



All DeLong's Facilities

Procedure #:  
CS-018

Bloodborne Pathogens

Rev 1

**1. Purpose:**

1.1 DeLong's, Inc, is committed to providing a safe 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.

**2. Responsibility:**

- 2.1 The Environmental Health and Safety (EHS) Manager is the program coordinator, with overall responsibility for the program, including reviewing and updating this plan as necessary.
- 2.2 The EHS Manager and/or Supervisors are responsible for implementation of this procedure and training all employees with regard to this procedure.
- 2.3 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.

**3. References:**

- 3.1 29 CFR 1910.130 Occupational Exposure to Bloodborne Pathogens.
- 3.2 29 CFR 1910.1020 Access to Employee Exposure and Medical Records.
- 3.3 29 CFR 1904 Recording and Reporting Occupational Injuries and Illness.

**4. Procedure:**

**4.1 Employee Exposure Determination**

4.1.1 The following is a list of all job classifications at DeLong's, Inc. in which some employees have occupational exposure:

Job Title	Task/Procedure
First Responder	Administer First Aid/CPR
First Responder	Cleanup of Blood or OPIM

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## 4.2 Universal Precautions

4.2.1 All Employees will utilize universal precautions.

4.2.1.1 Universal Precautions is an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV and other bloodborne pathogens.

- Employees to observe Universal Precautions 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.
- Treat all blood and other potentially infectious materials with appropriate precautions such as:
  - Using gloves, masks, and gowns if blood or OPIM exposure is anticipated.
  - Using engineering and work practice controls to limit exposure.

## 4.3 Exposure Control Plan

4.3.1 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 the EHS Manager. If requested, DeLong's, Inc, will provide an employee with a copy of the ECP.

## 4.4 Engineering Controls

4.4.1 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:


- Sharps Disposal Containers
- Biohazard Waste Containers
- Biohazard Waste Container Liners

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**4.5 Hepatitis B Vaccination**

- 4.5.1 The EHS Manager will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.
- 4.5.2 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:
  - Documentation exists that the employee has previously received the series;
  - Antibody testing reveals that the employee is immune; or
  - Medical evaluation shows that vaccination is contraindicated.
- 1.1.2 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 B vaccine and whether the vaccine was administered.
- 4.5.3 However, if an employee declines the vaccination, the employee must sign a declination form (Form #010). Employees who decline may request and obtain the vaccination later at no cost. Documentation of refusal of the vaccination is kept in the employee's personnel file.

**4.6 Personal Protective Equipment (PPE)**

- 4.6.1 Required 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 the EHS Manager.
- 4.6.2 PPE is located in the First Aid Offices and may be obtained through the EHS Manager.
- 4.6.3 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.

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- Used PPE may be disposed of in biohazard receptacles located in all first aid areas.
- 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.
- 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.

#### 4.7 Housekeeping

4.7.1 Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling.

4.7.2 Cleanup of spilled fluids:


- Put on protective gloves.
- Spread the absorbent material in the Emergency First Responder Pack kit located in the medical supply cabinet on the spilled body fluids.
- Neutralize the potential pathogens with a 10% bleach-with-water solution. Cover the spill for 15 minutes.
- Sweep/mop-up any additional neutralized/absorbed fluids and place in a biohazard bag.
- Clean sweep/mop materials with hot, soapy water.
- Remove gloves from inside-out and place in the biohazard bag.
- Secure the bag, and give it to the EHS Manager for proper disposal.
- Wash hands thoroughly in hot, soapy water.

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**4.8 Post-Exposure Evaluation and Follow-Up**

**4.8.1** Should an exposure incident occur, contact the EHS Manager.

**4.8.2** An immediately available confidential medical evaluation and follow-up will be given. 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, HIPPA).
- 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.

**4.9 Administration of Post-Exposure Evaluation and Follow-Up**

**4.9.1** The EHS Manager will ensure 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 Pathogen Standard.

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4.9.2 The EHS Manager will ensure \ the health care professional(s) evaluating the employee after and exposure incident receives the following (Form #011):

- 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.

4.9.3 The EHS Manager will provide the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

#### 4.10 Procedures for Evaluating the Circumstances Surrounding and Exposure Incident

4.10.1 The EHS Manager will review the circumstances of all exposure incidents to determine:

4.10.2 Engineering controls in use at the time

- Work practices followed,
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.),
- Location of the incident,
- Procedure being performed when the incident occurred,
- Employee's training.

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

#### 4.11 Employee Training

4.11.1 All employees who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by the EHS Manager including the following:

- A copy and explanation of the OSHA bloodborne pathogen standard.
- An explanation of our ECP and how to obtain a copy.

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- 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.

#### 4.12 Recordkeeping

##### 4.12.1 Training Records

4.12.1.1 Training records are completed for each employee upon completion of training. These documents will be kept for at least three years.

4.12.1.2 The training records include:


- The dates of the training sessions.
- The contents or a summary of the training sessions.
- The names of persons conducting the training.

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- The names of all persons attending the training sessions.

**4.12.2 Medical Records**

**4.12.2.1** Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020.

**4.12.2.2** The EHS Manager is responsible for maintenance of the required medical records. These confidential records are kept in the employees personnel file for at least the duration of employment plus 30 years.

**4.12.2.3** See Procedure #CS-015 Access to Employee Exposure and Medical Records.

**4.12.3 OSHA Recordkeeping**

**4.12.3.1** 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 the EHS Manager

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