*This model program is intended for general information purposes only. It should not be construed as legal advice or legal opinion regarding any specific or factual situation. Always follow your organization’s policies and procedures as presented by your manager or supervisor.*

**BLOODBORNE PAYHOGENS EXPOSURE CONTROL PLAN**

**Purpose:**

The purpose of this Bloodborne Pathogen Exposure Control Plan (ECP) is to protect all occupationally exposed employees from exposure to any blood or body fluid. The ECP will identify occupationally exposed groups of employees within the insert agency’s name and explain the methods of compliance that will be instituted to minimize exposure to blood and body fluids.

**Scope:**

The ECP applies to all firefighters, emergency responders and employees who could reasonably be expected to have an occupational exposure to an infectious material.

**Key Roles:**

The **Chief of the Department** is responsible for the implementation of the ECP. The ECP will be reviewed and updated at least annually and whenever necessary to include new or modified tasks and procedures.

**Name / title** has been appointed as the Exposure Control Officer (ECO). The responsibilities of the ECO include:

* In conjunction with reliable medical authorities, periodically evaluating and updating exposure prevention and decontamination protocols. Assist with the identification of exposure risks and reasonable efforts to reduce additional exposure.
* Procedures for when and how to obtain medical attention in the event of an exposure or suspected exposure, and for ensuring that all medical actions required are performed.
* Compliance with all relevant laws or regulations related to communicable diseases, which may include the following:
  + Responding to requests and notifications regarding exposures covered under the Ryan White law (42 USC § 300ff-133; 42 USC § 300ff-136).

#.1.4.3.2 Bloodborne pathogen precautions, including exposure determination, if required (29 CFR 1910.1030).

#.1.4.3.3 Public health alerts

#.1.4.4 The ECO should also act as the liaison with occupational health and safety authorities and may request voluntary compliance inspections. In conjunction with the Chief of the Department, the ECO shall assist in the periodic review and update of the ECP.

#.1.4.5 In conjunction with the Medical Director, ensure that appropriate medical records are maintained.

#.1.5 **Name / title** will have the responsibility for written housekeeping protocols and will ensure that effective disinfectants are purchased.

#.1.6 **Name / title** will be responsible for training, documentation of training, and making the written ECP available to employees and New Jersey Public Employee Occupational Safety Administration representatives.

#.1.7 **Name / title** will maintain and provide all necessary personal protective equipment (PPE), engineering controls (i.e., sharp containers, etc.), labels and red bags as required by the standard and will ensure that adequate supplies of the aforementioned equipment are available.

*The above duties can be assigned or grouped to one or more individuals.*

#.1.8 Medical oversight physician

**Definitions:**

*Blood*: human blood, human blood components and products made from human blood.

*Bloodborne Pathogens*: microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV), and human immunodeficiency virus (HIV).

*Exposure Incident*: a specific eye, mouth or other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials, that results from the performance of an employee's duties.

*Occupational Exposure*: a 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.

*Other Potentially Infectious Materials (OPIM)*: include, but are not limited to, 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. It also includes any unfixed tissue or organ (other than intact skin) from human (living or dead) and HIV-containing cell or tissue cultures, organ cultures and HIV-HBV-containing culture medium or other solutions and blood organs or other tissues from experimental animals infected with HIV or HBV.

*Personal Protective Equipment (PPE)*: specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) which are not intended to function as protection against a hazard ARE NOT considered PPE.

*Regulated Medical Waste***:** liquid or semi-liquid blood or other potentially infectious materials, contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed, items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling, contaminated sharps and pathological and microbiological wastes containing blood or other potentially infectious materials.

*Universal (Standard) Precautions*: an approach which treats all human blood and certain human body fluids as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

**Exposure Control:**

Employees are at risk each time they are exposed to bloodborne pathogens or other potentially infectious materials (OPIM). Any exposure incident may result in infection and subsequent illness. Since it is possible to become infected from a single exposure incident, exposure incidents must be prevented whenever possible.

**Exposure Determination:**

These job classifications have been identified (see Table I below) as ones in which employees and volunteers have potential exposure (i.e., skin, eye, mouth, other mucous membrane, or parenteral) to bloodborne pathogens. This assessment is made without regard to the use of personal protective equipment.

*Add and delete job titles as needed*

|  |  |  |
| --- | --- | --- |
| Job Title / Name | Tasks with occupational exposure (or potential exposure) | Employee Designation  Affected / Not affected |
| Fire Chief |  |  |
| Assistant Fire Chief |  |  |
| Captain |  |  |
| Lieutenant |  |  |
| Training Officer |  |  |
| Career / Volunteer Firefighters | * MVC rescue & extrication * EMS assist * Fire suppression in occupancies with BBP hazards | Affected |
| Junior Firefighter |  |  |
| EMT | * Patient care | Affected |
| Fire Marshal |  |  |
| Fire Official/Inspector |  |  |
| Fire Commissioner | * No reasonably anticipated occupational exposure | Not affected |
| Fire Administrator | * No reasonably anticipated occupational exposure | Not affected |
| Board Secretary | * No reasonably anticipated occupational exposure | Not affected |
|  |  |  |

Note: "Good Samaritan" acts which result in exposure to blood or other potentially infectious materials from assisting a fellow employee or non-employee (i.e., assisting a co-worker with a nosebleed, giving CPR, or first aid at an accident scene) are not included in the Bloodborne Standard.

The **insert agency’s name** will offer Post-Exposure Evaluation and Follow-up in such cases.

The **insert agency’s name** has chosen to list the tasks and procedures performed by employees where occupational exposure to blood and other potentially infectious materials may occur. This list will be updated at least annually to ensure that all tasks and procedures are evaluated with regards to reasonably anticipated occupational exposure to blood and other potentially infectious materials.

The employees have been instructed to follow the rules and requirements established by this plan, in addition to the standard operating procedures established by the **insert agency’s name.**

**Methods of Compliance**

Standard (Universal) Precautions will be observed by the **insert agency’s name** to minimize and/or prevent contact with blood and/or other potentially infectious materials. Standard Precautions is a method of preventing disease by preventing the transfer of blood and certain body fluids. The underlying concept of Standard Precautions is that all blood and certain other body fluids are considered to be infectious for bloodborne pathogens. In almost all situations, our employees will treat all blood and certain body fluids as though they contain bloodborne pathogens. This will be done through the use of gloves or any other personal protective equipment that may be required. It should be noted that in rare instances, such as unexpected medical emergencies, employees may not be able to put on gloves or other personal protective equipment. Only in this type of situation will this institution allow an employee to disregard Standard Precautions.

Engineering and work practice controls will be instituted to eliminate or minimize employee exposure wherever possible. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

The **insert agency’s name** identifies the need for changes in engineering controls and work practices through review of PEOSH records, employee interviews, and committee activity. The **insert agency’s name** will evaluate new procedures or new products regularly by literature review and supplier information. Both front-line workers and management officials are to be involved in this process through interviews and product trials.

Hand washing facilities are readily accessible to **insert agency’s name** employees at the following locations:

* Insert location
* Insert location

Due to the nature of their activities, firefighter and EMT access to wash areas may not be feasible. In the event washing facilities are not available, employees will be provided hand sanitizers, as an interim measure. Employees will wash their hands at their first opportunity.

Employees are required to wash their hands or other exposed skin or flush mucous membranes immediately or as soon as feasible after:

* Removal of gloves or other PPE
* Contact with blood or other OPIMS.

Sharps include, but will not be limited to, needles, scalpels, broken glass, and scissors for healthcare purposes.

All contaminated needles will be discarded without being recapped, sheared, bent, broken, or re-sheathed by hand.

Immediately or as soon as possible after use, contaminated sharps, used by healthcare personnel, will be placed in an appropriately labeled puncture-resistant container (Sharps Container) for proper disposal. The **insert agency’s name** will provide puncture resistant containers for proper disposal of sharps at the following locations:

* Insert location
* Insert location

The **insert agency’s name** will maintain full compliance with all requirements pertaining to sharps and other regulated medical waste as mandated by the New Jersey Comprehensive Regulated Medical Waste Management Act.

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

Food and drink will not be kept in refrigerators, shelves, cabinets, and/or counter-tops where blood and other potentially infectious materials are present. These areas will be demarcated with a biohazard label.

Blood or other OPIM will be placed in containers designed to prevent leakage during collection, handling, processing, storage, transfer or shipping.

The **insert agency’s name** has instituted work practice controls to minimize the potential splashing, spraying, splattering, and generation of droplets of blood and/or other potentially infectious materials. Also, employees have been informed that if there is outside contamination of a container that could be associated with blood or body fluids, then that container must be decontaminated.

All materials that come in contact with OPIM will be considered Infectious / Contaminated Waste. Non-sharps Infected Waste will be double bagged in BIOHAZARD waste bags. All Infectious wastes produced at the scene will be turned over to the **WHO.** Fire Rescue or EMS Units on scene for transport and disposal at the receiving hospital. All other infectious wastes will be secured by the Fire Rescue Team and brought to a receiving hospital for disposal.

Personal protective equipment (PPE)will only be instituted when engineering controls and work practices are insufficient to eliminate exposure to blood and other potentially infectious materials. **insert agency’s name** provides the following PPE at the specified locations.

|  |  |  |
| --- | --- | --- |
| PPE | Available location(s) | Spare supply location(s) |
| Face shield |  |  |
| Protective eyewear |  |  |
| Facepiece filtering respirator (N95) |  |  |
| Disposable gowns |  |  |
| Disposable gloves |  |  |
| Extrication gloves |  |  |
| Booties |  |  |
| CPR faceshield |  |  |
|  |  |  |

PPE will be provided to employees at no cost and the **insert agency’s name** will ensure that the employees use appropriate PPE at all times. Note that in rare and extraordinary circumstances, an employee may, in his or her professional judgment, determine that the use of PPE will increase the hazard to the safety of a co-worker. Any and all of these circumstances will be investigated and documented by the **insert agency’s name**.

The specific types of PPE available for employees to use during the course of their employment will be identified later in this plan. Such PPE shall not permit blood or OPIM to pass through or to reach employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucus membranes under normal conditions of use.

Gloves will be available in all areas where occupational exposure is anticipated. Everyday work gloves will be worn over disposable vinyl/latex gloves when handling sharp objects or rough objects are likely to be encountered.

Gloves will be worn when it can be reasonably anticipated that the firefighter may have hand contact with blood, OPIM, mucus membranes, or non-intact skin.

Gloves will be replaced as soon as practical when contaminated (i.e., at least after each use) and as soon as feasible when torn or punctured. Disposable gloves may not be washed for reuse.

Employee uniforms or clothing will be changed immediately or as soon as feasible if penetrated by blood or other OPIMs.

The **insert agency’s name** will arrange to clean, launder, and dispose of PPE at no cost to the employee. In addition, when personal protective equipment is removed, it will be placed in a designated area and/or receptacle for storage, washing, decontamination or disposal.

Housekeepingprocedures will be instituted by the **insert agency’s name** to ensure that the station, vehicles, and equipment are maintained in a clean and sanitary condition. Written procedures have been prepared to assure that all areas and/or surfaces are cleaned and decontaminated properly. A written schedule for cleaning and method of decontamination based on the type of surface to be cleaned, type of soil present, and tasks or procedures being performed has been prepared.

Contaminated work surfaces will be cleaned with a disinfectant after completion of procedures immediately or as soon as feasible when they are visibly contaminated or after a spill of blood or other OPIM.

If any equipment, working surfaces, bins, pails, cans, etc. come in contact with blood or any other OPIM, they will be cleaned and decontaminated as soon as feasible.

The **insert agency’s name** currently maintains copies of tracking forms to ensure that the waste has been properly disposed of.

Broken glassware or sharps shall not be picked up directly with the hand, but shall be cleaned up using mechanical means, such as brushes, etc.

It is anticipated that there will be contaminated laundry generated by the **insert agency’s name**. If it is generated, contaminated laundry will be handled as little as possible and with a minimum of agitation. It will be bagged or containerized at the location where it was used. It shall not be sorted or rinsed at the location it was used.

Whenever it is deemed possible that laundry is wet and presents a likelihood of soaking through or leakage, the laundry should be placed and transported in bags or containers, which are soak-proof or leak-proof.

Employees who come in contact with contaminated laundry are required to wear gloves and other appropriate PPE.

Where laundry is shipped off-site for cleaning or handling, it will be placed in bags or containers, which are labeled or color-coded in accordance with this policy.

Container Labeling:

**Insert agency’s name** will ensure that warning labels will be affixed to all containers, refrigerators, or any other devices that may hold or contain blood or other OPIMs. These labels will be fluorescent orange or orange-red or will predominantly display the universal biohazard symbol. Red bags or red containers may be substituted from time to time with these universal labels.

**insert agency’s name** complies with the New Jersey Comprehensive Regulated Medical Waste Management Act. The Act requires that regulated medical waste is placed in a color-coded bag and/or in a receptacle that has the universal biohazard symbol on it.

**Hepatitis B Vaccination:**

As indicated previously, all employees have been evaluated to determine which of these employees have occupational exposure to blood and OPIM. All employees who have occupational exposure will be offered the Hepatitis B vaccine free of charge.

Occupationally exposed employees are offered the Hepatitis B vaccination within ten (10) working days of their initial assignment. If an employee chooses not to receive the vaccination offered at this time, they will be asked to sign a declination form. A copy of this declination form will be made part of the employees’ medical record. Medical records are located **insert your information here**.

**Post-Exposure Evaluation and Follow Up:**

Following a report of an exposure incident, the **insert agency’s name** will make available a confidential medical evaluation, and follow-up documentation of the incident will be made that will include at least the following:

* Documentation of the routes of entry and circumstances under which the exposure incident occurred.
* Identification and documentation of the source individual, if possible. The source individual's blood will be tested as soon as possible after consent has been obtained in order to determine HBV and HIV infectivity. If consent cannot be obtained, the employer will establish that legally required consent was not available.
* The exposed employee’s blood will be tested as soon as possible after consent has been obtained in order to determine HBV and HIV infectivity. If consent cannot be obtained, the employer will establish that legally required consent was not available. All results of the exposed employees testing will be made available to the exposed employee.
* The **insert agency’s name** will use a designated physician **insert physician’s name** as the healthcare professional responsible for providing medical evaluation and follow up as well as vaccines for employees. **Insert agency’s name** will ensure that the healthcare professional responsible for the exposed employee's Hepatitis B vaccination will be provided with a copy of the bloodborne standard regulation as well as a description of the exposed employee's duties as they relate to the exposure incident, documentation of the routes of exposure and circumstances under which exposure occurred, results of the source individual's blood testing, if available, and all relevant medical records.
* The healthcare professional will provide the employee with a copy of a written opinion within fifteen (15) days of completion of the evaluation of the employee.
* If post-exposure prophylaxis is medically indicated, it shall be followed as recommended by the United States Public Health Service.
* If the employee consents to a baseline blood collection but does not consent to HIV testing, the blood sample shall be preserved for at least 90 days, and the employee shall have that much time to request that HIV testing be performed.
* The healthcare professional's written opinion for post-exposure evaluation and follow up shall be limited to the following:
* That the employee has been informed of the results of the evaluation and
* That the employee has been told about any medical conditions resulting from exposure to blood or other OPIMs, which require further evaluation or treatment.
* Any and all other findings or diagnosis shall remain confidential and shall not be included in the written report.
* Any and all medical records required by this Exposure Control Plan and Policy shall be maintained as required under OSHA Standard 29 CFR 1910.20 (Retention of Records).
* A post-exposure evaluation and follow-up checklist will be used to ensure that proper procedures have been followed.

**Education & Training:**

The **insert agency’s name** will ensure that at the time of initial assignment to tasks where occupational exposure may occur and at least annually after that, employees will receive information and training at no cost and during working hours. The program will contain material appropriate in content and vocabulary to the educational level, literacy, and language of employees being trained.

The training program will contain information as required of the OSHA Bloodborne Standard. Employees will have an opportunity to ask questions regarding the training to a knowledgeable person and be given a timely response.

Training records will be maintained that include the date of the session, contents or summary of the session, names and qualifications of the person conducting the training, and names and job titles of all persons attending the training session. These records will be maintained for a period of three (3) years.

The training program shall consist of the following:

* A copy of the text of the Bloodborne Pathogen Standard and an explanation of its contents.
* A general explanation of the causes, symptoms, and control of bloodborne diseases.
* An explanation of the modes of transmission of bloodborne pathogens.
* An explanation of this exposure control plan. If a copy is needed, it can be obtained from the personnel department.
* How to recognize tasks and activities that will involve exposure to blood or OPIM.
* An explanation of the use and limitations of methods that will prevent or reduce exposure including engineering controls, work practice controls, and personal protective equipment.
* Information on the types, use, location, removal, handling, decontamination, and disposal of personal protective equipment.
* An explanation of the basis for selecting personal protective equipment.
* Information on Hepatitis B vaccine, including information on its efficacy, safety, the method of administration, benefits of being vaccinated and that the vaccine will be offered free of charge.
* Information on appropriate actions to be taken and persons to contact in an emergency involving blood or OPIM.
* Procedures to follow if exposure incidents occur, including the method of reporting, and medical follow-up that will be made available.
* Information on post-exposure evaluation and follow-up following an exposure incident.
* Labels and color-coding.

**Record Keeping**

The **insert agency’s name** will maintain an accurate record for all employees with occupational exposure. This record will include:

* The name of the employee.
* A copy of the employee's Hepatitis B vaccination status.
* A copy of any and all results of examinations, medical testing and follow up procedures resulting from post-exposure evaluation, a copy of any information provided by a healthcare professional to the employee.

These records will be kept confidential and will be maintained for at least the duration of employment plus thirty years in accordance with 29 CFR 1910.1030.

Employee training records required by this policy shall be provided upon request for examination and copying to PEOSH inspectors, employees, and employee representatives.

Employee medical records required by this policy shall be provided upon request for examination and copying to PEOSH inspectors, the subject employee or to anyone having written consent of the subject employee in accordance with 29 CFR 1910.1030.

**Appendix A – Cleaning & Decontamination Schedule**

| **AREA(S)/ EQUIPMENT TO BE CLEANED** | **SCHEDULED CLEANING**  **DAY/TIME** | **PRODUCT(S) USED** | **INSTRUCTIONS** |
| --- | --- | --- | --- |
| Vehicles (Interiors/Exteriors) | Immediately after OPIMs contamination | Use bleach solution (1:10 ratio) or other approved disinfecting cleaning product if surfaces are suspected of being contaminated with blood or other OPIM. | 1. Don PPE (min. -gloves & goggles). 2. Scrub all areas in contact with OPIM’S including contaminated clothing & turnout gear. 3. Rinse area thoroughly and let dry. 4. Dispose/decontaminate PPE (gloves & goggles). |
| Artificial Respiration & Medical Equipment – Masks, Bag-Valve-Mask Device | After every use regardless of visible OPIM contamination | Use bleach solution (1:10 ratio) or other approved disinfecting cleaning product if surfaces are suspected of being contaminated with blood or other OPIM. | 1. Don PPE (min. -gloves & goggles). 2. Wash equipment thoroughly. 3. Rinse area thoroughly and let dry. 4. Dispose/decontaminate PPE (gloves & goggles). |
| Work Uniforms | Immediately after OPIMs contamination | n/a | 1. Remove contaminated clothing immediately. 2. Place clothing into a BIOHAZARD Plastic Bag. 3. Send to approved laundry facility under the direction of **insert your information here** |
| Bunker Gear | Immediately after OPIMs contamination  (Minor) contamination only –12 square inches or less.) | Use bleach solution (1:10 ratio) or other approved disinfecting cleaning product if surfaces are suspected of being contaminated with blood or other OPIM. | 1. Don PPE (min. -gloves & goggles). 2. Scrub all areas in contact with OPIM’S. 3. Rinse area thoroughly and let dry. 4. Dispose/decontaminate PPE (gloves & goggles). |
| Bunker Gear | Immediately after OPIMs contamination  (Major contamination only –12 square inches or greater.) | n/a | 1. Remove contaminated clothing immediately. 2. Place clothing into a BIOHAZARD Plastic Bag. 3. Send to approved laundry facility under the direction of the **insert your information here** |
| Boots | Immediately after OPIMs contamination | Use bleach solution (1:10 ratio) or other approved disinfecting cleaning product if surfaces are suspected of being contaminated with blood or other OPIM. | 1. Don PPE (min. -gloves & goggles). 2. Scrub all areas in contact with OPIM’S. 3. Rinse area thoroughly and let dry. 4. Dispose/decontaminate PPE (gloves & goggles). |

**Appendix B – Forms**

BBP Forms are available at

<https://melsafetyinstitute.org/forms-checklists/>