

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Idaho State Office
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In Reply Refer To:
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September 2, 2004

EMS
Instruction Memorandum No. ID-2004-103
Expires: 09/30/2005

To: All State Office Employees

From: State Director

Subject: BLM Bloodborne Pathogen Exposure Control Plan for Idaho State Office

Program Area: Health and Safety.

Purpose: The purpose of this Instruction Memorandum (IM) is to establish policy and guidelines for the Bureau of Land Management (BLM) Bloodborne Pathogen Exposure Control Plan at the Idaho State Office.

Policy/Action: The BLM Bloodborne Pathogen Exposure Control Plan provides guidelines for BLM Idaho State Office employees to protect themselves against the effects of bloodborne pathogens exposure.

Timeframe: This IM is effective immediately.

Background: Historically, BLM state offices have functioned under their statewide policies and guidelines. The BLM Safety and Health Team decided that OSHA will consider State Offices as a facility. This means that each State Office needs to have site specific written OSHA plans. This IM is to establish the BLM Bloodborne Pathogen Exposure Control Plan for the Idaho State Office.

Manual/Handbook Sections Affected: None.

Coordination: This IM was coordinated with the BLM Idaho State Safety and Occupational Health Manager, BLM Idaho Human Resources Officer, BLM Idaho DSD for Support Services, and BLM Idaho DSD for Resources.

Contact: For questions or further information, please contact Lin Buck, BLM Idaho State Office Safety and Health Officer at (208) 373-4097.

Lower Snake River District with Union: No Union notification or negotiation is required.

Signed by:
K Lynn Bennett

Authenticated by:
Susanna M. Henry
Staff Assistant (ID-933)

Attachment

1 – BLM Bloodborne Pathogen Exposure Control Plan for Idaho State Office

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

I. POLICY

The Bureau of Land Management Idaho State Office is committed to providing a safe and Healthful work environment for our employees. Part-time, temporary, contract and per diem employees are covered by this standard. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- A. Determination of employee exposure
- B. Implementation of various methods of exposure control, including: Universal precautions Engineering and work practice controls Personal protective equipment
- C. Housekeeping
- D. Hepatitis B vaccination
- E. Post-exposure evaluation and follow-up
- F. Communication of hazards to employees and training
- G. Record keeping
- H. Procedures for evaluating circumstances surrounding an exposure incident

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

II. PROGRAM ADMINISTRATION

- A. The Idaho State Office Safety and Health Officer (SHO) and ISO Safety and Health Committee are responsible for the implementation of the ECP. They will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.
- B. Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
- C. The Safety and Health Officer (SHO) will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard.

- D. The SHO will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
- E. The SHO will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained. The SHO will submit records into the Safety Hazmat Library.
- F. The SHO will coordinate with the Human Resources Training Specialist to provide training and documentation of the training.
- G. The SHO will make the written ECP available to employees, OSHA, and NIOSH representatives.
- H. The SHO will coordinate funding requirements of all material or training needs with the ISO Management Team after the Planning Target Allocation (PTA) is received.

III. EMPLOYEE EXPOSURE DETERMINATION

The scope of this program applies to all employees within Idaho State Office, who, in the performance of their duties, may be exposed to bloodborne pathogens through blood or other potentially infectious materials. More specifically, the program covers.

- A. Employees required by OSHA 1910.151 and BLM Manual 1112 to have First Aid Training.
- B. Law enforcement and fire personnel and/or employees regularly providing emergency services.
- C. Recreation and maintenance employees who may be exposed via hypodermic needles/syringes.
- D. BLM volunteers who may be exposed as determined by the Exposure Determination.
- E. Other employees who may be exposed as determined by the Exposure Determination (Form ID 1112-3)

IV. METHODS OF IMPLEMENTATION AND CONTROL

- A. Universal Precautions
 - 1. All employees will utilize universal precautions.
- B. Exposure Control Plan
 - 1. Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting the SHO.

2. The SHO and ISO Safety and Health Committee are responsible for reviewing and updating the ECP annually, or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

C. Engineering Controls and Work Practices

1. Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

a. Sharps disposal containers are inspected and maintained or replaced by the SHO or a delegated Safety and Health Committee member every month or whenever necessary to prevent overfilling.

b. This facility identifies the need for changes in engineering control and work practices through review of OSHA records, employee interviews, committee activities, Risk Assessments, Job Hazard Analysis, etc.

c. The Safety and Health Committee will evaluate new procedures or new products regularly by literature reviewed, supplier information, and products considered

D. Personal Protective Equipment (PPE)

1. PPE is provided to our employees at no cost to them and training is provided in the use of the appropriate PPE for the tasks or procedures employees will perform.

2. PPE is located at each coffee galley located on each floor and may be obtained through the SHO.

3. All employees using PPE must observe the following precautions:

a. Wash hands immediately or as soon as feasible after removal of gloves or other PPE.

b. Remove PPE after it becomes contaminated, and before leaving the work area.

c. Used PPE may be disposed of in red contamination bags and taken to the SHO work station.

d. Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM. PPE must be worn when handling or touching contaminated items or surfaces. Replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.

- e. Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- f. Never wash or decontaminate disposable gloves for reuse.
- g. Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- h. Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

E. Housekeeping

1. Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels), and closed prior to removal to prevent spillage or protrusion of contents during handling.
2. The SHO will be responsible for following recommended procedures for handling sharps disposal containers.
3. Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and labeled or color-coded appropriately. Sharps disposal containers are available at each coffee galley located on each floor.
4. Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.
5. Broken glassware, which may be contaminated, is picked up using mechanical means, such as a brush and dustpan.

F. Labels

The SHO will ensure warning labels are affixed to red bags as required for regulated waste, or contaminated equipment brought into this facility. Employees are to notify the SHO or a Safety and Health Committee member if they discover regulated waste containers, red disposal bags, or OPIM, contaminated equipment, etc. without proper labels.

V. HEPATITIS B and C VACCINATIONS

The SHO will provide training to employees concerning hepatitis B and C vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless:

- A. Documentation exists that the employee has previously received the series
- B. Antibody testing reveals that the employee is immune
- C. Medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the Safety Hazmat Library. Following the medical evaluation, a copy of the health care professional's Written Opinion will be obtained and provided to the employee. It will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

VI. POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact the SHO or a Safety and Health Committee member. A licensed health care professional will conduct an immediately available confidential medical evaluation and follow-up. Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- A. Document the routes of exposure and how the exposure occurred.
- B. Identify and document the source individual.
- C. Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- D. If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- E. Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- F. After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
- G. If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

VII. ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

The SHO will ensure that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard. The Human Resources Branch will ensure that the health care professional evaluating an employee after an exposure incident receives the following:

- A. Description of the employee's job duties relevant to the exposure incident
- B. Route(s) of exposure
- C. Circumstances of exposure
- D. If possible, results of the source individual's blood test
- E. Relevant employee medical records, including vaccination status

The Human Resources Branch will provide the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

VIII. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The SHO and the ISO Safety and Health Committee

- A. Will review the circumstances of all exposure incidents to determine
- B. Engineering controls in use at the time
- C. Work practices followed
- D. A description of the device being used (including type and brand)
- E. Protective equipment or clothing that was used at the time of the exposure incident
- F. Location of the incident
- G. Procedure being performed when the incident occurred
- H. Employee's training
- I. The SO will record all percutaneous injuries from contaminated sharps in the Sharps Injury Log.
- J. If it is determined that revisions need to be made, the SO will ensure that appropriate changes are made to this ECP.

XI. EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive training conducted by certified Medic First Aid instructors.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- A. A copy and explanation of the standard
- B. An explanation of our ECP and how to obtain a copy
- C. An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- D. An explanation of the use and limitations of engineering controls, work practices, and PPE.
- E. An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- F. An explanation of the basis for PPE selection
- G. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- H. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- I. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- J. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- K. An explanation of the signs and labels and/or color coding required by the standard and used at this facility
- L. An opportunity for interactive questions and answers with the person conducting the training session

X. RECORDKEEPING

- A. Training records are completed for each employee upon completion of training. These documents will be kept for at least **three years** in the Safety Hazmat Library. The training records include:
 - 1. The dates of the training sessions
 - 2. The contents or a summary of the training sessions
 - 3. The names and qualifications of persons conducting the training
 - 4. The names and job titles of all persons attending the training sessions
- B. Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the SHO.
- C. Medical Records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."
- D. Human Resources is responsible for maintenance of the required medical records. These **confidential** records are kept at Human Resources office and employee permanent records for at least the **duration of employment plus 30 years**.
- E. Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the Human Resources Branch.

XI. OSHA RECORDKEEPING

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the SHO.

XII. SHARPS INJURY LOG

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidences must include at least:

- A. The date of the injury
- B. The type and brand of the device involved

- C. The department or work area where the incident occurred
- D. An explanation of how the incident occurred.

This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

29 CFR 1910.1030, OSHA’s Bloodborne Pathogens Standard, in paragraph (h) (5), requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from *contaminated* sharps. The purpose of the Log is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention or review. This log must be kept in addition to the injury and illness log required by 29 CFR 1904. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The log must be retained for five years following the end of the year to which it relates. The Log must be kept in a manner that preserves the confidentiality of the affected employee.

HEPATITIS B VACCINE DECLINATION (MANDATORY)

I understand that due to my occupational exposure to blood or other potentially 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 hepatitis B vaccination at this time. I understand that by declining this 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 me.

Signed : _____
(*Employee Name*)

Date: _____