



## **Sample Bloodborne Pathogens Policy**

(based on the national OSHA standard, adapted for YMCA operations)

### **How to use this document:**

The OSHA standard was written to include industries that have much more exposure to blood than most YMCAs. However, injured participants and members, program areas such as aquatics, residences and camps, there are some common exposures. This document complies with the federal law. Organizations should confirm with their state labor authority for compliance, as some states may have other standards.

**Areas to be completed with organization-specific information are highlighted in yellow.**

The **(Your branch or association name)** is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 *CFR* 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
  - Universal precautions
  - Engineering and work practice controls
  - Personal protective equipment
  - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

## PROGRAM ADMINISTRATION

- *(Name of responsible person or department)* is (are) responsible for implementation of the ECP. *(Name of responsible person or department)* will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number: \_\_\_\_\_.
- Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
- *(Name of responsible person or department)* will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. *(Name of responsible person or department)* will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact location/phone number: \_\_\_\_\_.
- *(Name of responsible person or department)* will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained. Contact location/phone number: \_\_\_\_\_.
- *(Name of responsible person or department)* will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Contact location/phone number: \_\_\_\_\_.

## EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications at our establishment in which all employees have occupational exposure: *(All positions should be reviewed for "occupational exposure."* *Occupational Exposure* means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. Most YMCAs identify nurses and doctors (usually at camp) and sometimes lifeguards as the employees who have occupational exposure. Licensed child care might also require BBP training, but are not usually considered to have occupational exposure. The primary difference between medical staff and child care workers is that nurses, doctors are hired specifically to help people who are in need of medical attention. Other staff may be around when an accident happens and might step in to help someone, but that isn't their primary job. If maintenance staff is expected to dispose of biohazard waste, they should be included as well.

<i>Job Title</i>	<i>Department/Location</i>
<u>(Example: Nurse)</u>	<u>(Camp Pikmanosey)</u>

(use as many lines as necessary)

NOTE: Part-time, temporary, contract and per diem employees are covered by the bloodborne pathogens standard. The ECP should describe how the standard will be met for these employees.

## METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions: All employees will utilize universal precautions, which means assume that everyone potentially carries a bloodborne pathogen and treat all blood or bodily fluid spills the same.

**Exposure Control Plan** Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by contacting *(Name of responsible person or department)*. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

*(Name of responsible person or department)* is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

**Engineering Controls and Work Practices** Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

(For example: non-glass capillary tubes, SESIPs, needleless systems)

Sharps disposal containers are inspected and maintained or replaced by *(Name of responsible person or department)* every *(list frequency)* or whenever necessary to prevent overfilling.

This facility identifies the need for changes in engineering controls and work practices through (Examples: Review of OSHA records, employee interviews, committee activities, etc.)

We evaluate new procedures and new products regularly by (Describe the process, literature reviewed, supplier info, products considered)

Both front-line workers and management officials are involved in this process in the following manner: (Describe employees' involvement)

*(Name of responsible person or department)* is responsible for ensuring that these recommendations are implemented.

**Personal Protective Equipment (PPE)** PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by *(Name of responsible person or department)*.

The types of PPE available to employees are as follows:

(gloves, eye protection, etc.)

PPE is located (List location) and may be obtained through *(Name of responsible person or department)*. (Specify how employees will obtain PPE and who is responsible for ensuring that PPE is available.)

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be disposed of in **(List appropriate containers for storage, laundering, decontamination, or disposal.)**
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

The procedure for handling used PPE is as follows:

***(may refer to specific procedure by title or number and last date of review; include how and where to decontaminate face shields, eye protection, resuscitation equipment)***

**Housekeeping** Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section "Labels"), and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling sharps disposal containers is: ***(may refer to specific procedure by title or number and last date of review)***

**The procedure for handling other regulated waste is: *(may refer to specific procedure by title or number and last date of review)***

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available at (must be easily accessible and as close as feasible to the immediate area where sharps are used).

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

**Laundry** The following contaminated articles will be laundered:

Laundering will be performed by *(Name of responsible person or department)* at *(time and/or location)*.

The following laundering requirements must be met:

- handle contaminated laundry as little as possible, with minimal agitation
- place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use *(specify either red bags or bags marked with the biohazard symbol)* for this purpose.
- wear the following PPE when handling and/or sorting contaminated laundry: *(List appropriate PPE)*.

**Labels** The following labeling methods are used in this facility:

*Equipment to be Labeled Label Type (size, color)*

*(specimens, contaminated laundry, etc.) (red bag, biohazard label)*

*(Name of responsible person or department)* is responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify *(Name of responsible person or department)* if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

## HEPATITIS B VACCINATION

*(Name of responsible person or department)* will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists 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.

However, if an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at *(List location)*.

Vaccination will be provided by *(List health care professional responsible for this part of the plan)* at *(location)*.

Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. It will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

## POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact *(Name of responsible person)* at the following number \_\_\_\_\_.

An immediately available confidential medical evaluation and follow-up will be conducted by *(name of licensed health care professional)*. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

## ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

*(Name of responsible person or department)* ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

*(Name of responsible person or department)* ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- a description of the employee's job duties relevant to the exposure incident
- route(s) of exposure
- circumstances of exposure
- if possible, results of the source individual's blood test
- relevant employee medical records, including vaccination status

*(Name of responsible person or department)* provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

## PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

*(Name of responsible person or department)* will review the circumstances of all exposure incidents to determine:

- engineering controls in use at the time
- work practices followed
- a description of the device being used (including type and brand)
- protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- location of the incident (O.R., E.R., patient room, etc.)
- procedure being performed when the incident occurred
- employee's training

*(Name of Responsible Person)* will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

If revisions to this ECP are necessary *(Responsible person or department)* will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

### EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by *(Name of responsible person or department)*. (Attach a brief description of their qualifications.) All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- a copy and explanation of the OSHA bloodborne pathogen standard
- an explanation of our ECP and how to obtain a copy
- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- an explanation of the use and limitations of engineering controls, work practices, and PPE
- an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- an explanation of the basis for PPE selection
- information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- an explanation of the signs and labels and/or color coding required by the standard and used at this facility
- an opportunity for interactive questions and answers with the person conducting the training session.

Training materials for this facility are available at *(name location)*.

## RECORDKEEPING

Training Records Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at *(Location of records)*.

The training records include:

- the dates of the training sessions
- the contents or a summary of the training sessions
- the names and qualifications of persons conducting the training
- the names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to *(Name of responsible person or department)*.

### Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

*(Name of responsible person or department)* is responsible for maintenance of the required medical records. These confidential records are kept in *(List location)* for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to *(Name of responsible person or department and address)*.

### OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by *(Name of responsible person or department)*.

### Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:

- date of the injury
- type and brand of the device involved (syringe, suture needle)
- department or work area where the incident occurred
- explanation of how the incident occurred.

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

**Appendices** (These are here to help you comply with the standards—you can use them, customize them, or make your own forms as you like.)

Hepatitis B Vaccine Declination Form

Procedure for Explanation of the HBV Vaccination

Post-Exposure Evaluation and Follow-up Form

Medical Recordkeeping Form

Written Decontamination Schedule

Sharps Injury Log

## HEPATITIS B VACCINE DECLINATION (MANDATORY)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

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**Employee/volunteer**

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**Age**

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**Signature**

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**Date**

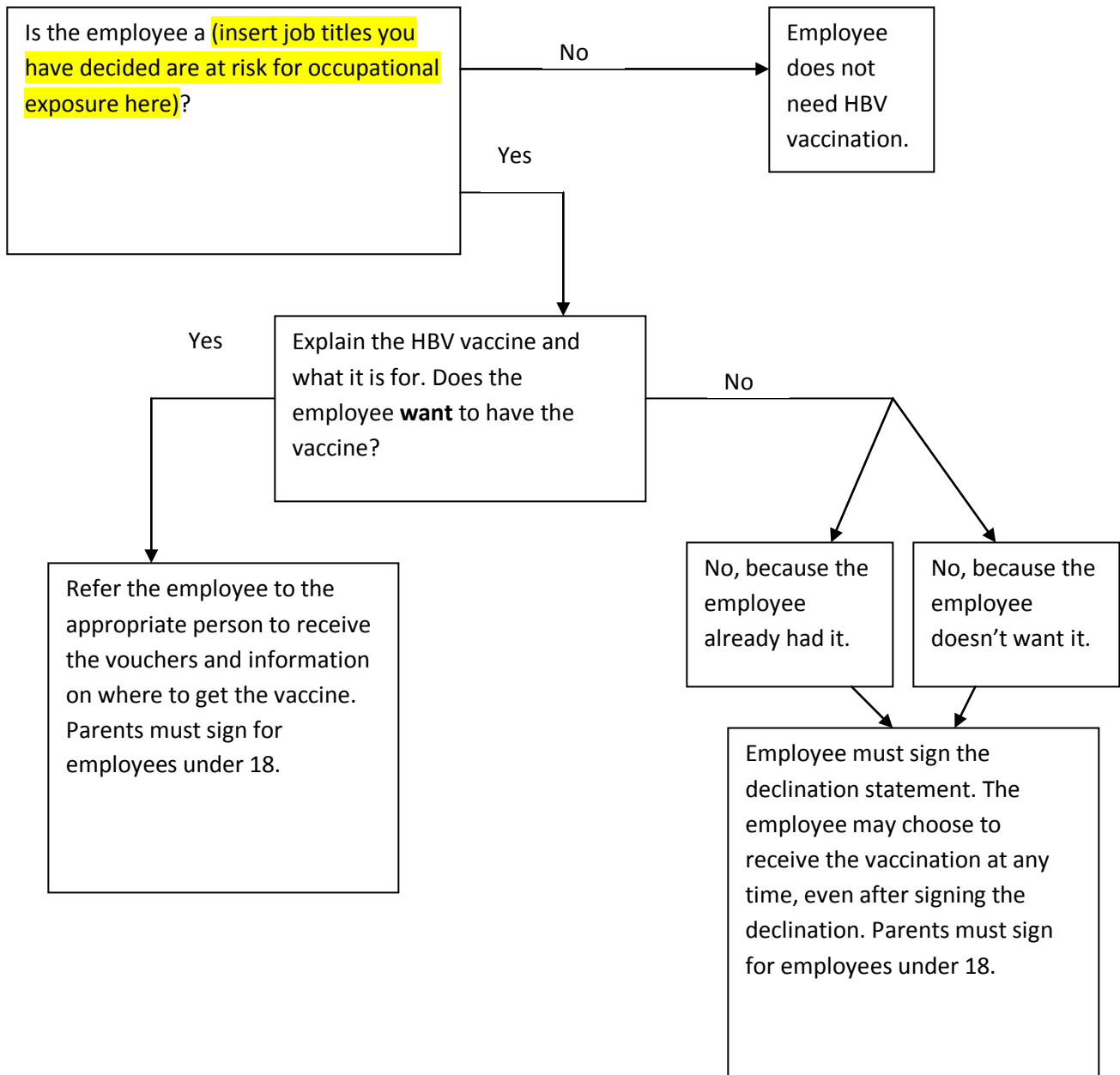
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**Signature Parent/Legal Guardian of minor (under 18)**

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**Date**

## Procedure for Explanation of the HBV Vaccination



## MEDICAL RECORDKEEPING FORM

Name \_\_\_\_\_  
Number \_\_\_\_\_

Social Security

Hepatitis B vaccination status

	Date	Health Care Professional
1 <sup>st</sup> vaccination		
2 <sup>nd</sup> vaccination		
3 <sup>rd</sup> vaccination		

Attach the following information to this cover sheet:

- proof of vaccination form given after the series has been completed
  - any medical records relative to the employee's ability to receive vaccination
  - OR, denial of vaccination form
- the employer's copy of the health care professional's written opinion within 15 days following an exposure incident.
- The employer's copy of the information provided to the health care professional
  - job description of employee's duties, identifying duties as they relate to the exposure incident
  - YMCA accident report documenting incident and route of exposure
  - results of source individual's blood tests, if available
- all other medical records relevant to the appropriate treatment of the employee/volunteer

This record will be kept confidential at the branch, and separate from personnel files. No information in this file will be disclosed to any person within or outside the organization without the employee's express written consent or as may be required by law (for example, if it were to become a workers' compensation claim). This entire file of which this is the first page is to be kept for the duration of employment plus 30 years. Following this employee's or volunteer's termination, this file will be kept (insert).

## **POST-EXPOSURE EVALUATION AND FOLLOW-UP**

Employee/Volunteer \_\_\_\_\_

### **Date Take the following steps when there is an exposure to bloodborne pathogens:**

\_\_\_\_\_ Document the route of exposure and circumstances relating to the incident. This should be very specific listing times, exactly what happened and why. The employee should sign the report if at all possible.

\_\_\_\_\_ Identify the source individual and document the consent for testing for HIV/HBV infectivity or lack of it. If consent is denied (this is the source's right), record your attempts to secure consent. Do not delay seeing a medical professional while waiting to get the results for the source individual's blood test.

Source Individual \_\_\_\_\_

Individual requesting consent \_\_\_\_\_ Date \_\_\_\_\_

Witness of request for consent \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Forward or give the following documentation to a health care professional:

- copy of OSHA standard 29 CFR 1910.1030
- job description of employee's duties, identifying duties as they relate to the exposure incident
- Document detailing incident and route of exposure
- results of source individual's blood tests, if available
- all medical records relevant to the appropriate treatment of the employee including vaccination status

\_\_\_\_\_ Make available to the exposed employee the results of the source individual (in cases where consent was obtained) after the employee is informed of laws and regulations concerning disclosure of such information.

**Signature of health care worker** \_\_\_\_\_ **Date**

\_\_\_\_\_

\_\_\_\_\_ Offer employee the opportunity to have his/her blood collected and tested for HBV/HIV infectivity. If the employee is undecided on being tested for HIV infectivity, the blood sample will be held for 90 days or until a decision is reached, whichever comes first.

**Signature of health care worker** \_\_\_\_\_ **Date**

\_\_\_\_\_

\_\_\_\_\_ Offer employee the post-exposure HBV vaccination in accordance with the current recommendations of the U.S. Public Health Service. If declined, employee signs declination statement.

**Signature of health care worker** \_\_\_\_\_ **Date**

\_\_\_\_\_

\_\_\_\_\_ Give employee appropriate counseling concerning precautions to take during the period after the exposure incident. The employee is also given information on what potential illnesses to be alert for and told to report any related experiences to appropriate personnel.

**Signature of health care worker** \_\_\_\_\_ **Date**

\_\_\_\_\_

\_\_\_\_\_ Obtain a written opinion from the health care professional within 15 days.

\_\_\_\_\_ Place this document in the employee's medical record along with attachments.



## Sharps Injury Log

The Bloodborne Pathogen rule requires that you establish and maintain a Sharps Injury Log to record all contaminated sharps injuries in a facility. The purpose of this log is to help you evaluate and identify problem devices or procedures that require attention.

<b>Date</b>	<b>Case/ Report No.</b>	<b>Type of Device</b> examples: syringe, suture needle)	<b>Brand Name of Device</b>	<b>Work Area where injury occurred</b> examples: camp health hut)	<b>Brief description of how the incident occurred</b> (examples: procedure being done , action being performed (injection, disposal), body part injured.