OPS-SH-0004
Bloodborne Pathogens

Revision History				
Rev	**Date**	**Document Owner**	**Approved By**	**Issue Purpose**
0	09/12/2022	R. Courtney	JC	Create new policy
1	05/22/2026	R. Strahan		Update to separate policy by topic

Table of Contents

1 Purpose

This Bloodborne Pathogen Exposure Control Plan has been established to ensure a safe and healthy working environment and act as a performance standard for all employees. This program applies to all occupational exposure to blood or other potentially infectious materials. The content of this plan complies with OSHA Standard 29 CFR 1910.1030 (Occupational Exposure to Bloodborne Pathogens).

2 Scope

This program addresses the types of bodily fluids employees may be exposed to in the workplace or jobsite. The Exposure Control Plan must state the types of bodily fluids employees can reasonably expect to be exposed to at work. This includes, but is not limited to, blood and other potentially infectious materials (OPIMs), such as saliva and mucous. This affects all Ampirical office and field employees.

3 Definitions

3.1 **Bloodborne Pathogens (BBPs)**

- Infectious microorganisms present in human blood and bodily fluids that can cause chronic (long term) diseases. These pathogens are transmitted through contact with contaminated blood or other potentially infectious materials (OPIM) such as bodily fluids, unfixed tissue or organs. Hepatitis B (HBV) is an example of a bloodborne pathogen.

3.2 **Hepatitis B (HBV)**

- A virus and a BBP that primarily targets the liver, causing acute (severe) and chronic (lifelong) disease. Transmission occurs through blood, bodily fluids or contaminated materials (biohazard waste such as needles). Majority of symptoms include jaundice and dark colored urine (this indicates liver damage). A vaccine for this illness is to be provided by the employer.

3.3 **Hepatitis C (HCV)**

- A manageable condition when treated with medication but remains a chronic incurable illness. A bloodborne virus that infects the liver in a more aggressive manner than HBV. This virus rapidly duplicates and damages the liver cells. In response the body creates scare tissue, and overtime once extensive enough, makes the liver hard and unable to filter any blood (cirrhosis →liver failure).

3.4 **Human Immunodeficiency Virus (HIV)**

- A virus that targets cells that aid in the body's defense against infection, increasing susceptibility to other illnesses and infections. Transmitted by encountering specific bodily fluids from an infected individual.

3.5 **Contaminated**

- Refers to any item of surface that currently has, or is expected to have, blood or any other potentially infectious material (OPIM) present on it.

3.6 **Potentially Infectious Material (PIM)**

- Refers to human blood or any material visibly contaminated with blood that may contain bloodborne pathogens capable of causing infection.

3.7 **Other Potentially Infectious Material (OPIM)**

- Refers to all bodily fluids—other than blood—that may contain bloodborne pathogens such as HIV and HBV. Examples include saliva, mucous, vomit, and excrements as well as any fluid visibly contaminated with blood.

4 Responsibilities

4.1 **Director of Safety**

- Has overall responsibility for developing and implementing the Exposure Control Plan for all facilities

4.2 **Site Safety and Construction Manager**

- Site safety managers and supervisors are responsible for the Exposure Control Plan on their assigned jobsite(s).

4.3 **Employees**

- Know what tasks they perform that have occupational exposure to proactively plan and conduct all operations in accordance with our work practice controls. Employees are to utilize good personal hygiene habits.

5 Procedure

5.1 **Availability of Exposure Control Plan to Employees**

- The Exposure Control Plan must be easily accessible to all employees, and they must be informed of where to find it, making it readily available.

5.2 **Exposure Determination**

- Employees do not perform tasks that involve routine or reasonably anticipated occupational exposure to blood or other potentially infectious materials (OPIM).
- The only employees with potential occupational exposure are those designated and trained as CPR/First Aid Responders. These employees may encounter exposure only during an unplanned emergency response, and such assistance is considered collateral duty and not part of their regular job responsibilities.
- Rendering first aid or basic life support may expose designated CPR/First Aid Responders to bloodborne pathogens. Therefore, requires them to adhere to this program.
- No medical sharps or similar equipment are issued to, or used by, employees providing first aid or basic life support.
- This exposure determination has been made without regard to the Personal Protective Equipment (PPE) that may be used by employees.
- A list of all designated CPR/First Aid Responders for each work group shall be maintained at each work site.

6 Methods of Compliance

6.1 **Universal Precautions**

- Universal precautions are used for all materials possibly infectious. All bodily fluids should be considered infectious.

- Universal precautions involve the use of PPE and sanitary procedures (such as handwashing and cleaning work surfaces) to limit potential for exposure.
- All surfaces contacted with blood or any OPIM must be sanitized and cleaned accordingly to prevent any potential spread of blood borne pathogens.

6.2 **General Controls**

- Applicable hazard controls shall be used to eliminate or minimize employee exposure. Controls should be examined and maintained or replaced on a regular schedule to ensure their effectiveness. Handwashing facilities or antiseptic hand cleansers/towelettes are available at the work site.
- Employees must have a way to clean their hands. If handwashing facilities are not available, antiseptic hand cleanser with disposable towels or antiseptic towelettes must be provided.
- Containers for contaminated sharps have the following characteristics:
  - Puncture-resistant
  - Color-coded or labeled with a biohazard warning label
  - Leak-proof on the sides and bottom
- Secondary containers must include the following when necessary:
  - Leak-proof
  - Color-coded or labeled with a biohazard warning label
  - Puncture-resistant, if necessary

6.3 **Work Practice Controls**

- Employees shall wash their hands immediately, or as soon as feasible, after removal of potentially contaminated gloves or other personal protective equipment.
- Appropriate handwashing facilities are made available such as portable handwashing stations, temporary field sinks with foot pumps, water jugs with spigots, and for supplemental use; alcohol-based hand sanitizer stations.
- Following any contact of body areas with blood or any other infectious materials, employees wash their hands and any other exposed skin with soap and water as soon as possible.
- Contaminated needles and other contaminated sharps should not be handled if you are not authorized or trained to do so. Contaminated needles and other contaminated sharps are not to be bent or recapped.
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is potential for exposure to biohazardous materials.
- Equipment and/or working surfaces shall be cleaned after contact with blood or other infectious material. All equipment and surfaces must be cleaned if they encounter blood or other potentially infectious material.
- Specimens of blood or other potentially infectious materials must be put in leak proof bags for handling, storage, and transport.
- Disposal is the responsibility of the company who's employee the PIM or OPIM came from.
- If outside contamination of a primary specimen container occurs, the container is placed within a second leak proof container and appropriately labeled for handling and storage.

6.4 **Personal Protective Equipment**

Personal protective equipment (PPE) is provided to employees. When the possibility of an occupational exposure to bodily fluid is present, PPE must be provided at no cost to employees.

Examples of PPE used to protect workers from bloodborne pathogens include, but are not limited to gloves, gowns, and masks.

- All PPE shall be of the proper size and readily accessible.
- Our employees adhere to the following practices when using their personal protective equipment:
  - Any garments penetrated by blood or other infectious materials are removed immediately.
  - All potentially contaminated personal protective equipment is removed prior to leaving the work area.
  - Gloves are worn whenever employees anticipate hand contact with potentially infectious materials or when handling or touching contaminated items or surfaces.
  - Disposable gloves are replaced as soon as practical after contamination or if they are torn, punctured or otherwise lose their ability to function as an "exposure barrier".
  - Masks and eye protection (such as goggles, face shields, etc.) are used whenever splashes or sprays may generate droplets of infectious materials.
  - Any PPE exposed to bloodborne pathogens shall be disposed of properly.
  - PPE should be cleaned, laundered, or properly disposed of, if contaminated.
  - PPE will be repaired or replaced as needed to maintain its effectiveness.

6.5 Housekeeping

Our staff employs the following practices:

- All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials
- Protective coverings (such as plastic trash bags, wrap, aluminum foil, or absorbent paper) are removed and replaced
- All trash containers, pails, bins, and other receptacles intended for use routinely are inspected, cleaned, and decontaminated, as soon as possible, if visibly contaminated

7 Post-Exposure and Follow up

7.1 Post-Exposure Evaluation & Follow Up

- If there is an incident where exposure to bloodborne pathogens occurred, we immediately focus our efforts on investigating the circumstances surrounding the exposure incident. This includes making sure that our employees receive medical consultation and immediate treatment.
- The Ampirical Solutions Site Safety Manager and HSE Manger investigate all reported exposure incidents, prepare a written summary outlining the incident (and its causes), and provide recommendations to prevent similar occurrences in the future. Ampirical provides an exposed employee with the following confidential information:
  - Documentation regarding the routes of exposure and circumstances under which the exposure incident occurred
  - Identification of the source individual (unless not feasible or prohibited by law)
- Once these procedures have been completed, an appointment is arranged for the exposed employee, with a qualified healthcare professional, to discuss the employee's medical status. This includes an evaluation of any reported illnesses and any recommended treatment.

7.2 Information Provided to the Healthcare Professional

- Ampirical will forward the following:
  - A copy of the Bloodborne Pathogens Standard (29 CFR 1910.1030)
  - A description of the exposure incident
  - Other pertinent information

7.3 Healthcare Professional's Written Opinion

- After the consultation, the healthcare professional provides our facility with a written opinion evaluating the exposed employee's situation. Ampirical, in turn, furnishes a copy of this opinion to the exposed employee(s).
- The written opinion will contain only the following information:
  - Whether Hepatitis B Vaccination is needed for the employee
  - Whether the employee has received the Hepatitis B Vaccination
  - Confirmation that the employee has been informed of the results of the medical consultation/evaluation
  - Confirmation that the employee has been told about any medical conditions resulting from the exposure incident which require further evaluation or treatment

7.4 Confidentiality

- Medical records are to be kept confidential and are not to be disclosed without the employee's written consent, except as required by 29 CFR 1910.1030 or other law.

7.5 Hepatitis B Vaccination Provisions

- The hepatitis B vaccination shall be provided free of charge to exposed employee(s) and done so within 10 days of the initial exposure.
- Employees can choose to accept or decline the vaccine. If declined, they must sign a declination form, but they may change their mind and receive the vaccine later (free of charge).
- Doses are administered in three over a six-month period (initial, month 1 and month 6).
- Vaccines must be administered by or under the supervision of a licensed healthcare professional.

8 Record Keeping

All records shall be made available at the request of employees, OSHA's Assistant Secretary, and the Director of OSHA for examination and copying. Medical records must have written consent from employees before being released. Ampirical Solutions shall meet the requirements involving transfer of records set forth in 29 CFR 1910.1020(h).

8.1 Medical Records Duration

- Accurate medical records for each employee with occupational exposure must be maintained for at least the duration of employment plus 30 years and shall include the following:
  - Employee's name, Social Security number, and Ampirical Solutions employee number
  - Employee's Hepatitis B vaccination status, including vaccination dates
  - All results from examinations, medical testing, and follow-up procedures, including all health care professional's written opinions
  - Information provided to the health care professional
  - Any Hepatitis B Vaccine Declinations

8.2 Training Records

- Training records shall be maintained for 3 years from the date on which the training occurred and shall include the following:
  - Outline of training program contents
  - Name of person conducting the training
  - Names and job titles of all people attending the training
  - Date of training

9 Labels and Signs

Biohazard warning labeling shall be used on containers of regulated waste including, but not limited to, sharps disposal containers, contaminated laundry bags and containers, and contaminated equipment.

10 Training

Employees are provided with training on Bloodborne Pathogens. Employees who may be exposed to bodily fluids must be trained on bloodborne pathogens when they start their job and every year thereafter. Training must be documented and maintained for a minimum of 3 years.

10.1 Training Outline

- What bloodborne pathogens are; how to protect themselves from exposure
- Methods of warnings (signs, labels, etc.)
- The OSHA requirements of bloodborne pathogens
- The Hepatitis B vaccine is provided to all employees with occupational exposure and must be made available to all employees that have occupational exposure at no cost to the employee(s)
- This procedure is readily available to access for all employees
- Biohazard Label:

10.2 Information Provided to Employees

- The Bloodborne Pathogens Standard
- The epidemiology and symptoms of bloodborne diseases
- The modes of transmission of bloodborne pathogens
- Our facility's Exposure Control Procedure (and where employees can obtain a copy)
- Appropriate methods for recognizing tasks and other activities that may involve exposure
- A review of the use and limitations of methods that will prevent or reduce exposure
- Selection and use of personal protective equipment
- Visual warnings of biohazards within our facility including labels, signs and "color-coded" containers
- Information on the Hepatitis B Vaccine
- Actions to take and persons to contact in an emergency involving potentially infectious material
- The procedure to follow if an exposure incident occurs, including incident reporting

- Information on the post-exposure evaluation and follow-up, including medical consultation

11 References

29 CFR 1910.1030
29 CFR 1910.1030(h)(2)(ii)
29 CFR 1910.1030(f)(1)(i)
29 CFR 1910.1030(c)(1)(ii)