

NUMBER 9.0 – BLOODBORNE PATHOGEN PROGRAM

Number: 9.0

Issued: 7/2018

Revised: 1/2023

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1.0 PURPOSE:

To protect employees from dangers associated with bloodborne pathogens. To comply with the OSHA Bloodborne Pathogens Standard #29CFR1910.1030. To establish guidelines for the cleanup and disposal of materials used to handle potentially infectious material.

2.0 POLICY:

Signature will maintain a Bloodborne Pathogen Program to protect employees from exposure to bloodborne pathogens and other potentially infectious materials.

3.0 RESPONSIBILITIES:

- A. It is the responsibility of the **Facility Leader** to ensure compliance with this procedure in its entirety.
- B. It is the responsibility of all **Employees** to follow the requirements of this procedure.

4.0 PROCEDURE:

- A. Definitions:

1. Bloodborne Pathogens: A pathogenic microorganism present in human blood that can cause disease in humans. These pathogens include but are not limited to Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), Hepatitis A Virus (HAV) and Hepatitis C Antibody Virus (HCV).

2. OPIM (Other Potentially Infectious Material): Certain body fluids including but not limited to saliva, mucous membrane and any fluid visibly containing blood. Also, any unfixed tissue (other than intact skin) such as a severed finger, etc.

3. Exposure Incident: A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material.

4. Universal Precautions: An approach to infection control whereby all blood and OPIM (Other Potentially Infectious Material) are treated as known to be infectious for HIV, HBV, HAV, HCV and other bloodborne pathogens.

5. Medical Wastes/Infectious Wastes: All waste emanating from human or animal tissues, blood or blood products or fluids. This includes used first aid bandages, syringes, needles, sharps, material used in spill cleanup and contaminated PPE or clothing.

6. Biological Hazard: Also known as biohazard, this term is taken to mean any viable infectious agent that presents a risk, or potential risk, to the wellbeing of humans.

7. Occupational Exposure: The contact of OPIM (Other Potentially Infectious Material) or body fluid with an affected employee on the job.

- B. Universal precautions will be observed at all Signature facilities in order to prevent contact with blood or OPIM (Other Potentially Infectious Material). All blood or other potentially infectious materials will be considered infectious regardless of the perceived status of the source.

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- C. All Signature facilities are required to have a bloodborne pathogen protection and decontamination kit at their first aid location containing the following items:
- 1) Protection: Disposable set of gown and booties, splash goggles, medical grade gloves and a NIOSH approved dust and mist mask.
 - 2) Decontamination: An appropriate disinfectant or bleach (mixture of one (1) part bleach to nine (9) parts water – Do No Premix), absorbent powder, scoop and spatula, paper towels, two (2) biohazard bags and microbial hand wipes.
- D. The following preventative first aid procedures must be followed:
- 1) Medical grade gloves shall be worn for all procedures where a potential exists for exposure to infectious material (blood or OPIM).
 - 2) Medical grade gloves must be worn prior to beginning a first aid procedure. Gloves should be removed immediately after the first aid treatment ends in a manner not to re-contaminate the scene, personnel, etc.
 - 3) Hands should be washed immediately following the first aid treatment using antibacterial soap and water.
 - 4) Basic eye protection is required when giving first aid treatment. A face shield does not need to be worn unless it is likely that fluid would be splashed into the eyes or mouth.
 - 5) Gowns and booties should be worn only if it is likely that clothing could become soiled as a result of blood or OPIM splashing on clothing.
- E. Soiled linen must be placed in a biohazard bag and disposed of according to each facility's applicable state regulations.
- F. All disposable items that have been used during first aid treatment and cleanup must be placed in a biohazard bag. The bags should then be disposed of according to each facility's applicable state regulations.
- G. All work surfaces (including walls, floors, machinery, etc.) that have been contaminated with blood or OPIM shall be decontaminated using an EPA registered disinfectant bleach (mixture of one (1) part bleach to nine (9) parts water – Do Not Premix) or by an outside cleaning service specializing in bio-hazard cleanups.
- H. Signature provides hand-washing facilities at all locations. Employees shall wash their hands immediately or as soon as possible after removal of gloves or other personal protective equipment. Employees shall wash hands and any other affected skin with soap and water or flush mucous membranes with water immediately or as soon as possible following contact of such body areas with blood or OPIM. Should a deficiency in the program or in the knowledge of an employee be identified, the deficiency should be addressed with the facility leader and retraining of the authorized or affected employee will be required.

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- I. First Aid Personnel will be offered Hepatitis-B Virus (HBV) Vaccinations at Signature's expense. Employees that transfer to a job or their job is reclassified to include exposure to bloodborne pathogens will be offered HBV Vaccinations within ten (10) working days of the transfer or reclassification. The choice to receive HBV vaccination is not mandatory. If a first aid employee chooses not to have the vaccination at the initial offering, they will have the opportunity to be vaccinated at a later date. Signature will document the offer, acceptance or declination and vaccination dates. See attached Hepatitis B Vaccination Form.
- J. Should an affected employee or an employee acting as a "Good Samaritan" be occupationally exposed to HIV, HBV, HAV, HCV, the affected employee should report the exposure to the Facility Leader immediately. Signature will provide, for the employee, testing for HIV, HAV, HBV, HCV at the Company's expense. The exposed employee's blood shall be collected as soon as possible and tested for HAV (Hepatitis A Antibody), HBV (Hepatitis B Antibody), HCV (Hepatitis C Antibody), and HIV (Human Immunodeficiency Virus). Following the initial blood test at time of exposure, seronegative (no significant level of serum antibodies) employees will be retested at six (6) weeks, twelve (12) weeks and six (6) months to determine if transmission has occurred. During this period, the employee will follow the recommendations provided by the physician or a qualified medical expert.
- K. Following the report of exposure, the facility leader will contact the exposure source and request that person be tested for HIV, HBV, HAV, HCV at Signature's expense. The request is not mandatory and if refused will not affect that employee's future employment. The source individual's blood should be tested as soon as possible once consent is obtained to determine HIV, HBV, HAV, and HCV infectivity. (These tests are known as: Hepatitis B surface Antigen, Hepatitis C Antibody, Hepatitis A and HIV Screen).
- L. During all phases of Post Exposure, the confidentiality of the affected employee and exposure source will be maintained on a "need to know" basis. The results of any HIV, HBV, HAV, HCV tests conducted will be provided to the exposed and source employees within five (5) business days of receipt.
- M. All bloodborne pathogen reports required by OSHA will be kept in a secure file maintained by the facility leader. All reports (Training Certificated, Notice of HBV Vaccinations, exposure reports) will be maintained for 30 years. Occupationally contracted HBV or HIV will be recorded on the OSHA 300 Log of Occupational Injuries and Illnesses as an illness. Exposures to bloodborne pathogens from contact with sharps will be recorded on the OSHA 300 Log of Occupational Injuries and Illnesses if treatment such as gamma globulin, hepatitis B immune globulin or hepatitis B vaccine is prescribed by a physician.
- N. All personnel assigned duties as a First Aid Responders, or Custodial Employee (those that clean restrooms, etc.) will receive initial and annual training conducted by a certified instructor. Certification is to be equivalent to The American Red Cross or National Safety Council Standards on the Bloodborne Pathogen Program. Additionally, personnel trained in first aid shall be offered annual training.

All new and current affected employees will be trained initially and annually thereafter. The content of training program will include:

- Company Policy
- Types and Transmission of Bloodborne Pathogens
- General Safety Rules
- Universal Precautions

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- Use of Personal Protective Equipment
- Medical Waste Disposal Procedures
- Post Exposure Treatment and Procedures
- Benefits of Training on HBV Vaccinations

All Employees not affected by this program will receive an overview of the program requirements during a routine Safety Meeting.

- O. Employees failing to comply with this procedure will be disciplined in accordance with normal progressive disciplinary procedures for the facility.

5.0 ATTACHMENT / FORMS:

A. Hepatitis B Vaccination Form

6.0 PROCEDURE HISTORY

Original Issue - 7/2018

Revised – 10/2021

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SAFETY POLICY AND PROCEDURE MANUAL

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ATTACHMENT A – HEPATITIS B VACCINATION FORM

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EMPLOYEE NAME _____ DATE _____
Employee Printed Name

"I understand I may be at risk of acquiring Hepatitis B Virus (HBV) infection due to my occupational exposure to blood or other potentially infectious materials. I have been given the opportunity to be vaccinated with Hepatitis B Vaccine, at no charge to myself. If I decline the vaccine, I continue to be at risk of acquiring Hepatitis B, 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 myself."

☐ I decline to receive a Hepatitis B vaccination at this time

☐ I accept to receive a Hepatitis B Vaccination

Employee _____ Date _____
Employee Signature

Supervisor _____ Date _____
Supervisor Printed Name Supervisor Signature

Facility Leader _____ Date _____
Facility Leader Printed Name Facility Leader Signature