

Protocol #10

Bloodborne Pathogens Program

DGS Accident and Illness Prevention Program (AIPP)

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References

- DGS Secretary Topper’s “Safety Program Policy Statement” dated 01-13-16
- PA Management Directive 530.31 Amended
- PA Management Directive 505.26 Amended
- Element C of the DGS AIPP Safety Manual
- CFR 29 1910.1030

A. Policy Statement

The following Bloodborne Pathogens Program is official policy for the PA Department of General Services (DGS) and all of its employees. Authority and responsibility for its execution are pursuant to DGS Secretary Topper’s “Safety Program Policy Statement” dated 01-13-16, PA Management Directive 530.31, PA Management Directive 505.26 and “Element C” of the DGS Accident & Illness Prevention Program (AIPP) and Safety Manual. All of these documents are available for review online.

This policy includes material that applies directly to DGS operations. The in-depth treatment of this subject is CFR 29 1910.1030 and its associated letters of interpretation, which have been used for guidance.

B. Definitions

Blood – human blood or human blood components

Bloodborne pathogens – pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV)

Bodily fluid disposal kit – a sealed package, kept in stock in each building manager’s office, containing the tools and personal protective equipment needed to safely clean up blood and /or OPIM

Contaminated – the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface

Contaminated sharps – any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes and exposed ends of dental wires

Decontamination – the use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal

Engineering controls – controls, such as sharps disposal containers, that isolate or remove the bloodborne pathogens hazard from the workplace

Exposure incident – a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee’s duties

Final receptacle – the plastic trash barrel with the biohazard logo on top and lined with a red “Biohazard” bag

Handwashing facilities – a facility providing an adequate supply of running potable water, soap and single-use towels or air-drying machines

Occupational exposure – 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

Other potentially infectious materials (OPIM) –

1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between bodily fluids;
2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
3. HIV-containing cell or tissue cultures, organ cultures, HIV-or HBV-containing culture medium or other solutions and blood, organs or other tissues from experimental animals infected with HIV or HBV

Parenteral – piercing mucous membranes of the skin barrier through such events as needle sticks, human bites, cuts and abrasions

Personal protective equipment (PPE) – specialized clothing or equipment worn by an employee for protection against a hazard

Regulated waste – liquid or semi-liquid blood or other potentially infectious materials, contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed, items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling, contaminated sharps and pathological and microbiological wastes containing blood or other potentially infectious materials

Source individual – any individual living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

Sterilize – the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores

Universal precautions – an approach to infection control. According to the concept of universal precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens

Work practice controls - controls that reduce the likelihood of exposure by altering the manner in which a task is performed

C. Exposure Control

1. Exposure control plan – DGS’ exposure control plan consists of the information that follows under C2 (exposure determination) and D (methods of compliance).
2. Exposure determination – DGS has determined that the following occupations have potential occupational exposure to bloodborne pathogens: Bureau of Police and Safety employees, Fire, Safety & Environmental Division employees, custodians, maintenance repairmen, plumbers and those who directly supervise or manage any of these employees. If you believe that your occupation should be listed here, but it is not, please contact your Safety Coordinator, Tim Burke

D. Methods of Compliance

1. Universal precautions shall be observed to prevent contact with blood or OPIM. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.
2. Engineering and work practice controls –
 - a. Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, PPE shall also be used.
 - b. Handwashing facilities are readily available for employees who could have occupational exposure to bloodborne pathogens so that they may use them promptly following a cleanup.

c. DGS has also provided antiseptic hand cleanser and clean cloth/paper towels or antiseptic towelettes. These items are all included in the bodily fluid disposal kits available in each Building Manager's office. However, if antiseptic hand cleansers or towelettes are used due to lack of immediate access to handwashing facilities, hands shall be washed with soap and running water as soon as possible thereafter.

d. Contaminated sharps (including broken glass or needles) found at the scene of a cleanup shall be gathered using the cardboard scraper and scoop portions of the cleanup kit if small enough to be handled in that manner. They must then be placed into a biohazard bag with the least amount of handling possible and the biohazard bag must be carefully placed in the final receptacle immediately upon completing clean-up. Never handle contaminated sharps by hand even with gloves on. If it seems to you that handling contaminated sharps by hand is your only option, contact the Fire, Safety & Environmental Division for advice or assistance.

e. Neither blood nor OPIM are to be handled with the hands no matter what type of gloves the employee is wearing or how thick they may be. The cardboard scraper and scoop tools that are part of the cleanup kit are to be used to gather all contaminated materials into the red bio-bag in all cases. If the volume of blood, OPIM and/or other contaminated materials is too large for a few cleanup kits, call the Fire, Safety & Environmental Division for advice or assistance.

f. Eating, drinking, smoking, applying cosmetics, applying lip balm and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure such as a contaminated area requiring clean-up.

g. All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets of these substances.

h. All surfaces, equipment, machinery and anything that becomes contaminated with blood or OPIM must be cleaned up. Notify your supervisor immediately if you are unable to properly de-contaminate any contaminated object. The contaminated area must remain secure until de-contamination is completed.

3. Personal protective equipment (PPE)

a. Provision - For those employees recognized as having potential occupational exposure, DGS provides bodily fluid disposable kits. These kits include

appropriate PPE such as gloves, gowns, face masks and eye protection. In order to receive the best protection available from these kits, the use of all of their contents in accordance with the instructions printed on each kit is a mandatory part of any blood or OPIM cleanup process.

c. Accessibility - DGS managers shall ensure that appropriate PPE in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

d. Cleaning, laundering and disposal – DGS does not provide reusable materials for the bodily fluid cleanup process. All components of each disposal kit are to be discarded into the final receptacle immediately upon concluding a blood or OPIM cleanup process. If a supervisor approves the use of a bodily fluid disposal kit to clean up materials other than blood or OPIM, observe customary practices and your supervisor’s instructions regarding disposal. Bodily fluid disposal kits used to clean up materials other than blood or OPIM must not be placed into the final receptacle.

e. Repair and replacement – DGS shall repair or replace PPE as needed to maintain its effectiveness at no cost to the employee.

f. Gloves – Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, OPIM, mucous membranes and non-intact skin and when handling or touching contaminated items or surfaces.

g. Masks, eye protection and face shields – Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, shall be worn whenever splashes, spray, spatter or droplets of blood or OPIM may be generated and eye, nose or mouth contamination can be reasonably anticipated. All of these items are included in the bodily fluid disposal kits, and the use of all of them is required during the cleanup of any blood or OPIM.

h. Aprons and other protective body clothing – Appropriate protective clothing shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated. Depending on the situation and what is being cleaned up the bodily fluid disposal kits most likely include sufficient protection for the situations that DGS employees might encounter.

- i. Housekeeping – DGS does not deploy reusable materials for bodily fluid cleanups. All components of each bodily fluid disposal kit are to be discarded into the final receptacle immediately upon conclusion of the cleanup process.
- j. Disposal of used bodily fluid disposal kits and reporting – Used bodily fluid disposal kits shall be placed in the final receptacle that is kept in East Wing Room #61, which is found just to the right after entering East Wing Building Manager’s Room #62E, found beside the PSECU ATM machine behind the Capitol Café. Use of the final receptacle must be reported to the Fire, Safety & Environmental Division as soon as possible after use.

E. Hepatitis B Vaccination - Post-exposure Evaluation & Follow-up

1. Exposure incident

If an exposure incident (as defined above in Section B. Definitions) occurs, contact the Fire, Safety and Environmental Division who will make sure that the detailed procedures specified in the current version of 29 CFR 1910.1030(f)(3) through (f)(5) are followed.

2. Hepatitis B vaccination at no charge to employees

- a. Hepatitis B virus vaccination offer – DGS offers the HBV vaccination at no charge to all employees who have potential occupational exposure to bloodborne pathogens. Please contact your supervisor to initiate the arrangements for your HBV vaccination series with one of DGS’ Workers’ Compensation Panel Physicians.
- b. Vaccination refusal – Employees are free to refuse the HBV vaccine. If an employee chooses to do so, they will need to sign a copy of the attached Hepatitis B Virus Vaccine Declination form included within this document as Appendix A. However, if at any time in the future the employee changes their mind and decides that they want the vaccine, DGS will pay for it if the employee still has the potential for an occupational exposure.

F. Communication of Hazards to Employees

1. Labels and signs

- a. Labeling and signage compliance for bodily fluid disposal kits – As long as the bodily fluid disposal kit is used per its instructions and placed into the final receptacle the labeling requirements will be met. If all contaminated materials cannot be contained within one or more bodily fluid disposal kits, contact the Fire, Safety and Environmental Division for advice or assistance.
- b. Incomplete decontamination – Immediately notify the Fire, Safety and Environmental Division in the event that decontamination is not possible for any contaminated surfaces or other objects. They will make sure that the specialized labels and signs described in 29 CFR 1910.1030(g)(1)(i)(H) are correctly applied.

2. Information and training

- a. DGS will provide training for each employee with potential occupational exposure without charge to the employee. This training shall consist of a personal session with a supervisor, manager or their designee during which a copy of this document is reviewed, discussed and provided for the employee's reference.
- b. This training will be provided at the time of initial assignment to tasks where occupational exposure may take place, at any time new hazards develop due to changed processes or equipment that affect an employee and annually thereafter.
- c. The person conducting the training shall be knowledgeable in the subject matter covered by the training program as it relates to the workplace.

G. Recordkeeping

1. Confidential medical records

a. DGS will maintain an accurate record for each employee with occupational exposure. For each employee, this record shall include:

(1) Name and employee number

(2) Copy of hepatitis B vaccination status and associated data

b. DGS will ensure that medical records are kept confidential and will not disclose or report on them to any person within or outside the workplace without employee's written consent or as required by law.

2. Training records

a. DGS will maintain completed copies of the attached (Appendix B) training session sign-in sheets with the date, trainer's name and the employees' names and signatures.

Appendix A – Hepatitis B Virus Vaccine Declination

Date: _____

I acknowledge that I have been identified as an employee with an Occupational Exposure as defined in DGS' Bloodborne Pathogens Program. This means that the duties of my employment could bring me into close proximity with blood or other potentially infectious materials (OPIM), which could result in my being exposed to bloodborne pathogens. In an effort to protect me in the event of such an exposure, DGS has offered me the Hepatitis B Virus (HBV) vaccine at no charge to me.

Since I have declined to receive the HBV vaccine, I have signed this form acknowledging that I have received a copy of the Bloodborne Pathogens Program, have had the opportunity to read both it and this form, and affirm my decision to refuse vaccination.

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

Employee's name: _____

Employee #: _____

Employee's Occupation Title: _____

Employee's Signature: _____

Supervisor name: _____

Supervisor's Title: _____

Supervisor's signature: _____

