

Vision Painting Inc

Safety Management System

BLOODBORNE PATHOGENS

1. INTRODUCTION

The primary purpose of the Bloodborne Pathogen Policy is to assure, so far as possible, safe and healthful working conditions at Vision Painting Inc. The focus of the Bloodborne Pathogen Policy will be to prevent or reduce the risk of on-the-job exposure to Bloodborne diseases. While there are many bloodborne diseases, the primary concerns are Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV). The Bloodborne Pathogen Policy is mandated and written as per 29 CFR 1910.1030. The final rule was published Dec. 6, 1991. This program applies to all occupational exposure to blood or other potentially infectious materials as defined in Section 10.

2. EXPOSURE CONTROL PLAN

Exposure determination will be made without regard to personal protective equipment.

2.1. EXPOSURE DETERMINATION

1. Job classifications in which all employees have occupational exposure:
2. Job classifications in which some employees have occupational exposure:
 - A. All first aid certified employees.
 - B. Any person who may respond and administer first aid.

2.2. TASKS AND PROCEDURES IN WHICH OCCUPATIONAL EXPOSURE OCCURS

1. First aid response
 - A. Contact with blood, non-intact skin, and mucous membrane exposure.
 - B. Mouth to mouth contact without mouth guard.

Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.1020(e).

3. METHODS OF COMPLIANCE

Universal Precautions will be used in all tasks where there is any possibility of exposure to blood or body fluids. All body fluids will be assumed to be contaminated with Bloodborne pathogens.

Engineering and work practice controls will be used to minimize or eliminate exposure. Each procedure will be evaluated to determine the safest and most effective means of reaching the desired outcome. Work practice controls will be evaluated on a regular basis to ensure compliance and effectiveness of the procedure.

1. Engineering controls will be examined and maintained or replaced on a regular schedule to ensure their effectiveness (e.g., replacement of sharps containers).
2. Readily available hand washing facilities will be provided for all personnel.
3. When provision of hand washing facilities is not feasible; the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
4. Employees will wash their hands immediately after removal of gloves or other personal protective equipment. Any areas of skin which have come in contact with blood or other potentially infectious materials will be washed with soap and water immediately or as soon as feasible. Exposed mucous membranes will be flushed immediately with water.
5. Contaminated sharps will not be recapped or removed unless it can be demonstrated that there is no feasible alternative or such action is required by a specific procedure. Recapping or removal must be accomplished using a mechanical device or a one-handed method.
6. Contaminated sharps will be placed in labeled, leak proof sharps containers immediately after use of as soon

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as is feasible.

7. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in ALL work areas where there is likelihood of occupational exposure.

8. Food and drink will not be stored in or on refrigerators, freezers, shelves, cabinets, countertops, or bench tops where blood or other potentially infectious materials are present.

9. All procedures involving blood or other potentially infectious materials will be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

10. Mouth pipetting and suctioning of blood or other potentially infectious materials is prohibited.

11. Specimens of blood or other potentially infectious materials will be placed in a labeled, leak proof container during collection, handling, processing, storage, transport, or shipping.

12. If there is a possibility of puncture; the primary container must be placed within secondary containment which is puncture resistant in addition to being properly labeled.

13. Contaminated equipment must be examined prior to shipping or servicing and will be decontaminated as necessary unless it can be demonstrated that decontamination is not feasible. The portion which remains contaminated will be labeled, and this information conveyed to all affected personnel.

4. PERSONAL PROTECTIVE EQUIPMENT

In those areas where there is occupational exposure, personal protective equipment (PPE) will be provided at no extra cost to the employees. PPE will include, but not be limited to: gloves, gowns, laboratory coats, face shields or masks and eye protection and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices.

PPE will be considered “appropriate” only if it does not permit blood or other potentially infectious materials to pass through or reach the employee’s clothing, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and duration of time the PPE will be used.

In the event an employee does not use appropriate PPE, the circumstances will be investigated and documented to determine whether changes can be instituted to prevent further occurrences.

Appropriate PPE in the appropriate sizes will be readily accessible in the areas where occupational exposure is likely to occur.

PPE will be repaired or replaced as needed to maintain its effectiveness.

If the protective barrier provided by PPE has been breached by blood or other potentially infectious materials, it will be removed immediately or as soon as is feasible.

All PPE will be removed and placed in the designated area for laundering, storage, or disposal prior to leaving the work area.

4.1. GLOVES

Disposable gloves will be worn for all procedures where it can be reasonably anticipated that there will be contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin, and when touching contaminated items or surfaces.

Gloves will be replaced as soon as practical when contaminated, torn, or punctured, or when their ability to function as a barrier is compromised.

Contaminated, used, or breached gloves will be disposed of in the specified manner.

4.2. MASKS, EYE PROTECTION, FACE SHIELDS

Masks, in combination with eye protection, such as goggles or glasses with side shields, or chin-length face shields, will be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

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4.3. PROTECTIVE CLOTHING

Appropriate protective clothing such as, but not limited to aprons, coats, or jackets, will be worn in situations where occupational exposure may occur. The type and characteristics will depend upon the task and degree of exposure anticipated.

5. HOUSEKEEPING

The workplace will be maintained in a clean and sanitary condition. An appropriate written schedule for cleaning and decontamination will be implemented. The procedure(s) will be based upon the location within the facility, type of surface to be cleaned, type of contamination, and tasks or procedures being performed in the area. All equipment and working surfaces will be cleaned and decontaminated after contact with blood or other potentially infectious materials.

Appropriate disinfectants will be used for cleaning surfaces immediately, or as soon as feasible, when they have been contaminated, and at the end of the shift if contamination may have occurred since the last cleaning.

All receptacles which are intended for reuse will be inspected and decontaminated on a regularly scheduled basis and decontaminated immediately, or as soon as feasible, upon visible contamination.

Broken glassware which may be contaminated will not be picked up directly with the hands. It will be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps. Cleanup materials (brushes, forceps, etc.) used for picking up contaminated or potentially contaminated materials will be properly disinfected or disposed of after use.

6. HEPATITIS B VACCINATION

Hepatitis B vaccine and vaccination series will be available to all employees who have occupational exposure.

Post-exposure evaluation and follow-up will be available to all employees who have had an exposure incident.

All medical evaluations and procedures, including the hepatitis B vaccine and vaccination series and post exposure evaluation and follow-up are:

6.1 Available at no cost to the employee;

6.2 Will be available at a reasonable time and place; and

6.3 Will be performed by a licensed physician or health care professional. All laboratory tests will be conducted by an accredited laboratory at no cost to the employee.

NOTE: IF AN EMPLOYEE DECLINES THE VACCINATION, HE OR SHE IS REQUIRED TO SIGN THE HEPATITIS B VACCINE DECLINATION IN ATTACHMENT 1.

7. POST-EXPOSURE EVALUATION AND FOLLOW-UP

7.1. POST EXPOSURE

Immediately following a report of an exposure incident, the exposed employee will be given a confidential medical evaluation and follow-up, including:

A. Documentation of the route(s) of exposure

B. Circumstances of the exposure incident

C. Identification of source individual, unless it can be established that this is infeasible or prohibited by state or local law

D. The source individual's blood will be tested as soon as possible, after consent is obtained, to determine HBV or HIV infectivity

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E. When the source individual's blood is known to be infected with HBV or HIV; source testing need not be Repeated

F. Results of the source individual's testing will be available to the employee. The employee will be informed of all applicable laws and regulations concerning disclosure of identity and infectious status of source individual

7.2. COLLECTION/TESTING OF BLOOD FOR HBV AND HIV SEROLOGICAL STATUS

The exposed employee's blood will be collected as soon as feasible and tested after consent is obtained. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serological testing, the sample will be preserved for at least 90 days. If within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing will be done as soon as feasible. All post-exposure employees will have access to the following services:

A. Post-exposure health care measures

B. Counseling

C. Evaluation of reported illnesses

7.3. INFORMATION PROVIDED TO THE HEALTH CARE PROFESSIONAL

The following information will be provided for the health care professional(s) responsible for the employee's hepatitis B vaccination ad/or post-exposure follow-up:

A. A copy of 29 CFR 1910.1030

B. A description of exposed employee's duties, as related to the exposure incident

C. Documentation of exposure route(s) and circumstances of exposure

D. Results of source individual's blood testing, if available

E. All medical records relevant to employee's treatment, including vaccination status

7.4. HEALTH CARE PROFESSIONAL'S WRITTEN OPINION

The employee will be given a copy of the evaluating health care professional's written opinion within 15 days of completion of the evaluation.

The written opinion will be limited to whether hepatitis B vaccination is indicated and whether the employee has received such.

The written opinion for post-exposure evaluation and follow-up will be limited to the following:

A. That the employee has been informed of the evaluation results; and

B. Employee has been informed about medical conditions resulting from exposure to blood or other potentially infectious material which requires further evaluation or treatment. All other findings or diagnoses will remain confidential and not included in the written report.

8. COMMUNICATION OF HAZARDS TO EMPLOYEES

Fluorescent orange or red-orange biohazard labels (Figure 8-1) will be affixed to all containers or regulated waste, refrigerators, and freezers containing blood or other potentially infectious material. Red bags or red containers may be substituted for labels. Initiative Figure 8-1

8.1. INFORMATION AND TRAINING

All employees with occupational exposure to blood or other potentially infectious materials will participate

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in a training program. The training will be provided as follows:

- A. At the time of initial assignment to tasks where occupational exposure may take place;
- B. Within 90 days of the effective date of the standard; or
- c. At least annually thereafter.

8.2. CONTENT

Contents of the training will include:

- A. An accessible copy of the text of the standard, and an explanation of its contents;
- B. A general explanation of the epidemiology and symptoms of Bloodborne diseases;
- C. An explanation of the modes of transmission of Bloodborne pathogens;
- D. An explanation of the exposure control plan and access to a copy of the plan;
- E. An explanation of appropriate methods of recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
- F. An explanation of use and the limitations of personal protective equipment, engineering controls, and work practices;
- G. Information on the types, proper use, location, removal, handling, decontamination, and disposal of PPE;
- H. An explanation of the basis for selection of PPE;
- I. Information on the hepatitis B vaccine, including its efficacy, safety, method of administration, benefits of vaccination, and the fact that it will be offered free of charge;
- J. Information on appropriate action and contact persons in the event of an emergency involving blood or other potentially infectious materials;
- K. An explanation of the exposure incident procedure, including incident reporting and the medical follow-up which will be made available;
- L. Information on post-exposure evaluation and follow-up the employer is required to provide following an exposure incident;
- M. An explanation of the labeling requirements; and
- N. An opportunity for interactive questions and answers with the training instructor.

9. RECORD KEEPING

9.1. MEDICAL RECORDS

An accurate record for each employee with occupational exposure will be established and maintained at Vision Painting Inc. This record will include:

- A. Name and social security number;

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B. A copy of employee's Hepatitis B status, including the dates of all hepatitis b vaccinations and any medical records relative to the employee's ability to receive vaccination;

C. A copy of all results of examinations, medical testing, and follow-up procedures;

D. The employer's copy of the health care professional's written opinion; and

E. A copy of the information provided to the health care professional.

The employee's records regarding occupational exposure to Bloodborne pathogens will be maintained by Vision Painting Inc. for at least the duration of employment plus 30 years.

9.2. CONFIDENTIALITY

Employee records will:

A. Be kept confidential; and

B. Not be disclosed or reported, without the employee's express written consent, to any person within or outside the workplace except as required by law.

9.3. TRAINING RECORDS

Training records will include the following information:

A. Dates of the training sessions;

B. Contents or summary of training sessions; and

C. Name(s) and qualifications of training instructor(s) -- names and job titles of all persons attending training sessions.

Training records will be maintained for 3 years from the date on which the training occurred.

9.4. AVAILABILITY OF RECORDS

All records will be made available upon request to the Assistant Secretary and the Director for examining and copying. (Director means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services.)

Employee training records will be provided upon request for examining and copying to employees, employee representatives, the Director, and the Assistant Secretary in accordance with 29 CFR 1910.20.

Employee medical records will be provided upon request to the subject employee and to anyone having written consent of the subject employee.

9.5. TRANSFER OF RECORDS

If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer will notify the Director, at least three months prior to their disposal, and transmit them to the Director if required to do so within the three-month period.

10. DEFINITIONS

10.1 BLOOD—Means human blood, human blood components, and products made from human blood.

10.2 BLOODBORNE PATHOGENS—Pathogenic microorganisms that are present in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

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10.3 CONTAMINATED—The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

10.4 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.

10.5 ENGINEERING CONTROLS—Controls (e.g., sharps disposal containers, self sheathing needles) which isolate or remove the Bloodborne pathogen hazard from the workplace.

10.6 EXPOSURE INCIDENT—A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials from the performance of the employee's duties.

10.7 HBV—Hepatitis B Virus

10.8 HIV—Human Immunodeficiency Virus

10.9 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.

10.10 OTHER POTENTIALLY INFECTIOUS MATERIALS –

A. 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 body fluids.

B. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

C. HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.