SECTION 9.0 | BLOODBORNE PATHOGENS

9.1 | Exposure Control Plan Access

Employees shall have access to a copy of the exposure control plan by request from their supervisor or the safety manager who will supply it in a reasonable time, place, and manner.

9.2 | Procedure Reviews and Updates

The exposure control procedure must be reviewed on an annual basis and updated whenever a new procedure, activity, or function with the potential to expose employees to biohazards is introduced into a worksite.

9.3 | Universal Precautions

Employees shall observe universal precautions by treating all human blood and certain human body fluids as if they are known to be infectious for HIV, HBV, and other pathogens even under circumstances where exposure is highly unlikely.

9.4 | Exposure Controls

Exposure controls are designed to reduce or eliminate employee exposure to blood or potentially infectious materials and should be re-evaluated and revised, if necessary, on a regular basis to maximize their effectiveness in controlling employee exposure. Therefore:

1. Hand washing facilities are readily available at all work locations except those that cannot support or simply do not have such facilities. In these cases, appropriate antiseptic solutions and / or towelettes are available for use.
2. All sharps containers shall have a biohazard-warning label or a specific color to identify it as a biohazard, shall be resistant to punctures and shall be leak proof. The same characteristics shall apply to all secondary sharps containers.

9.5 | Safe Work Practices

Safe work practices are designed to support exposure controls and further minimize or eliminate occupational exposure. Therefore:

1. Employees must wash hands and other applicable body parts as soon as potentially contaminated gloves or other PPE are removed to further prevent contamination.
2. If any part of the body has contact with blood or any other infectious material, employees must wash hands and other exposed body parts with soap and water immediately.
3. Only trained and authorized personnel are allowed to handle sharps, sharps containers and any other potentially sharp and infectious needles or equipment.
4. Activities such as applying makeup, handling contact lenses, smoking or any other hand and eye, mouth, nose, ear or other body part contact is prohibited in areas where exposure to biohazards is possible.
5. Storage areas such as pantries, freezers, refrigerators, and others that may contain potentially infectious materials shall not contain food or drink.
6. All equipment and surfaces that have had contact with blood or other infectious materials must be properly cleaned and decontaminated.
7. All biological specimens must be contained in leak proof containers for handling, storage, and transport to minimize potential contact with other surfaces and employees.
8. In cases where the exterior surface of the specimen container is contaminated; the container must be placed into another leak proof container, which shall be labeled as “for handling and storage”.
9. All emergency responder, first aid, or other potentially infectious supplies must be disposed of immediately and appropriately after contamination.

9.6 | Personal Protective Equipment (PPE)

PPE must be of proper fit, adequate for the task at hand and readily available. Defective or damaged PPE must be discarded / replaced or repaired to ensure maximum effectiveness. The following safe work practices shall be followed regarding biohazards and PPE:

1. Protective garments that are penetrated by blood or other infectious materials must be removed and properly disposed of immediately.
2. PPE that may be contaminated must be removed and properly stored / contained before leaving the work area.
3. PPE such as protective gloves must be worn whenever contact with potentially infectious material exposure is anticipated.
4. Disposable PPE such as rubber gloves must be replaced as soon as practical when contamination has occurred or when they are rendered ineffective by a tear, puncture, or other occurrence.
5. Masks and eye protection (such as goggles, face shields, etc.) are used whenever splashes or sprays may generate droplets of infectious materials.
6. Whenever infectious material splashes, sprays or other similar occurrences are possible, PPE such as face shields, goggles, head garments or other appropriate PPE shall be used to protect face, eyes etc.
7. Adequate PPE must be used unless temporarily declined by the employee and approved by the safety manager.
8. PPE should be cleaned, laundered & properly disposed of if contaminated.
9. All PPE must be cleaned, maintained, used, stored, and disposed of properly when applicable.

9.7 | Post-Exposure Requirements

All potential blood or infectious material exposure incidents shall be investigated by the employer thoroughly to ensure that hazards are abated and that affected employees receive the necessary treatment needed to minimize the impact of potential or actual exposure.

All reported exposure incidents shall be formally investigated by the exposure control officer / safety manager or supervisor when the safety manager cannot be present. A detailed report of the incident outlining root cause, corrective actions and the current status of affected employees is then completed and reviewed by the employer to help prevent reoccurrence. Additionally, the following confidential information shall be provided to exposed employees:

- All documentary reports and information of the exposure incident and its circumstances.
- The identity of the exposure source individual unless applicable laws prevent such identification.

Upon completion of the above procedures, the exposed employee shall be appointed to a qualified healthcare professional who will evaluate the exposed employee, provide information to the employee about his or her medical status and initiate treatment where applicable. Employer shall provide the following information to the healthcare professional:

- A copy of the biohazard's standard.
- A detailed description of the exposure incident.
- Additional information that is relevant to the healthcare professional.

The following information will be provided to the employer by the healthcare professional as a "written report" and copied to the exposed employee upon completion of the healthcare professional's evaluation of exposed employee:

- If a Hepatitis B vaccination is recommended for the exposed employee.
    - The Hepatitis B vaccine will be made available to all employees with occupational exposure. If an employee declines, they must complete the Hepatitis B Vaccine Declination Statement.
- If the exposed employee has received the Hepatitis B vaccination since the incident.
- Verification that the exposed employee has received results of the medical evaluation.
- Verification that the exposed employee was made aware of medical conditions caused by the exposure incident that require additional medical evaluation or treatment.