**BLOOD BORNE PATHOGENS EXPOSURE CONTROL PROGRAM**

The purpose of this policy is to limit occupational exposure of employees to blood and other potentially infectious body fluids and materials that may transmit blood borne pathogens and lead to disease or death.

It is the policy of Piedmont Service Group (PSG) that all employees shall use universal precautions in an attempt to eliminate or minimize employee exposure to blood borne pathogens. All PSG employees shall have immediate access to this control policy. Records shall be provided to employees upon request in a timely and reasonable manner within fifteen (15) working days of the request.

**Procedures for Reducing Exposure Risks**

**Universal Precautions:**

• Universal precautions refer to approaches to infection control in which all blood and certain body fluids are treated as if known to be infectious for HIV, HBV, or other blood borne pathogens.

• These approaches recognize that there is no practical way to determine the health status of all persons who may be sources of blood borne pathogens.

• Using this assumption when dealing with infectious materials eliminates the need for decision-making to determine the extent of actual or potential disease hazards and establishes minimum standards for contamination control that will effectively control bloodborne pathogens if they are present.

• Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. In situations where differentiation between body fluid types is difficult or impossible (e.g. poor lighting, uncontrolled or emergency situations), all body fluids shall be considered potentially infectious materials.

**Engineering Controls:**

• Engineering controls include all measures designed to reduce the potential for contact between workers and potentially infectious materials by either removing the hazard or isolating the worker from exposure.

• All employees that are not essential to the administrating of medical treatment or to the cleanup operation of infectious materials shall be removed from the area to eliminate exposure to blood borne pathogens.

**Work Practice Controls:**

• Work practice controls are those measures that reduce the likelihood of exposure by altering the manner in which a task is performed.

• All procedures involving direct handling of blood or other potentially infectious material should be accomplished in a manner that minimizes splashing, spraying, spattering, or aerosol production of other potentially infectious material.

• Hands and any other exposed skin surfaces must be washed with soap and running water and mucous membranes should be flushed with water as soon as possible after contact with blood or other potentially infectious material.

• If hand washing facilities are not available, employees shall utilize hand sanitizers, antiseptic wipes/solutions located in the First-Aid kit.

**Personal Protective Equipment (PPE):**

Personal protective equipment includes any item which the employee wears or uses on his/her person to

provide barrier protection of the skin or mucous membranes from contamination by blood or other

potentially infectious material. Examples include: gloves, face shields, masks, eye protection, resuscitation

bags, pocket masks, and other ventilation devices.

• The use of appropriate PPE is required as supplementary protection in all situations where exposure remains after institution of both engineering controls and work practice controls.

• PSG requires the use of appropriate PPE for all employees when engaged in tasks involving contact with blood, body fluids, or any potentially infectious material for which occupational exposure is reasonably anticipated.

• PPE shall be provided at no cost to PSG employees. PPE shall be repaired or replaced as need to maintain its effectiveness.

• The only exception to this requirement shall be those rare and extraordinary occasions when, in the professional judgment of the employee, wearing of required PPE would have prevented delivery of health or public safety services or would have posed an increased hazard to the employee or coworkers. Such situations must be investigated and documented to determine whether such occurrences can be prevented.

**Communication of Hazards**

Warning labels shall be affixed to containers and bags of regulated waste containing blood or other potentially infectious material.

These labels must include the Biohazard legend depicted below, have a fluorescent orange or orange-red

colored background with lettering or symbols in a contrasting color and be affixed as close as feasible to

the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.



Signs which are fluorescent orange or orange-red, with lettering or symbols in a contrasting color and bearing the biohazard legend shall be posted at the entrance to work areas where the cleanup or disposal of blood or other potentially infected material is taking place.

**Training**

All employees with occupational exposure to blood borne pathogens shall participate in Blood Borne Pathogen awareness training upon hiring or initial assignment and annually thereafter. The content of the training program shall contain at a minimum the following elements:

• A copy of the Blood Borne Pathogen standard.

• A general explanation of the epidemiology and symptoms of blood borne diseases.

• An explanation of the modes of transmission of blood borne pathogens.

• An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices and personal protective equipment.

• Information on the appropriate actions to take and persons to contact regarding a personal exposure involving blood or other potentially infectious materials. Information on the post-exposure evaluation and follow up that PSG is required to provide for the employee following an exposure incident.

**Cleanup & Disposal of Blood Borne Pathogens**

If blood or other potentially infectious body fluids are encountered in the work place, always observe Universal Precautions first and foremost. While fluids such as urine and vomit are not considered infectious by themselves, they are considered infectious if observable blood is present. Use Universal Precautions in any case.

The cleanup procedure for blood and other potentially infectious fluids is as follows:

• Apply appropriate PPE.

• Use absorbent material to pick up the bulk of the fluid.

• Use a straight edged scrapper to gather the absorbent material for pickup.

• Use disposable toweling to finish wiping up remaining fluid.

• Absorbent material and toweling should be disposed of in an appropriate bag. Red, biohazard labeled bags should be used for known infectious fluids.

• The affected area should be washed thoroughly with a solution consisting of 5.25% sodium hypochlorite (household bleach) mixed 10:1 with water. Again, blot with disposable toweling and discard in the same bag. Dispose of waste in accordance to local, state and federal regulations.

**Hepatitis B Vaccination**

The Hepatitis B vaccine shall be made available to all employees of PSG who are identified as having potential occupational exposure on a daily or near daily basis to blood borne pathogens. The vaccination

shall be of no cost to PSG employees and be available to employees within ten (10) working days of initial

assignment to jobs with occupational exposure.

Any employee who initially declines the recommended vaccination shall be required to read and sign a declination form. Employees who decline the vaccination initially may elect to accept it at a later date if still employed in a position with potential occupational exposure.

**Post Exposure Evaluation & Follow-Up**

Exposure incidents are defined as any specific occupational incident involving eye, mouth and other mucous membrane, or skin contact with blood or other potentially infectious materials.

Upon exposure, the following steps shall be taken:

• Employees shall thoroughly clean the affected area.

• A report shall be made immediately to his/her supervisor and to the company Safety Director.

• PSG will direct the exposed employee to a qualified local healthcare provider with a copy of the exposure report and Hepatitis B vaccine status.

• PSG will attempt to obtain source individual’s HBV/HCV/HIV consent for testing and provide test results to the healthcare provider.

• The healthcare provider will evaluate the exposure report, arrange for testing of the exposed employee, notify the employee of the test results, and provide counseling and post-exposure prophylaxis if medically indicated.

• The written opinion of the healthcare provider shall be provided to the employee and a record of the exposure shall be filed.

**Recordkeeping**

The Safety Director shall establish and maintain records for employees with occupational exposure to blood borne pathogens for the duration of employment and 30 years after termination of employment.

Each medical record shall include the employee's name and social security number, Hepatitis B vaccination status, copies of results of all exams, tests, and follow ups related to reported exposure incidents, and written medical opinion of post-exposure incidents.

All training records associated with blood borne pathogens shall be maintained for a minimum of three (3) years from the date of training.