EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS

________________ (Campus & Department)

___________ (date)

POLICY AND SCOPE
The policy of SIMON FRASER UNIVERSITY is to ensure that employees with a potential for exposure to bloodborne pathogens or other potentially infectious materials are protected from occupational exposure and that it is done in a manner that complies with the BC Workers Compensation Act, Occupational Health and Safety Regulation, and Human Rights Code.

DEFINITIONS

Occupational exposure – reasonably anticipated harmful contact with blood or other potentially infectious materials (OPIMs) that may result from the performance of a worker's duties.

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

Harmful contact – an exposure incident to blood or OPIMs through:
  • percutaneous injury (injury through the skin from a contaminated sharp item such as a needle);
  • contact with the mucous membranes of the eyes, nose or mouth;
  • contact with non-intact skin (healing wound less than 3 days old or lesion causing disruption of outer skin layer); and
  • bites.

Other potentially infectious materials (OPIMs) – other materials (besides blood) that can be sources of bloodborne pathogens:
  • semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, any body fluid visibly contaminated with blood, all body fluids in situations where it is difficult to differentiate between body fluids, and tissues.

Contaminated – means the presence or the reasonably anticipated presence of blood or OPIMs on an item or surface.

RISK IDENTIFICATION AND ASSESSMENT
  • This exposure control plan covers all (job title)s who have the potential for occupational exposure to bloodborne pathogens or OPIMs.

It is anticipated that the above position(s) may have harmful contact with blood or other potentially infectious materials (OPIMs) as a result of performing their normal job duties, when:

...
PURPOSE AND RESPONSIBILITIES

The purpose of this exposure control plan is to eliminate or minimize the risk of occupational exposure to bloodborne pathogens in blood and OPIMs as well as to reduce the risk of infection, should exposure occur. To meet this objective, responsibilities have been outlined.

The (name of department) will:

• implement engineering controls, safe work practices and written work procedures to eliminate or reduce potential exposure to bloodborne pathogens in blood and OPIMS;
• provide appropriate personal protective equipment;
• provide or arrange for education and training on bloodborne pathogens and the exposure control plan;
• provide hepatitis B vaccination;
• provide all relevant records to OH&S;
• ensure that employees who have had an exposure incident to blood or OPIMs are medically evaluated, then seen by a physician for follow-up if deemed necessary by the medical evaluation;
• investigate all exposure incidents involving blood or OPIM’s and implement corrective action to prevent similar incidents from occurring; and
• annually review the exposure control plan and update it as necessary.

The supervisor (name) will:

• supervise the employees with respect to bloodborne pathogen hazards;
• ensure that engineering controls are established and that the employees follow safe work practices and written work procedures;
• ensure that the employees wear appropriate personal protective equipment
• ensure that the employees receive annual education and training on bloodborne pathogens and the exposure control plan;
• ensure that the post-exposure health management procedures are followed for exposure incidents to blood or OPIMs; and
• initiate investigation of blood or OPIMs exposure incidents.

The (job title)s will:

• use the provided engineering controls;
• follow safe work practices and written work procedures;
• wear the appropriate personal protective equipment provided;
• attend education and training;
• follow the post-exposure health management procedure in the event of an exposure incident to blood or OPIMs; and
• participate in investigation of blood or OPIMs exposure incident.

OH&S Responsibilities:

• provide information and guidance on regulatory requirements;
• in collaboration with departments, undertake risk assessments;
• prepare template exposure control plan;
• prepare training manual;
• upon request, assist with training;
• maintain all documentation; and
• coordinate annual review.
EDUCATION AND TRAINING

All employees, who have or may have occupational exposure to a bloodborne pathogen or OPIMs will be educated and trained regarding bloodborne pathogens prior to initial assignment to work as a (jobtitle).

Education and training will include:

• applicable sections of the Occupational Health and Safety Regulation;
• an explanation of bloodborne diseases, their symptoms and effects, and modes of transmission;
• an explanation of the appropriate methods of recognizing tasks and activities that may involve exposure to blood and OPIMs;
• information on the hepatitis B vaccine, including information on its benefits, effectiveness, safety, method of administration, and its availability;
• an explanation of engineering and safe work practice controls that will prevent or reduce exposure to bloodborne pathogens including their use and limitations;
• information on personal protective equipment, including: appropriate selection, use, removal, handling, cleaning, decontamination, inspection, maintenance, storage, disposal and limitations; and
• an explanation of the post-exposure health management procedure for an OFAA to follow if an exposure incident to blood or OPIMs occurs.

Additional worksite-specific orientation, education and training will be provided by __________________________ (specify individual) and will include:

• an explanation of the Department’s exposure control plan regarding bloodborne pathogens and where to access it; and
• control procedures specific to the worksite (e.g. location of sharps disposal containers, wash facilities, types and location of personal protective equipment);

(Jobtitle)s will receive annual refresher training regarding bloodborne pathogens and the exposure control plan.

HEALTH PROTECTION

Hepatitis B vaccination (Pre-exposure health management)
(Jobtitle)s will be offered the hepatitis B vaccination at no cost. The vaccination (series of 3 shots given at 0, 1 & 6 months) will be started within 10 working days of their employment as a (jobtitle). It will be administered by __________________________ (specify, e.g. SFU Health Services, workers’ family doctors). The vaccination details must be documented on the “Hepatitis B vaccination (Pre-exposure health management)” form (Appendix A) and a copy of the completed form forwarded to OH&S.

An employee may decline the hepatitis B vaccination. This refusal of vaccination must be documented on the “Hepatitis B vaccination (Pre-exposure health management)” form (Appendix A) and a copy of the completed form forwarded to OH&S. If the employee later changes his/her mind and wishes to have the vaccination, it will be provided at no cost.

RECORDKEEPING

The following records will be maintained by OH&S.

1. Risk identification and assessments for positions identified as having potential occupational exposure to bloodborne pathogens or OPIM’s.

2. Hepatitis B vaccination records.
3. Exposure incident records (i.e. first aid records, accident reports, accident investigation reports, WCB claim forms and health records) will be kept for all exposure incidents to blood or OPIMs.

4. Records of all education and training on bloodborne pathogens and the exposure control plan (i.e. dates, type of session and contents or summary, names of attendees, names and qualifications of trainers).

SITE SPECIFIC PROCEDURES

A. Universal Precautions
   Employees will treat all blood and OPIMs as though they are known to be infected with bloodborne pathogens, and will follow infection control precautions and procedures as specified in the training manual. This includes:
   - following precautions to prevent sharps injuries;
   - using resuscitation devices;
   - wearing personal protective equipment; and
   - following hand washing procedures.

B. Engineering Controls
   Engineering and safe work practice controls are the preferred means to eliminate or minimize exposure to bloodborne pathogens at the worksite. If such controls are unavailable or impracticable, or do not completely eliminate exposure, (job title)s will wear the appropriate personal protective equipment provided.

   Sharps
   Employees must always watch out for sharp objects that may be encountered and pose a risk of percutaneous injury (e.g. contaminated broken glass, needles, etc). Designated puncture-resistant sharps containers must be used for sharps disposal. Containers are located in (state location).

C. Personal Protective Equipment
   All personal protective equipment for bloodborne pathogens used at this worksite will be provided by SFU at no cost.
   1. Waterproof, disposable medical examination gloves are available in the (specify location). They will be worn whenever there is potential for exposure to human blood and OPIMs.
   2. Eye/face protection in the form of (specify type) is available in the (specify location). They must be worn when it can be reasonably anticipated that the mucous membranes of eyes, nose or mouth may be splashed or sprayed with blood or OPIMs.
   3. Gowns and protective footwear (specify type) are available in the (specify location). They must be worn when it can be reasonably anticipated that skin or clothing may come in contact with blood or OPIMs (e.g. during clean-up of blood spills) and can also be used to replace contaminated clothing that must be removed.

D. Decontamination Facilities and Hygiene Procedures
   1. Hand washing facilities are located in the __________________________(specify), and are available to (jobtitle)s for hand washing. Hand washing is the single most effective means of preventing the spread of infection. Wash hands after removing...
gloves, after handling anything potentially contaminated, before eating and before and after using the washroom.

2. Waterless hand cleansers/towelettes __________________________ (specify which) are also provided for use if hand washing facilities are not immediately available. They are located in the ________________________ (specify). (Jobtitle)s will wash their hands with mild soap and running water as soon as possible after the use of the above mentioned cleanser/towelette.

3. Showering facilities are located ________________________ (specify where). If contamination is not localized, the (job position) will use towelettes to decontaminate as much as possible at the site and proceed to the shower facility for thorough washing.

F. Post-exposure health management procedure

If (jobtitle)s are involved in an exposure incident to blood or OPIMs, the post-exposure health management procedure will be followed. For the initial management of an exposure incident to blood or OPIMs, the employee will:

- immediately self-administer first aid;
- go to ________________________ (specify nearest hospital emergency department) within 2 hours of the incident; and
- report the incident to their Supervisor ________________________ (insert supervisor’s name).

The follow-up management after an exposure incident to blood or OPIMs will include:

- employee referral to a physician for follow-up, if deemed necessary by the medical evaluation;
- appropriate documentation of the exposure incident and reporting to OH&S (first aid records, incident reports and WCB claim forms); and
- an incident investigation to prevent similar exposure incidents to blood or OPIMs.

G. Housekeeping, Laundry and Waste Disposal

1. The following reusable equipment (specify) and work surfaces (specify, e.g. counters in the first aid room) will be decontaminated with (1:10) 0.5% bleach solution or a germicide solution, on a routine basis. Waterproof gloves must be used for this activity and hands washed immediately after.

2. Waterproof disposable gloves will be worn for any handling of clothing or linen soiled with blood or OPIMs, and hands washed immediately after removal of the gloves. Handling of the soiled items will be minimized. Clothing or linen soiled with blood or OPIMs will be bagged separately and if wet, the items will be placed in waterproof bags. Insert Additional site specific instructions _____________. All laundry will be cleaned using hot water and normal cycles, following washer and detergent instructions.

3. Sharps disposal containers will be securely closed and replaced when they are two-thirds full. Arrangements will be made with ____________ (specify) for disposal.

4. First aid waste items (e.g. disposable gloves, pads and dressings) that are NOT dripping, saturated or grossly contaminated with blood or OPIMs are considered general waste. They will be discarded in waterproof waste bags for disposal at a landfill.
5. Items that are dripping, saturated or grossly contaminated with blood or OPIMs are considered biomedical waste. They must be double bagged in 6mil plastic bags, closed with a twist tie, labeled, and disposed of in accordance with provincial and local environmental regulatory agencies, such as the Guidelines for the Management of Biomedical Waste in Canada and the WCB Occupational Health & Safety Regulation. For disposal ____________ (specify procedure).

6. Waste items known or suspected of being biohazardous must be double bagged in 6mil plastic bags, closed with twist ties and labeled as follows:
   - Date and source;
   - “tissue sample” – human;
   - name of organism known or suspected to be present; and
   - Information on the safe handling.

H. Spill Response Procedure

   Spills of blood and other body fluids must be cleaned up promptly. A spill kit including bleach solution, paper towels, gloves, plastic bags, twist ties and labels is stored in ____________ (specify location).

   To clean the spill:
   - wear disposable waterproof gloves;
   - using paper towels, clean all visible spilled material;
   - once the area is visibly clean, disinfect the area with a 0.5% bleach solution;
   - place all contaminated material in the 6 mil plastic bag, close bag and label;
   - remove gloves, wash hands; and
   - (specify disposal instructions).
APPENDIX A

HEPATITIS B VACCINATION FORM
Pre-exposure Health Management

Some positions at SFU have been identified as having a potential risk for exposure to bloodborne pathogens and other potentially infectious materials (OPIMs). SFU employees in these positions are offered, at no cost to the employee, vaccination for Hepatitis B.

The vaccination offer will be made within 10 days of starting in the designated position. The employee may initially refuse the vaccination. If the employee:

- chooses to refuse the vaccination, the refusal will be documented in this form;
- later changes their mind, the employee retains entitlement to the vaccination offer at a future date; and
- if the employee chooses to proceed with the vaccination, the vaccination details will be documented in this form.

VACCINATION DETAILS

Employee Name________________________________ Campus__________________________
Department______________________________________________________________

I_________________________ agree to proceed with Hepatitis B Vaccination.
Signature_________________________ Date____________________________________

1st Vaccination, Date Administered_____________________
2nd Vaccination, Date Administered_____________________
3rd Vaccination, Date Administered_____________________  

VACCINATION REFUSAL

I_____________________________ refuse to accept the offer for Hepatitis B Vaccination at this time and retain the option of accepting the offer at a later date.
Signature________________________________ Date___________________________