bagged in the location where it was used, but not sorted or rinsed at that time. When contaminated laundry is cleaned/laundered, it shall be done separately unless Universal Precautions are utilized and all laundry is considered soiled and handled as such. All soiled laundry will be placed in identified bags and employees instructed that those bags contain contaminated laundry.

- If contaminated laundry is to leave the premises, it shall be transported in color-coded or labeled bags or Containers unless the facility to which it is transported use Universal Precautions for all laundry. When Contaminated laundry is wet; it shall be transported in bags, which prevent soak-through and/or leakage of Fluids to exterior.

- PLAEA will ensure that employees who have access to contaminated laundry wear appropriate

personal protective equipment (PPE) and follow the above procedures.

## **6.0 New/Transferred Employees**

When a new employee is hired, or an employee changes jobs within the facility, the following process will take place to ensure that they are assessed and, if necessary, trained in the appropriate work practice controls:

1. The employee's job classification and the tasks and procedures he/she will perform are evaluated by classifications and task lists which have been identified in our Exposure Control Plan.

2. If the employee is transferring from one job to another within the facility, the job classifications and tasks/procedures pertaining to the previous position are also checked against these lists.

3. Based on this crosschecking, the job classifications and/or tasks and procedures, which will bring the employee into occupational exposure situations, are identified and documented. The supervisor will then train the employee regarding any work practice controls with which the employee is not experienced. In addition, complete bloodborne pathogen training and all other components of the regulation will be implemented.

## **7.0 Communication of Hazards**

Labels and signs are required for identifying contaminated materials. Outside of sharps containers, regulated waste is typically not generated. This must be evaluated for each facility.

A. Warning labels will be affixed to containers of regulated waste if any is generated, or contaminated equipment that is transported and cannot be completely decontaminated prior to transport.

B. Labels shall:

- include the biohazard legend.
- be fluorescent orange or orange-red with contrasting lettering or symbols.
- be affixed as close as feasible to container by string, wire, adhesive or other method that prevents their loss or unintentional removal.
- Prairie Lakes AEA has the option of substituting red bags or red containers for labels.

## **8.0 Information & Training**

Information and training will be provided to employees at no cost to the employee and during work hours.

A. Training will be provided:

- at the time of initial assignment.
- within 90 days after effective date of the OSHA Bloodborne Pathogen Standard.
- annually.

B. Additional training will be provided when changes such as modification or addition of tasks or procedures affect employee's occupational exposure.

C. Material covered will apply to educational level, literacy and language of employees being addressed.

D. The contents of the training program will include:

- Explanation of the epidemiology and symptoms of bloodborne diseases.
- Explanation of the modes of transmission of bloodborne pathogens.
- Explanation of our Exposure Control Plan, its location, and means by which an employee may obtain a copy.
- Assessment of tasks that may involve exposure.
- Methods for preventing or reducing exposure (engineering controls and work practices).
- Information on types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment (PPE).
- Explanation of selection of PPE.
- Information on the HBV vaccine, including efficacy, safety, administration and benefits, as well as the location and procedure for receiving the cost-free vaccination.
- Information on appropriate action to take and persons to contact in emergencies involving exposure.
- Explanation of procedures to follow when an exposure incident occurs, including reporting methods and medical follow-up.
- Information on the post-exposure evaluation and follow-up.
- Explanation of signs, labels and color-coding system be affixed as close as feasible to container by string, wire, adhesive or other method that prevents their loss or unintentional removal. Prairie Lakes AEA has the option of substituting red bags or red containers for labels.

E. The person conducting the training will be knowledgeable in the material covered during the training course as it relates to the workplace.



F. Training records will be maintained for a period of three (3) years and will include name, occupation, name of person doing training (with qualifications) and a brief overview of contents.

G. Training curriculum — PLAEA will be using an internally developed curriculum. A copy of this curriculum will be maintained and made available for review by employees or OSHA.

### **9.0 Hepatitis B Vaccination**

The hepatitis B vaccination is covered under Prairie Lakes AEA health insurance as a preventative vaccination.

- Prairie Lakes AEA will make the hepatitis B vaccine available to all employees who have occupational exposure. It will be:

- **Provided at no cost** to the employee. PLAEA will not institute a reimbursement program, or require an employee to use healthcare insurance to pay for the vaccination if there is any co-pay for insurance or procedure. The employee will incur no “out-of-pocket” costs.

- Made available to the employee from the doctor of their choosing in the health care facility of their choice.

- Performed by a licensed physician or licensed healthcare professional following appropriate healthcare professional procedures.

A. Exemptions would include:

- Employee who has received vaccine series previously.
- Antibody testing has revealed that employee is immune.
- Medical reasons.

B. PLAEA shall not require a prescreening program as a prerequisite for receiving the HBV vaccination. If the healthcare professional conducting the vaccination requires an antibody test prior to provision of the vaccination, the employer shall pay for the procedure.

C. An employee may decline the HBV vaccination, in which case the employee will sign a declination statement. The employee may, at a later date, request the vaccine; PLAEA shall grant the request at that time.

### **10.1 Post Exposure Evaluation & Follow-up Protocol**

The Business Office is responsible to evaluate an exposure incident (i.e. blood contact with mucous membranes, non-intact skin, or piercing the skin or mucous membrane by needle stick, cut, bite, etc.).

In the event of an exposure incident, it is imperative that the employee and PLAEA follow the appropriate protocol. Time is important in providing the most comprehensive and protective treatment. The Exposure Control Officer will refer the exposed individual to a healthcare professional of their choice.

Any employee who has an exposure incident should follow the post-exposure protocol. It is our responsibility to provide a confidential medical evaluation and follow-up after an exposure incident has been reported. The following protocol will be followed:

Exposed Employee Shall:

1. Immediately wash exposed area or flush mucous membrane with running water, and
2. Contact the Supervisor/Exposure Control Officer.

The Business Office will:

1. Document the exposure incident, along with routes of entry and circumstances of exposure using an exposure report form.
2. Identify and document source individual (unless prohibited by law). This is done to determine HBV or HIV status of the source.
3. The source individual's blood shall be tested as soon as feasible after consent is obtained. If consent is not obtained, document as such. When law does not require consent, the source individual's blood shall be tested (if available) and results documented.
4. If source individual is already known to be infected, status testing will not be repeated.
5. After consent is obtained, results of the source individual's testing will be made available to the exposed employee by the healthcare professional; the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
6. The exposed employee's blood will be collected as soon as feasible and tested after consent is obtained.
7. If employee consents to baseline blood collection, but does not give consent for testing, samples will be held for 90 days. In this time period, the employee may decide to have blood sample tested.
8. Make available the post-exposure evaluation/treatment provided by healthcare professional, including counseling and evaluation of reported illness by healthcare professional.

## **10.2 Information Provided to Healthcare Professional for Evaluation of an Exposure Incident**

- A. Copy of the Exposure Incident Report.
- B. Testing Consent/Declination of Source. If consent is obtained, results will be transmitted by the healthcare professional directly to the exposed employee.
- C. Testing Consent/Declination of Exposed Employee. Results will be transmitted directly to employee.
- D. Employee's medical records relevant to the incident (i.e. previous exposure or hepatitis B vaccination status).
- E. Healthcare professional's written Opinion Form (or use form provided by healthcare professional).

PLAEA will obtain the healthcare professional's written opinion and provide the affected employee with a copy within 15 days of completion of evaluation.

### **A. The healthcare professional's written opinion must contain:**

- Whether the HBV vaccination is indicated for the employee and if employee has received such vaccination,
- A statement that the employee was informed of evaluation results and any medical conditions resulting from exposure.

All other findings shall be confidential and maintained with the healthcare professional.

## **11.0 Recordkeeping**

Medical Records shall be confidential and in accordance with 29 CFR 1910.20.

A. Copy of information provided to healthcare professional, including a description of the exposed employee's duties as they relate to exposure incident, documentation of routes of exposure and circumstances under which exposure occurred, and results of the source individual's blood test, if available.

B. These records shall be kept confidential and shall not be disclosed or reported without the employee's express written consent.

C. PLAEA shall maintain records for duration of employment plus 30 years.

D. Upon request, the employer shall make employee records available under 29 CFR 1910.20 to the Assistant Secretary of Labor for the Occupational Safety and Health Administration and the

Director of the National Institute for Occupational Safety and Health. Records are also to be made available to subject employee for examination and copying.

E. Transfer of records shall comply with 29 CFR 1910.20(h). If PLAEA cease to do business and there is no successor employer to receive and retain above records, the Director of NIOSH shall be notified three months prior to their disposal. Further action may be taken at such time. Training Records will be maintained for a period of three (3) years and will include name, occupation, name of person doing the training (with qualifications) and a brief overview of course content.

## **11.1 Recordkeeping/Forms Synopsis**

### **Schedule of Implementation/Review Date**

The Bloodborne Pathogen Standard requires that the implementation schedule of this regulation in each facility be clearly documented. In addition, the annual review date must also be documented. The implementation date should be the actual date that components of the law are implemented, even if it is after the compliance dates mentioned in the regulation. The plan must be reviewed annually or whenever necessary to reflect new or modified tasks/employee positions, which affect occupational exposure. The methods used to implement the various components of the regulation should also be documented.

### **BBP-01**

#### **Bloodborne Pathogen Training Record**

The employer may choose to keep training records in one of two ways: (1) an individual training record for each employee who participates in the training, which will be kept in his/her file; or

(2) The more administratively streamlined method allowed under the regulation, which is the maintenance of training records by session. The training records would then be maintained chronologically and, if desired, cross-referenced to the employee's individual file, e.g. "Jane Doe Training Records — Bloodborne Pathogen Training by 9/25/92." All training records need to be maintained for a period of three years

### **BBP-02**

#### **Vaccination Declination and Consent Forms**

Once PLAEA has determined which employees are covered, PLAEA will offer the vaccine. However,

the regulation allows the employee to either decline or accept the offer of vaccination. If the employee declines the offer, Form BBP-02 should be reviewed and signed by the employee. If the offer is accepted, Form BBP-02 should be reviewed and signed by the employee. Even if the employee declines the initial offer, he/she has the right to request it at any time in the future.

The Hepatitis B Information Sheet from the Centers for Disease Control can be provided to the employee for review and signature before provision of the hepatitis B vaccine.

### **Hepatitis B Vaccination Transmittal Letter to Healthcare Professional**

This letter should be provided to the appropriate healthcare provider who will be administering the hepatitis B vaccination. It informs the healthcare professional that the employee has received all relevant information and consented to receive the hepatitis B vaccine. A copy of the regulation should also be provided to the healthcare professional.

BBP-04

### **Exposure Incident Report**

When an exposure incident as defined by regulation occurs — i.e. when blood or other potentially infectious materials come in contact with eyes, mouth, other mucous membranes, non-intact skin, a needle-stick laceration, or bite that pierces the skin or mucous membrane — it is imperative that the incident be recorded and referred to the Exposure Control Officer as soon as possible. Time is of the essence in implementing appropriate procedures and follow-up.

### **12.0 Review/Update of Plan**

The Exposure Control Plan and accompanying records are public documents and available for public review (except for information protected by the Data Practices Act). Copies will be made available upon request, provided we are reimbursed for costs associated with reproduction.

OSHA recommends that a Plan is made available in each facility.

Finally, to ensure that the Plan is kept up to date, it will be reviewed and amended annually and whenever tasks are implemented which may affect occupational exposure.