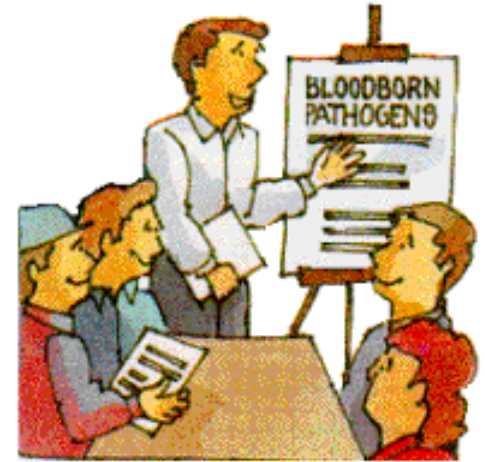


OSHA

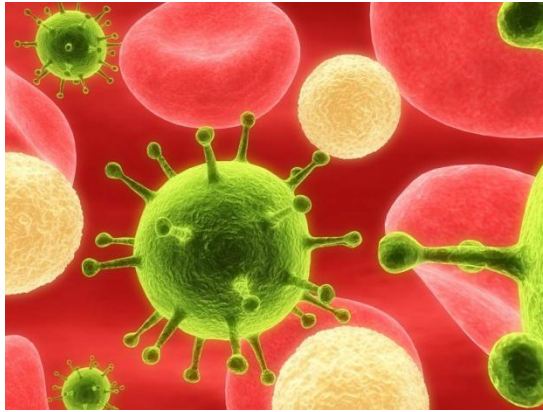


Bloodborne Pathogens

OSHA TRAINING March 2021

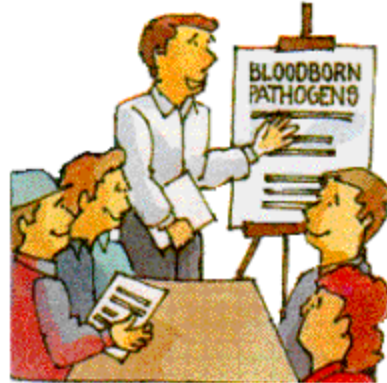
Bloodborne Pathogens

Annual training on bloodborne pathogens and diseases, methods used to control occupational exposure, hepatitis B vaccine, and medical evaluation and post-exposure follow-up procedures.



- **Bloodborne pathogens: infectious microorganisms present in blood 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), the virus that causes AIDS.**
- **Workers exposed to bloodborne pathogens are at risk for serious or life-threatening illnesses.**

Establish an Exposure Control Plan



- This is a written plan to eliminate or minimize occupational exposures. The ECP;
- Contains a list of job classifications in which all workers have occupational exposure, and
- A list of job classifications in which some workers have occupational exposure, and
- A list of the tasks and procedures performed by those workers that result in their exposure.

Update the plan annually



- Reflect changes in tasks, procedures, and positions that affect occupational exposure, and also technological changes that eliminate or reduce occupational exposure.
- Annually document in the plan that they have considered and begun using appropriate, commercially-available, effective, safer medical devices designed to eliminate or minimize occupational exposure.

Implement the use of universal precautions

Assume all human blood and other potentially infectious materials (OPIM) as if known to be infectious for bloodborne pathogens

A simple, consistent and effective approach to infection control



Handwashing



Use Gloves



Use a Mask



Wear a Gown



Dispose of Sharps



Dispose of Waste



Dispose soiled linen



Clean Environment

Minimise contact with blood and body substances by utilising safe work practices and protective barriers.

STANDARD PRECAUTIONS APPLY TO ALL PATIENTS



NSW Health
Working as a Team

Identify and use engineering controls



- **Sharps disposal containers**
- **Self-sheathing needles**
- **Safer medical devices, such as sharps with engineered sharps-injury protection and needle less systems.**

Provide personal protective equipment (PPE)



- Employer provides gloves, gowns, eye protection and masks at no cost to the worker

Offer hepatitis B vaccinations to all workers with occupational exposure



- **This vaccination must be offered after the worker has received the required bloodborne pathogens training and within 10 days of initial assignment to a job with occupational exposure.**

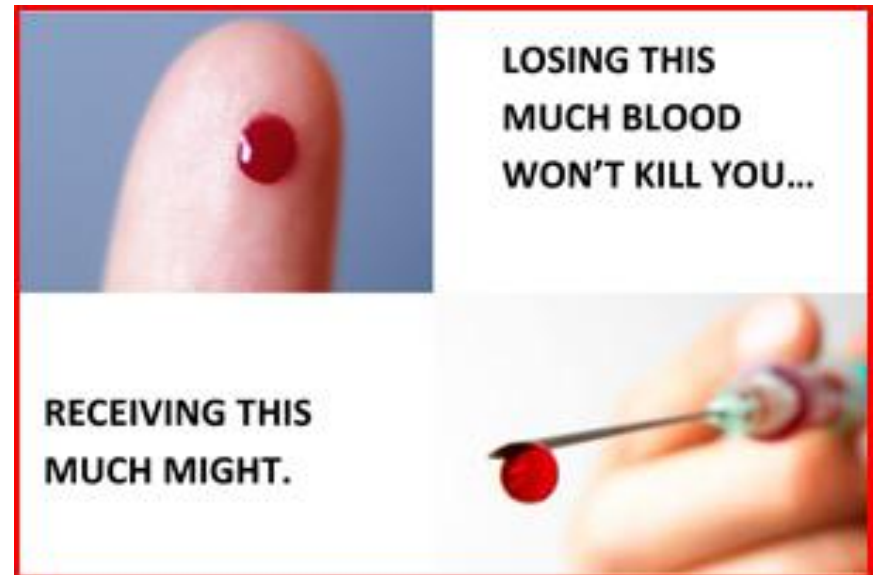
Make available post-exposure evaluation and follow-up at no cost to any occupationally exposed worker who experiences an exposure incident

Hepatitis B Vaccination

Vaccine Product	Age of Vaccine Recipient (yrs)	Dose (volume)	Timing of Doses
Recombivax HB (Merck)	Infants		0-2, 1-4 and 6-18 months of age
	1-18	5.0 mcg/0.5 mL (pediatric)	0, 1-2, 4-6 mos Alternative schedule for adolescents age 11-15 only 0, 4-6 months (2 doses only)
	>18	10 mcg/1 mL (adult) 40 mcg/1 mL (dialysis)	0, 1-2, 4-6
Engerix-B (GSK)	birth-18	10 mcg/0.5 mL (pediatric)	0-2, 1-4 and 6-18 months of age
	1-18	10 mcg/0.5 mL (pediatric)	
	>18	20 mcg/1 mL (adult)	0, 1-2, 4-6

* The second dose should be given 1 month after the first dose; the third dose should be given at least 2 months after the second dose and at least 4 months after the first dose.

An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral (IV) contact with blood or other potentially infectious materials.



**Testing the exposed worker's
blood, if the worker consents;
offering post-exposure prophylaxis;
offering counseling; and
evaluating reported illnesses, keeping
diagnosis confidential.**



Use labels and signs to communicate hazards.



- Warning labels must be affixed to containers of regulated waste; containers of contaminated reusable sharps; refrigerators and freezers containing blood or OPIM; other containers used to store, transport, or ship blood or OPIM;

Maintain worker medical and training records.

- The employer also must maintain a sharps injury log.
- Cal/OSHA regulations require that employers must **report** any Serious **Injury**/Illness or Fatality to the nearest **Cal /OSHA** District Office. practically possible but not longer than 8 hours after the employer knows or with diligent inquiry would have known of the serious **injury** or illness.

BLOODBORNE EXPOSURE INCIDENT REPORT FORM

TO BE COMPLETED WITHIN 24 HOURS OF THE INCIDENT AND SENT TO THE EXPOSURE CONTROL OFFICER

PLEASE TYPE OR PRINT

EMPLOYEE IDENTIFICATION

Name	Home Street Address	
	City, State, Zip	
Home Phone	Work Phone	Dept.
SSN	Birthdate	Job Title

INCIDENT INFORMATION

Date of Incident	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
Location of Incident		
What types of potentially infectious materials were involved in the incident?		
What was the source of the material?		
Describe in detail the circumstances under which the incident occurred.		
How was the incident caused (accident, equipment malfunction, power outage, etc)?		
What personal protective equipment was being used at the time of the incident?		
Describe actions taken as a result of the incident.		
Employee Decontamination	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cleanup	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notifications Made	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date and Time of Notification		

SIGNATURE

Employee's signature	Date
Print Name	

ProHealth/Argus OSHA 12 Pages Policy & Procedure for Bloodborne Pathogens Exposure Prevention



BLOODBORNE PATHOGENS EXPOSURE PREVENTION POLICY AND PROCEDURE

This sample plan is provided only as a guide to assist in complying with the OSHA Blood borne Pathogens standard 29 CFR 1910. 1030, as adopted by 803 KAR 2:320. It is not intended to supersede the requirements detailed in the standard. Employers should review the standard for particular requirements which are applicable to their situation. It should be noted that this model program does not include provisions for HIV/HBV laboratories and research facilities which are addressed in section (a) of the standard. Employers will need to add information relevant to their particular facility in order to develop an effective, comprehensive exposure control plan. Employers should note that the exposure control plan is expected to be reviewed at least on an annual basis and updated when necessary.

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Facility Name: ProHealth Partners A Medical Group, Inc. (Clayton De Jong, MD, Tyler De Jong, MD)

Date of Preparation: March 15, 2018

In accordance with the OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030, as adopted by 803KAR 2:320, the adopted by 803KAR 2:320, the following exposure control plan has been developed:

1. **EXPOSURE DETERMINATION**

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. At this facility the following job classification(s) are in the category:

Back Office medical personnel

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or to other potentially infectious materials, tasks or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand