



Bloodborne Pathogens

1. Purpose:

The purpose of this program is to eliminate or minimize team member exposure to blood or other potentially infectious material as detailed in the OSHA Bloodborne Pathogen Standard.

To provide guidelines to protect those team members whose usual activity is performed without blood or bodily fluid exposure, but exposure may occur in the event of injury/illness or spill clean-up situations.

2. Scope:

This program shall apply to Innovative Machining, LLC (IM) first responders. "Good Samaritan" acts such as assisting a co-worker with a nosebleed, etc., are specifically not covered under the standard.

3. Definitions:

- 3.1 *Bloodborne Pathogens:* Means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include but are not limited to the Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV)
- 3.2 *Exposure Incident:* Specific eye, mouth, other mucous membranes, non-intact skin or parenteral contact with blood or other potentially infectious materials that result from the performance of first aid or janitorial duties.
- 3.3 *Incidental Exposure:* 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 a team member's duties.
- 3.4 *Infectious Waste:* means solid waste that contains pathogens with sufficient virulence and in sufficient quantity that exposure of a susceptible human or animal to the solid waste could cause a human or animal to contract an infectious disease. Examples include:
 - 3.4.1 Sharps, including unused or disinfected sharps that are being discarded, such as hypodermic needles or broken glass.
 - 3.4.2 Bulk blood or body fluids, including pourable or drippable amounts of blood or body fluids or items saturated with blood or body fluids.
- 3.5 *Occupational Exposure:* Reasonably anticipated eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of first responder duties.
- 3.6 *Non-Infectious Waste:* Items soiled or spotted, but not saturated, with human blood or body fluids, such as gloves, gowns, dressings, bandages, surgical drapes and feminine hygiene

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products.

3.7 *Universal Precautions:* The practice of treating all blood and other body fluids as if they were potentially infectious, including (but not limited to) the wearing of nonporous articles such as gloves, goggles, and faces shields; clean-up and disinfecting practices; and disposal practices.

4. Responsibilities:

4.1 The President and Management Team

4.1.1 Providing the resources necessary to implement this program, including delegating responsibility and authority to managers and supervisors.

4.2 Program Administrator (Human Resources and Safety Committee)

4.2.1 Maintaining and reviewing the written program annually.

4.2.2 Coordinating the Hepatitis B Virus (HBV) vaccinations.

4.2.3 Ensuring that those first responders who decline the Hepatitis B Virus (HBV) vaccinations sign a declination statement.

4.2.4 Providing initial and annual training to first responders.

4.2.5 Maintaining records.

4.3 Purchasing Manager

4.3.1 Purchasing protective equipment.

4.3.2 Purchasing supplies necessary to respond to blood or bodily fluids.

4.4 First Responders

4.4.1 Attending training.

4.4.2 Using universal precautions.

4.4.3 Wearing PPE as necessary.

4.4.4 Obtaining HBV vaccinations, or signing the HBV vaccination declination statement.

4.5 Team Members

4.5.1 Treat all blood or bodily fluids as potentially containing bloodborne pathogens and do not try to cleanup (Unless it is their own).

4.5.2 Report blood or bodily fluids to a manager or supervisor.

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5. Equipment:

- 5.1 Nitrile Gloves
- 5.2 Safety Glasses
- 5.3 Face Shields
- 5.4 Disposable Mask

6. Procedure:

6.1 General

- 6.1.1 The universal precaution is to treat all human blood and certain human bodily fluids as if they are known to be infectious for Human Immunodeficiency Virus (HIV), HBV, or other bloodborne pathogens. Avoid contact/exposure to all blood/bodily fluids.
- 6.1.2 First aid responders will be trained in bloodborne pathogens and will be selected to represent all shifts. See Appendix A for the First Responder List.

6.2 Controlling Exposures

- 6.2.1 The following work practice controls are used to eliminate or minimize team member exposure. When exposure remains after the controls are instituted, personal protective equipment is used.
 - 6.2.1.1 Handwashing facilities, which are readily accessible, are provided throughout the plant for team members to use immediately after coming into contact with potentially infectious materials;
 - 6.2.1.2 team members wash their hands as soon as feasible after removing gloves or other personal protective equipment;
 - 6.2.1.3 team members will flush mucous membranes with water immediately or as soon as feasible after they have been contacted with blood or other potentially infectious materials; and
 - 6.2.1.4 All procedures involving blood or other potentially infectious materials are performed so as to minimize splashing, spraying, spattering, and generation of droplets.

6.3 First Aid/CPR

- 6.3.1 To reduce and/or eliminate exposure of bodily fluids to first responders an injured team member, if capable, will be expected to wash and bandage their own wound. The first responder will assist the team member in utilizing the proper methods for

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- washing and bandaging as necessary.
- 6.3.2 When providing CPR, a protective mouth shield is provided and must be used to prevent and/or reduce exposure. After use, the mouth shield must be discarded.
- 6.4 Personal Protective Equipment
- 6.4.1 Injuries involving trauma and/or blood or body fluid loss have to be assessed to determine the amount of personal protection needed. PPE requirements include:
- 6.4.1.1 Eyeglasses and disposable face shields, disposable face masks when blood or other potentially infectious materials may be sprayed, splashed or spattered.
- 6.4.1.2 Disposable fluid repellent gowns when the soiling of clothes can occur.
- 6.4.1.3 Disposable (single use) gloves are not washed or decontaminated for re-use.
- 6.4.1.4 Team members will be required to double glove with disposable gloves when in contact with potentially infectious materials.
- 6.5 Blood/body Fluids Cleanup
- 6.5.1 When possible, team members have primary responsibility for cleaning and disinfecting spills of their own blood/bodily fluids.
- 6.5.2 Only trained team members are authorized to cleanup another team member's blood / bodily fluids.
- 6.5.3 Cleanup and disinfecting are usually necessary whenever blood/bodily fluids are spilled onto surfaces. For example, surfaces, floors, or equipment must be cleaned.
- 6.5.4 Take measures to prevent other team members from contacting the blood/bodily fluids.
- 6.5.5 Biohazard cleanup supplies are stored in the tool crib.
- 6.5.6 Contaminated equipment or work surfaces are decontaminated with an 1:10 bleach to water solution immediately or as soon as feasible after surfaces are contaminated. Disinfectants from the bloodborne pathogen kit maybe used in lieu of the bleach/ Water solution.
- 6.5.7 Broken glassware which may be contaminated is not picked up directly with hands, rather it is cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.
- 6.6 Waste Disposal
- 6.6.1 Waste contaminated with blood or bodily fluids from incidental contact or minor first aid (Bandages) are considered non-infectious waste and shall be disposed of either in

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the sanitary sewer system or regular trash.

- 6.6.2 Infectious waste, including bandages with drizzle amounts of blood, sharps, broken glass, contaminated with bodily fluids, etc. shall be disposed of through Clean Harbors. The primary container for infectious waste is a labeled plastic bag. The secondary container for infectious waste is a labeled biohazard waste container (Cardboard or plastic).
- 6.6.3 Infectious waste that is being held for disposal shall be stored in the tool crib in its primary and secondary containers.
- 6.7 Hepatitis B Virus Vaccination
 - 6.7.1 HBV vaccine and vaccination series are made available to all designated first aid responders having the potential for occupational exposure.
 - 6.7.2 The medical evaluations and procedures including the HBV vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis (The prevention of or protective treatment for disease), are provided at no cost to team members. They will be done at a reasonable time and place, under supervision of or by a licensed healthcare professional, and according to current recommendations of the U.S. Public Health Service.
 - 6.7.3 HBV vaccinations are made available to all potentially exposed team members after they are trained, within 10 days of initial assignment. The only exception is when the team members was previously vaccinated, and antibody testing revealed that a team members is immune, or the vaccine is not advised for medical reasons.
 - 6.7.4 If a team members initially declines the vaccination but later decides to accept it, it will be made available.
 - 6.7.5 All team members must state their or declination of the Hepatitis B vaccination in writing, see SAF.1030.F1.
- 6.8 Exposure Incidents
 - 6.8.1 Occupational exposure to blood and other potentially infectious materials may result from the performance of a team member duties. However, such exposure is normally controlled by engineering means, procedures, work practices, personal protective equipment and training. Despite the controls, team member may be exposed by an incident where the skin, eyes, mucous membranes, or parenteral (Other than mouth) contact with blood or other potentially infectious materials may occur.

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6.8.2 Reporting of an exposure incident must be done Immediately after the exposure to the Program Administrator. Immediate reporting is necessary to ensure that the team members is properly protected, and all the necessary facts are promptly obtained.

6.9 Post-Exposure Evaluation and Follow-Up

6.9.1 All exposures to blood or bodily fluids shall be investigated and the details of the exposure shall be recorded in an incident investigation.

6.9.2 Post-exposure evaluations and follow-up are made immediately available to exposed team members following a reported exposure incident. All medical evaluations will be conducted by ThedaCare Occupational Health in Appleton, WI.

6.9.3 Elements of the post-exposure evaluation and follow-up include:

6.9.3.1 Documentation of exposure route(s) and circumstances, using SAF.1030.F2.

6.9.3.2 Identification and documentation of the source individual unless infeasible or prohibited by state or local law;

6.9.3.3 Testing of the source individuals' blood as soon as possible and if consent is given for HBV and HIV infectivity.

6.9.4 Exposed team member's blood will be collected as soon as feasible and tested after consent is obtained. If he or she consents to baseline blood testing, but not HIV testing, the blood sample shall be preserved for at least 90 days. If within 90 days of exposure the team member elects to have the blood sample tested for HIV, it shall be done as soon as feasible; and

6.9.5 Post-exposure prophylaxis, when medically indicated, is offered as recommended by the U.S. Public Health Service, including counseling and evaluation of the reported illness.

6.9.6 The following information is provided to the health care professional:

6.9.6.1 A copy of OSHA standard 29 CFR 1910.1030 - Occupational Exposure to Bloodborne Pathogens;

6.9.6.2 A description of the exposed team member's duties relating to the exposure incident;

6.9.6.3 Documentation of route(s) of exposure and exposure circumstances;

6.9.6.4 The results of the source individuals' blood testing, if available; and

6.9.6.5 All medical records relevant to the appropriate treatment of the team

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member, including vaccination status, which are maintained by the occupational medical provider.

6.9.7 The healthcare professionals' written opinion will be obtained and provided to the team member within 15 days of the completion of the evaluation and will be limited to:

6.9.7.1 Whether HBV vaccination is indicated and if the team member has received it;

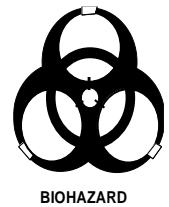
6.9.7.2 The results of the evaluation; and

6.9.7.3 Medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation and treatment.

6.9.7.4 All other findings or diagnoses will remain confidential and will not be included in the written report.

6.10 Communication of Hazards

6.10.1 Warning labels are affixed to all containers of regulated waste. To the right is an example. The labels are fluorescent orange or orange-red with lettering or symbols in a contrasting color.



6.11 Contractors

6.11.1 Contractors shall be responsible for cleaning up blood or bodily fluids from their own employees. The cleanup can be contracted out or performed by a contractor employee training in bloodborne pathogens.

7. TRAINING:

7.1 Initial Training

7.1.1 Information and training as required by OSHA 29 CFR 1910.1030 is provided to all first responders at no cost and during working hours.

7.2 Retraining

7.2.1 Training shall be repeated on an annual basis.

7.2.2 Additional training is provided when tasks or procedures are changed or modified and there are new tasks or procedures affecting team member exposures. The additional training provided is limited to addressing the new exposure created.

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8. RECORDKEEPING:

<u>Topic</u>	<u>Duration</u>	<u>Location</u>
Medical Records	Employment plus 30 years	HR Department
Exposure Records	Employment plus 30 years	HR Department
Training Records	Employment plus 30 years	HR Department

END OF WRITTEN PROCEDURE.

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Appendix A, First Responder List

<u>Name</u>	<u>Department</u>	<u>Shift</u>	<u>Phone Number</u>

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SAF-1030.F1, Hepatitis B Vaccination Declination

Date: _____
 Team Member Name: _____
 Team Member ID#: _____

I understand that due to my occasional exposure to blood or other potential 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 the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, which is 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.

Team Member Signature: _____ Date: _____
 Program Administrator: _____ Date: _____

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SAF-1030-F2, BBP Exposure Incident Report

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