

# Bloodborne Pathogens Exposure Control Plan

CW Ohio, Inc.

6/27/2012

CW Ohio, Inc. has made a commitment to the prevention of incidents and accidents that can result in employee injury and illness. This exposure control plan is an element of our safety and health program.

## **Purpose**

This exposure control plan establishes responsibility and guidelines for protecting employees of CW Ohio, Inc. from bloodborne pathogens. Bloodborne pathogens are disease-causing microorganisms found in human blood, bodily fluids and tissues.

## **Scope**

This policy covers all employees of CW Ohio, Inc. who reasonably could come into contact with blood and other potentially infectious materials in the course of performing their assigned job duties.

## **Exposure determination**

Employees subject to OSHA bloodborne pathogens standard are those who are reasonably expected to have skin, eye, mucous membrane or parenteral contact with blood and/or body fluids that are contaminated with blood resulting from the performance of their assigned job duties. Although Good Samaritan acts are not covered under the bloodborne pathogen standard, it is our policy to provide evaluation and treatment of employees who sustain exposure to blood or OPIM who assist an injured employee but are not required to.

## **Exposure determination list**

This list of jobs and procedures is based upon risks and exposures incurred without the use of personal protective equipment. All employees in the following job classifications may come in contact with blood or other potentially infectious materials (OPIM).

The following is a list of job titles and tasks in which some employees may have occupational exposures to blood or OPIM:

<i>Supervisors</i>	Providing first aid care
	Care of wounds
	Disposal of regulated waste
	Transporting injured employees
	Post-injury clean up

## **Universal Precautions**

When presented with a potential exposure to bloodborne pathogens, employees must use universal precautions. Using “universal precautions” means that you must treat all human blood, bodily fluid and tissues as if they are known to be infected human immunodeficiency virus (HIV), hepatitis B virus (HBV) and other bloodborne pathogens.

## **Work Practice Controls**

We use the following work practices to control exposures to blood or OPIM:

Handwashing is required. At risk employees have been instructed in handwashing. Alternative handwashing methods, such as alcohol wipes and waterless cleaners, may be used as an interim measure until handwashing facilities with soap and running water are available. These also have been explained to at-risk employees.

## **Engineering Controls**

Use the following engineering controls to eliminate or minimize occupational exposure.

Handwashing facilities are available in each of the restrooms.

Where handwashing is not immediately available, antiseptic towelettes or germicidal gels are available in first aid kits in plant offices.

Biohazard bags are available from the HR department for storage of regulated waste without leakage during handling, storage and transport. These are red in color and are labeled with the biohazard warning. They are intended to contain regulated waste of gloves, soiled laundry, soiled bandages & gauze and any other soft materials soiled with blood or OPIM. They must be disposed of by the HR department.

## **Safe medical devices**

Purchase and use safe medical devices whenever possible. Evaluate devices annually to determine appropriateness of the device and to investigate new and safer options.

## **Personal protective equipment (PPE)**

The following PPE is available free of charge for employees:

Disposable gloves, face shields, pocket masks, and other types of barriers are available for use at employees discretion.

Employees engaging in activities that may involve direct contact with blood, OPIM contaminated objects, mucous membranes or open wounds must wear disposable gloves made of vinyl or latex. Use reusable rubber gloves (inspected and free of apparent defects) or disposable gloves to clean up spill areas. Disinfect reusable gloves with diluted liquid bleach or germicides after use.

Wear face shields or goggles with disposable surgical masks whenever splashes, spray, spatters of blood droplets or OPIM may be generated and eye, nose, or mouth contamination can be reasonable anticipated.

Remove used PPE and place in biohazard container or in a plastic bag with a biohazard label.

## **Housekeeping**

This facility uses the following housekeeping procedures:

Employees responsible to clean and disinfect working surfaces at shift end and/or immediately after a blood/OPIM spill or leakage occurs, using 10-to-one bleach and water solution.

Clothing or blankets that have been contaminated by blood or OPIM must be cleaned by a laundry facility that has a bloodborne pathogen program in place.

## **Hepatitis B vaccine**

The employees that the company has identified as at-risk for occupational exposure will be offered the HBV vaccine within 10 days of initial assignment to job duties that put them at risk of occupational exposure unless the employee has previously received the vaccine or it is not medically advisable. The vaccination will be provided at no cost to the employee. An employee who initially declines to accept the HBV vaccination may, at a later date, request and received the vaccination at no cost if he or she still has occupational exposure.

At risk employees who decline the offer of HBV vaccination must sign a declination form with language required by federal and state safety and health regulations. This form is available from the HR department and must be placed in the employee's confidential medical file.

The HR department retains vaccination records in the employee confidential medical file.

## **Postexposure Evaluation and Follow-up**

If an exposure incident occurs at this facility, the following procedure must be followed:

1. A written exposure incident occurs at this facility, the following procedure must be followed:
2. The source individual must be identified when possible.
3. The source individual must be asked to voluntarily submit to HBV and HIV blood testing.
4. An exposed employee must be offered a postexposure evaluation and medical follow-up by a licensed physician or health care professional at no cost to the employee.
5. The exposed employee must be offered voluntary blood collection and testing. If the employee submits to collection but not HIV testing, the blood sample must be kept for at least 90 days, during which time the employee can choose to have the sample tested.
6. Appropriate postexposure prophylaxis must be offered to the exposed employee. This can include immune globulin for HBV and for HIV as recommended by the physician familiar with current Centers for Disease Control (CDC) guidelines
7. Counseling for and evaluation of any reported illnesses must be provided to the exposed employee at no charge.
8. A written opinion of the physician or health care professional must be included in the exposed employee's confidential medical record. The exposed employee must be informed of the evaluation and any exposure-related conditions that will require further evaluation and treatment.
9. All required laboratory tests must be done by an accredited laboratory at no cost to the employee.

## **Labels and Signs**

This operation uses red color-coding and biohazard labels to mark all containers of items contaminated by blood or OPIM.

## **Recordkeeping**

Medical and training records are maintained as listed below.

### ***Medical Records***

Confidential medical records are maintained for each exposed and at-risk employee for the duration of each employee's employment plus 30 years and include:

Employee name and Social Security number; HBV vaccination status (dates of vaccine, declination forms and other records relating to the employee's ability to receive the vaccine); All results of postexposure examinations, medical testings and follow-ups; Copies of information provided to the health care professional as part of a postexposure evaluation and follow-up, and Copies of the postexposure evaluator's written opinions.

These medical records are maintained in files in the human resources office. Access to these records may be permitted only with the subject employee's written consent, or when officially requested by a representative from federal or state safety and health agencies.

### **Training Records**

Training records of all at-risk employees are maintained for at least three years. They are located in the human resources office and include: Names and job titles of trainees; Dates of training sessions; Contents or a summary of material covered; and Names and qualifications of the trainers conducting the sessions.

Training records are available upon request to any employee or his/her representative, or to representatives from federal or state safety and health agencies.

### **Transfer of Records Upon Closure**

If this facility closes without a successor employer to receive and maintain medical and training records related to bloodborne pathogens, we will, at least three months prior to disposal of the medical or training records:

Transfer the records to or notify the National Institute for Occupational Safety and Health (NIOSH) or the state safety and health agency, as appropriate; and notify current employees of their right to access the records.

### **Plan for Evaluation of Exposure Incidents**

An "exposure incident" occurs when any employee comes into contact with human blood, bodily fluids or tissues in the course of performing his or her job duties, including contact by skin, mouth, eye, mucous membranes or through needlesticks, cuts, bites or abrasions.

Those who have suffered a suspected exposure incident will be referred to occupation health provider. A copy of the exposure incident will kept in the employee confidential medical file and any medical information from the treating physician.

