

Bloodborne Pathogens Exposure Control Plan

In accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030, the following exposure control plan has been developed for the USDA-ARS-Madison remote locations (Marshfield).

EXPOSURE DETERMINATION

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. While none of the job duties at the Marshfield Farm were determined to pose a significant risk for exposure to blood or other potentially infectious materials, it is necessary to employ an exposure control plan due to the remoteness of the work site. For work to occur at remote sites, at least one person trained in first aid shall be present. Employees working alone must be trained in first aid.

EXPOSURE CONTROL

Exposure to blood or other potentially infectious materials will not usually occur during 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 during emergency treatment. Exposure could also occur where you are present at an accident scene, exposed to clothing, equipment or other materials that have been penetrated by blood or other infectious material.

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.

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 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.)

PERSONAL PROTECTIVE EQUIPMENT

Protective equipment and clothing shall be available and shall include:

- Latex, nitrile or vinyl gloves
- Face Shield
- Apron
- Protective eye wear with solid side shields or goggles
- Utility gloves
- Protective airway mask

All used personal protective equipment will be disposed of properly.

All personal protective equipment contaminated by blood or other potentially infectious material shall be put into a biohazard container and secured.

CLEAN-UP AFTER EXPOSURE

An employee who has been exposed to blood, bodily fluids or other infectious material shall clean-up immediately.

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 biohazard bags.

If hand washing facilities are not immediately available, the employee shall use the antiseptic cleanser or antiseptic towelettes to clean his hands or other body parts. In addition, the employee shall wash his hands and other body parts with soap and water as soon as feasible.

CONTAMINATED EQUIPMENT

Equipment that has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or use. Equipment shall be decontaminated as necessary with a

bleach solution prior to recommissioning.

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 from the employer, or supervisor who shall have disposable gloves in their work area. 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.

POST-EXPOSURE INCIDENT EVALUATION AND FOLLOW-UP

When the employee incurs an exposure incident, it shall be immediately reported to the Research Leader. 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 and/or rendering first aid assistance in the event of an emergency.

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.

INTERACTION WITH HEALTH CARE PROFESSIONALS

A written opinion shall be obtained from the health care professional who evaluates employees of ARS. 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.

TRAINING

Training for all employees shall be conducted prior to initial assignment to tasks where occupational exposure may occur. In addition to standard Adult First Aid/CPR training, employees will complete Bloodborne Pathogens training in accordance with 29 CFR 1910.1030(g)(2)

annually.

Training for employees will include an explanation of:

1. The OSHA standard for Bloodborne Pathogens; [https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051#1910.1030\(g\)\(2\)\(vii\)\(G\)](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051#1910.1030(g)(2)(vii)(G))
2. Epidemiology and symptomatology of bloodborne diseases;
3. Modes of transmission of bloodborne pathogens;
4. This Exposure Control Plan
5. Procedures which might cause exposure to blood or other potentially infectious materials on the job site and campus;
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. The specifics of the First Aid Reporting Procedures.

A copy of the training records will be maintained for a minimum of three years.

FIRST AID REPORT PROCEDURE

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

Each report of a first aid incident must include 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.

ARS will maintain first aid incident reports and the list of such reports. An employee may review such reports or list upon request.

POST EXPOSURE PROCEDURE

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. ARS will coordinate the initiation of the full vaccination series immediately. Use accompanying ARS

“Post Exposure Follow Up Form” to initiate post exposure procedure.

POST EXPOSURE FOLLOW-UP

1. EXPOSURE INCIDENT REPORT

1910.1030(f)(3)(i) - (vi): Post Exposure Evaluation and Follow-up

2. INSTRUCTIONS FOR THE EVALUATING PHYSICIAN

1910.1030(f)(4)(i)-(ii): Information Provided to the Healthcare Professional

3. WRITTEN OPINION

1910.1030(f)(5)(i) - (iii): Healthcare Professional's Written Opinion

EXPOSURE INCIDENT REPORT

1910.1030(f)(3)(i): Route(s) and Circumstances of Exposure Incident

Employee's Name _____ Date _____

Date of Birth _____ SS# _____

Telephone (Business) _____
(Home) _____

Job _____
Title _____

Date of Exposure _____ Time of Exposure _____ AM ___ PM ___

Hepatitis B Vaccination
Status _____

Location _____ of
Incident _____

Describe what job duties you were performing when the exposure incident occurred

—

Describe the circumstances under which the exposure incident occurred (what happened that resulted _____ in _____ the _____ incident)

What body fluid(s) were you exposed to?

–

What was the route of exposure (e.g., mucosal contact, contact with nonintact skin, percutaneous)?

–

Describe any personal protective equipment in use at time of exposure incident

–

–

Did PPE fail? _____ If yes, how?

–

Identification of source individual(s) (names)

–

Was consent obtained from the source patient for testing? YES _____ NO

(When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.)

If yes, was the source patient's results forwarded onto the evaluating healthcare professional?

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Other information _____ pertinent

1910.1030(f)(3)(iii): Was collection and testing of the exposed employee's blood done as soon as feasible and after consent obtained? _____

1910.1030(f)(3)(iv) - (vi):
Was post-exposure prophylaxis, when medically indicated provided? _____

Was counseling provided? _____

Was Evaluation of reported illnesses provided? _____

INSTRUCTIONS FOR THE EVALUATING PHYSICIAN

1910.1030(f)(4)(i)-(ii): Information Provided to the Healthcare Professional

This employee may have suffered an exposure incident as defined in the Bloodborne Pathogens Standard. In accordance with the standard's provision for post exposure evaluation and follow up, the employee presents to you for evaluation. Included to assist you in this evaluation are:

- (A) A copy of 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens;
- (B) A description of the exposed employee's duties as they relate to the exposure incident;
- (C) Documentation of the routes of exposure and circumstances under which exposure occurred;
- (D) Results of the source individual's blood testing, if available; and
- (E) All medical records relevant to this employee's appropriate treatment, including vaccination status.

After completing the evaluation, please:

- (A) Inform the employee regarding the evaluation results and any follow up needed;
- (B) Complete the attached written opinion form and give it to the employee; and

- (C) Send a copy of written opinion to:
USDA-ARS-EIDMRU
Attn: Research Leader
2615 Yellowstone Drive
Marshfield, WI 54449

WRITTEN OPINION

1910.1030(f)(5)(i) - (iii): Healthcare Professional's Written Opinion

WRITTEN OPINION

To the Evaluating Physician:

After your evaluation of this employee, please assure that the following information has been furnished to the employee and provide your initials beside the following statements:

(A) _____ The employee has been informed of the results of this evaluation within 15
(initial) working days.

(B) _____ The employee has been told about any medical conditions resulting from
(initial) exposure to blood or other potentially infectious materials which require further evaluation and treatment.

(C) The Hepatitis B vaccination **IS** or **IS NOT** indicated for this employee.

(D) If the Hepatitis B vaccination is indicated, did the employee receive the vaccination?

YES NO 1st Shot Received (Date): _____

No other findings are to be included on this report.

Please return this sheet to this employee, _____ (name of employee).

Please provide a copy to the employer:

USDA-ARS-EIDMRU
Attn: Research Leader
2615 Yellowstone Drive
Marshfield, WI 54449

Thank you for your evaluation of this employee.

Physician's Signature

Physician's Name (Printed)

Date