**Bloodborne Pathogen Program**

**PURPOSE – 1910.1030**

This is Masters Electrical Services Corporation Exposure Control Plan to reduce workplace exposure to bloodborne pathogens. This program explains how we use a combination of engineering and work practice controls, personal protective clothing and equipment, training, medical surveillance, Hepatitis B vaccinations, signs, labels, and other methods. We use the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens standard to develop this Exposure Control Plan.

**SCOPE – 1910.1030(a) \*Attachment A**

This policy applies to employees who are likely to contact blood or other potentially infectious materials (OPIM) while at work. Attachment A contains definitions of terms used in the document. This policy supplies guidance and understanding in the following:

**A. Program Administration**

**B. Program Specific Elements**

1. Employee Exposure Determination
2. Methods of Compliance
3. Hepatitis B Vaccination
4. Exposure Incidents
5. Medical records

**C. Information and Training**

**D. Program Evaluation & Updates**

**Attachments**

1. **PROGRAM ADMINISTRATION & RESPONSIBILITIES**
2. The President / Vice Presidentmanages the Exposure Control Plan for Masters Electrical Services Corporation by:
   1. Naming all potentially exposed employees.
   2. Determining and ensuring implementation of universal precautions, engineering controls, personal protective equipment, and housekeeping.
   3. Developing and documenting training.
   4. Evaluating post exposure response for compliance.
   5. Implementing corrective actions when needed.
   6. Evaluating/reviewing the program annually.
   7. Maintaining medical records.
3. The President / Vice President with identify exposure, maintaining supplies, ensuring performance of housekeeping, and evaluating post exposure response, and implementing corrective actions when needed. Supervisors maintain program specifics in their work areas and ensure employees follow the program and the training they receive.
4. **Safety Team** helps the President / Vice President with the yearly program evaluation and training.
5. **Employees determined to have occupational exposure to blood or OPIM** must comply with procedures and work practices outlined in this exposure control plan.

**B. PROGRAM SPECIFIC ELEMENTS** **1910.1030(c)-(f) \*Attachment B**

**1. Employee Exposure Determination** **1910.1030(c)(2)**

The President / Vice President performed a first evaluation of occupational exposures at Masters Electrical Services Corporation. The President / Vice President reviews this evaluation yearly and when a change in process or procedure occurs. To see job titles and tasks with exposure, see Attachment B.

2. **Methods of Compliance** **1910.1030(d)**

Employees observe universal precautions to prevent contact with blood or OPIM. Employees treat all human blood or OPIM as if known to be infectious for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and other bloodborne pathogens.

* 1. Engineering and Work Practice Controls **1910.1030(d)(2)**

All employees follow engineering and work practice controls to eliminate or minimize exposure to employees at this facility.

Example: Place sharps in designated containers in the first aid room.

Example: Use tongs or brooms and dustpans to pick up contaminated sharp objects like broken glass.

Example: Apply absorbent compound to any bodily fluid before cleaning it up.

Employees place all waste, sharps, and other contaminated items in a bag or container that has a biohazard label or is red in color. Labels are orange or orange-red and have the biohazard symbol and the word BIOHAZARD clearly printed on them. Wherever this policy says, “labeled or color-coded,” it means labeled with biohazard labels or made of a material that is red. The President / Vice President is responsible for examining and maintaining or replacing the engineering controls on a monthly basis to ensure their effectiveness.

* 1. Personal Protective Equipment (PPE) **1910.1030(d)(3)**

Masters Electrical Services Corporation supplies PPE to employees who have occupational exposure. The President / Vice President inventories PPE supplies weekly to assure availability. PPE is stored (location).

Employees using PPE follow these rules:

1. Wash hands at once or as soon as possible after removing gloves/PPE **(1910.1030(d)(2)(v).**
2. Remove PPE after it becomes contaminated and before leaving the work area.
3. Place used PPE in biohazard bags and then in regular trash if under 50 lb. per month.
4. Wear correct gloves when there may be hand contact with blood or OPIM, when touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated.
5. Never wash or decontaminate disposable gloves for reuse.
6. Wear proper face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
7. Remove at once or as soon as feasible any garment contaminated by blood or OPIM, while avoiding contact with the outer surface.

All employees wear the PPE in Attachment B while performing listed job tasks.

* 1. Housekeeping **1910.1030(d)(4) \*Attachment C**

The President / Vise President cleans and decontaminates this facility according to the schedule in Attachment C. The President / Vice President cleans and decontaminates all first aid equipment and contaminated work surfaces, including trash cans, at the completion of first aid or as soon as possible. The President / Vice President examines and decontaminates all equipment or parts that have or may have become contaminated with blood or OPIM.

i. Regulated Waste Disposal **1910.1030(d)(4)(iii)**

Employees place regulated waste in containers that are closable, constructed to hold all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling. The President / Vice President disposes of all wastes following guidelines from the Ohio EPA and the local health authority.

ii. Contaminated Sharps **1910.1030(d)(2)(viii) \*Attachment A**

Employees place contaminated sharps at once or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Employees only pick up these sharps using mechanical means, such as a brush and dustpan. See definition of contaminated sharps in Attachment A.

iii. Needles & Other Medical Sharps

Employees avoid contact with needles and other medical sharps during use, cleanup, and disposal to prevent accidental cuts and punctures.

* Employees do not bend, recap, remove, shear, purposely break, or touch with the hands any contaminated needles or other contaminated sharps.
* Sharps containers must be puncture resistant, leakproof on the sides and bottom, and labeled or color-coded.
* Immediately or as soon as possible, place contaminated needles or other disposable contaminated sharps in the SHARPS container in the first aid

room for disposal.

* Sharps disposal containers are available at location *(must be easily accessible and as close as possible to the immediate area)*.
* Employees decontaminate reusable medical sharps (like tweezers) before placing them back in service.

iv. Laundry – **1910.1030(d)(4)(iv)**

Employees handle laundry contaminated with blood or OPIM as little as possible. Employees place contaminated laundry in labeled or color-coded bags. These bags are in the first aid room.

v. Work Area Restrictions

There is a possibility of exposure to blood or OPIM in the first aid room*.* Employees do not eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses in this area. Employees do not keep food and beverages on shelves, cabinets, or counter tops in this area.

**3. Hepatitis B Vaccination** - **1910.1030(f) \*Attachments B and D**

The President / Vice President provides training to employees on hepatitis B vaccinations. Offer the hepatitis B vaccination series to employees listed in Attachment B at no cost and within 10 days of initial assignment. Encourage vaccination unless: 1) records show that the employee has previously received the series, 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination is contraindicated.

If an employee chooses not to receive the vaccination, the employee must sign a declination form Attachment D. Employees may choose to receive it later at no cost. (Health care Professional who handles this part of the plan) supplies the vaccination at (location).

**4. Exposure Incidents \*Attachments E and F**

* 1. If there is an exposure incident, contact The President / Vice President.
  2. Perform initial first aid, such as cleaning the wound, flushing eyes or other mucous membranes, etc. The supervisor immediately sends the exposed employee for a confidential medical evaluation and follow-up by(Licensed health care professional) following the steps in Attachment F.
  3. The President / Vice President gives the health-care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up a copy of OSHA's bloodborne pathogens standard.
  4. The President / Vise President ensures that the health-care professional evaluating an employee after an exposure incident receives:

1. A description of the employee's job duties relevant to the exposure incident.
2. Route(s) of exposure.
3. Circumstances of exposure.
4. If possible, results of the source individual's blood test.
5. Relevant employee medical records, including vaccination status.
   1. The exposed employee and the President / Vise President complete the exposure incident report in Attachment E.
   2. The President / Vice President provides the employee with a copy of the evaluating health-care professional's written opinion within 15 days after completion of the evaluation.
   3. The President / Vice President assesses every exposure incident for:
6. Proper reporting of the exposure incident.
7. Effectiveness of work practices.
8. Effectiveness, availability, and use of engineering controls, and PPE.
9. effectiveness and use of housekeeping and decontamination protocols; and
10. Use of post exposure protocols.
    1. During this assessment, the President / Vice President and the Safety Team look for opportunities for improvement to this Exposure Control Plan. The regular program reviews will include these opportunities for improvement.

**5. Medical Records \*Attachment G**

1. The President / Vice President maintains medical records confidentially in accordance with 1910.1020 for at least the length of employment plus 30 years. The President / Vice President provides medical records within 15 working days to any employee requesting his/her medical records.
2. OSHA and Public Employer Risk Reduction Program (PERRP) Recordkeeping. The President / Vise President evaluates each exposure incident to determine if the case meets OSHA's Recordkeeping Requirements 1904 If so, record the incident on the OSHA injury/illness log.
3. Employers must complete the “Sharps Injury Form Needlestick Report SH-12” (see appendix G) when a contaminated needle or sharp injures an employee. Employers must maintain these records and produce them when required.

**C. INFORMATION & TRAINING – 1910.1030(g)(2)**

1. **Training Frequency** – 1910.1030(g)(2)(ii)

Employees with occupational exposure to blood or OPIM receive training:

1. At the time of first assignment.
2. Within 365 days of last training.
3. If procedures change; and/or
4. if there is a deficiency in performance.
5. **Training content** – **1910.1030(g)(2)(vii)**
6. Access to a copy of the standard and explanation of its contents
7. Epidemiology and symptoms of bloodborne diseases
8. Modes of transmission of bloodborne pathogens
9. An explanation of this Exposure Control Plan and the method for obtaining a copy
10. Methods of recognizing tasks that may involve exposure
11. Use and limitations of methods to reduce exposure, for example engineering controls, work practices, and PPE
12. Information on the types, use, location, removal, handling, decontamination, and disposal of PPE
13. An explanation of the basis for choice of PPE
14. Information on the Hepatitis B vaccination, including efficacy, safety, methods of administration, benefits, and that it is free of charge
15. Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials
16. Procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up
17. Information on the evaluation and follow-up required after an employee exposure incident
18. Biohazard signs, labels, and/or color-coding systems used; and
19. An opportunity for interactive questions and answers with the person conducting the training session
20. **Training Records** – **1910.1030(h)(2) \*Attachment H** 
    1. The President / Vice President documents all training.
    2. The President / Vice keeps all training records for three years from the date of the training.
    3. Training records include:
21. Dates of the training session.
22. Contents or a summary of the training sessions.
23. Names and qualifications of trainers.
24. Names and job titles of attendees.

**D. PROGRAM EVALUATION & UPDATES 1910.1030(c)(1)(iv)**

Masters Electrical Services Corporation conducts annual reviews of the written Exposure Control Plan for compliance with federal regulations and our internal requirements to assure quality and effectiveness.

The updated plan:

1. Reflects new or modified tasks and procedures.
2. Documents considerations and implementation of safer devices/procedures that will eliminate or minimize exposure.
3. Solicits, receives, and documents input from employees involved in job tasks who are potentially exposed.

The President / Vice President keeps the findings of the review and the plans to correct deficiencies in the program.

**ATTACHMENTS**

Included here are forms, definitions, inventory, logs, maps, training documents, policy review signoffs, action plans, sample docs, corrective action, etc.

Attachment A – Definitions

Attachment B – Exposure Determination

Attachment C – Cleaning Schedule

Attachment D – Hepatitis B Consent/Declination Form

Attachment E – Exposure Incident Report

Attachment F – Exposure Follow-up

Attachment G – PERRP Sharps Injury Form SH-12 (Public Employers)

Attachment H – Training Log

**BLOODBORNE PATHOGEN RESOURCES**