



BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN (ECP) (Section 3)

PURPOSE:

This document serves as the written procedures Bloodborne Pathogens Exposure Control Plan (ECP) for Wagner-Meinert, Inc., Fort Wayne, Indiana. These guidelines provide policy and safe practices to prevent the spread of disease resulting from handling blood or other potentially infectious materials (OPIM) during the course of work.

This ECP has been developed in accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030. The purpose of this ECP includes:

Eliminating or minimizing occupational exposure of employees to blood or certain other body fluids.

Complying with OSHA's Bloodborne Pathogens Standard, 29 CFR 1910.1030.

SCOPE:

This document serves as the written procedures Bloodborne Pathogens Exposure Control Plan (ECP) for Wagner-Meinert, Inc., Fort Wayne, Indiana. These guidelines provide policy and safe practices to prevent the spread of disease resulting from handling blood or other potentially infectious materials (OPIM) during the course of work.

REFERENCES:

OSHA Regulations (Standards - 29 CFR)The Bloodborne Pathogens - 1910.1030

PROCEDURES:

Wagner-Meinert, Inc. Bloodborne Pathogens Program is composed of written procedures for each of the elements of the program, including:

- 1.0 ADMINISTRATIVE DUTIES**
- 2.0 EXPOSURE DETERMINATION**
- 3.0 COMPLIANCE STRATEGIES**
- 4.0 ENGINEERING AND WORK PRACTICE CONTROLS**
- 5.0 HAND WASHING FACILITIES**
- 6.0 PERSONAL PROTECTIVE EQUIPMENT**
- 7.0 HOUSEKEEPING**
- 8.0 HANDLING REGULATED WASTES**
- 9.0 INFORMATION AND TRAINING**
- 10.0 RECORDKEEPING**
- 11.0 EVALUATION AND REVIEW**
- 12.0 POST-EXPOSURE EVALUATION AND FOLLOW-UP**

1.0 ADMINISTRATIVE DUTIES

- 1.1 The Safety Director is responsible for developing and maintaining the program. Employees may review a copy of the plan by requesting one from the Safety Director. In addition, the Safety Director is responsible for maintaining any records related to the Exposure Control Plan.
- 1.2 If after reading this program, you find that improvements can be made, please contact the Safety Director. We encourage all suggestions because we are committed to the success of our written ECP. We strive for clear understanding, safe behavior, and involvement from every level of the company.

2.0 EXPOSURE DETERMINATION

- 2.1 We have determined which employees may incur occupational exposure to blood or OPIM. 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). Job classifications and their exposure determinations are as follows.
- 2.2 Global Risk of Exposure: This exposure determination is required to list all job classifications in which all Wagner-Meinert, Inc. employees may be expected to incur such occupational exposure, regardless of frequency.

Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these employees to have occupational exposure are also required to be listed and presented to the facility safety Director in order to clearly

understand which employees in these categories are considered to have occupational exposure.

2.2.1 Foreman's and Supervisors are first aid trained and are expected to provide emergency care.

2.2.2 Job classification that have potential for exposures are;

- Welders
- Service Technicians
- Pipe Fitters
- Metal Tradesman
- Job Foreman's
- Job Superintendents
- Shop Personnel
- Project Managers
- Office Personnel

3.0 COMPLIANCE STRATEGIES

3.1 All Wagner-Meinert, Inc. employees who may be exposed to blood or other potentially infectious material have been trained to use universal precautions in every situation where exposure could occur. The workers have been taught to treat all blood, body fluids and other potentially infectious materials as if they are known to be infectious.

4.0 ENGINEERING AND WORK PRACTICE CONTROLS

4.1 Engineering and work practice controls have been used to eliminate or minimize exposure to employees at this facility. At this facility the following engineering controls are used:

4.1.1 Removing soiled PPE as soon as possible.

4.1.2 Cleaning and disinfecting all equipment and work surfaces potentially contaminated with blood or OPIM.

4.1.3 Thorough hand washing with soap and water immediately after providing care.

4.2 The above controls are examined and maintained on a regular schedule.

5.0 HAND WASHING FACILITIES

5.1 Hand washing facilities are available to employees who have exposure to blood or OPIM. Sinks for washing hands after occupational exposure are near locations where exposure to bloodborne pathogens could occur.

- 5.2 Employees must wash their hands with soap and water as soon as possible after having exposure to blood or OPIM.
- 5.3 Foremans make sure that employees wash their hands and any other contaminated skin after immediately removing personal protective gloves, or as soon as feasible with soap and water.
- 5.4 Foremans also ensure that if employees' skin or mucous membranes become contaminated with blood or OPIM, then those areas are washed or flushed with water as soon as feasible following contact.

6.0 PERSONAL PROTECTIVE EQUIPMENT

- 6.1 All personal protective equipment (PPE) used by our employees is provided without cost to employees. PPE is chosen based on the anticipated exposure to blood or OPIM. The protective equipment is considered appropriate only if it does not permit blood or OPIM to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment have been used.
- 6.2 Wagner-Meinert, Inc. Company makes sure that appropriate PPE in the appropriate sizes is readily accessible at the work site or is issued without cost to employees.
- 6.3 Vinyl and Latex gloves, or other similar alternatives are readily accessible to employees.

Note: All job boxes and service vehicles have readily available a spill care kit. The contents and directions for this kit are included with this kit.
- 6.4 We purchase (when consumable), clean and dispose of personal protective equipment as needed.
- 6.5 Wagner-Meinert, Inc. Company makes all repairs and replacements at no cost to employees.
- 6.6 Employees must remove all garments that are penetrated by blood immediately or as soon as possible. They must remove all PPE before leaving the work area. When PPE is removed, employees place it in a designated container for disposal, storage.

Gloves:

- 6.7 Employees must wear gloves when they anticipate hand contact with blood, OPIM, non-intact skin, and mucous membranes; when performing vascular access procedures, and when handling or touching contaminated items or surfaces. Disposable gloves used at this facility are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when

they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

Eye and Face Shields

- 6.8 Employees must wear masks in combination with eye protective devices, such as goggles or glasses with solid side shield, or chin length face shields, whenever splashes, splatter, or droplets of blood or OPIM may be generated and reasonably anticipated to contaminate eye, nose, or mouth.

Other PPE

- 6.9 Additional PPE selections such as the use of hairnets and aprons may be necessary to ensure employee safety in regards to bloodborne pathogens.

7.0 HOUSEKEEPING

- 7.1 This facility is cleaned and decontaminated regularly.
- 7.2 All bins, pails, cans, and similar receptacles are inspected and cleaned on a regularly scheduled basis.

8.0 HANDLING REGULATED WASTES

- 8.1 When handling regulated wastes, other than contaminated needles and sharps, we make sure it is:
- 8.2 Placed in containers which are closeable, constructed to contain all contents, and prevent fluid leaks during handling, storage, transportation, or shipping.
- 8.3 Labeled or color coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

Note: Disposal of all regulated waste is in accordance with applicable United States, state and local regulations.

- 8.4 Spill kits will be replaced when any part of them is used.

9.0 INFORMATION AND TRAINING

- 9.1 Wagner-Meinert, Inc. ensures that bloodborne pathogens trainers are knowledgeable in the required subject matter. We make sure that employees covered by the bloodborne pathogens standard are trained at the time of initial assignment to tasks where occupational exposure may occur, and every year thereafter by the following methods:

- 9.2 Training is tailored to the education and language level of the employee, and offered during the normally scheduled monthly safety training sessions. The training will be interactive and cover the following:
- 9.2.1 The standard and its contents.
 - 9.2.2 The epidemiology and symptoms of bloodborne diseases.
 - 9.2.3 The modes of transmission of bloodborne pathogens.
 - 9.2.4 Wagner-Meinert, Inc. Company Bloodborne Pathogen Control Plan ECP, and a method for obtaining a copy.
 - 9.2.5 The recognition of tasks that may involve exposure.
 - 9.2.6 The use and limitations of methods to reduce exposure, for example engineering controls, work practices and personal protective equipment (PPE).
 - 9.2.7 The types, use, location, cleaning, removal, handling, and disposal of contaminated areas, clothing, and Personal Protective Equipment.
 - 9.2.8 The basis of selection of Personal Protective Equipment.
 - 9.2.9 The appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
 - 9.2.10 The procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.
 - 9.2.11 The evaluation and follow-up required after an employee exposure incident.
 - 9.2.12 The signs, labels, and color coding systems.
- 9.3 Additional training is provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure. Employees who have received training on bloodborne pathogens in the 12 months preceding the effective date of this plan will only receive training in provisions of the plan that were not covered.

10.0 RECORDKEEPING

- 10.1 Training records shall be maintained for five years from the date of training. The following information shall be documented:
- 10.1.1 The dates of the training sessions;

- 10.1.2 An outline describing the material presented;
 - 10.1.3 The name of qualified person conducting the training;
 - 10.1.4 The names and job titles of all persons attending the training sessions.
- 10.2 Medical records shall be maintained in accordance with OSHA Standard 29 CFR 1910.20. These records shall be kept confidential, and must be maintained for at least the duration of employment plus 30 years. The records shall include the following:
- 10.2.1 The name and social security number of the employee.
 - 10.2.2 A copy of the employee's HBV vaccination status, including the dates of vaccination.
 - 10.2.3 A copy of all results of examinations, medical testing, and follow-up procedures.
 - 10.2.4 A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.

Availability

- 10.3 All employee records shall be made available to the employee in accordance with 29 CFR 1910.20. All employee records shall be made available to the Assistant Secretary of Labor for the Occupational Safety and Health Administration and the Director of the National Institute for Occupational Safety and Health upon request.

Transfer of Records

- 10.4 If this facility is closed or there is no successor employer to receive and retain the records for the prescribed period, the Director of the NIOSH shall be contacted for final disposition.

11.0 EVALUATION AND REVIEW

- 11.1 This program and its effectiveness is reviewed every year and updated as needed. The Safety Committee will implement all provisions required by this standard.

12.0 POST-EXPOSURE EVALUATION AND FOLLOW-UP

- 12.1 All exposure incidents are reported, investigated, and documented. When the employee is exposed to blood or OPIM, the incident is reported to the Safety Director. When an employee is exposed, he or she will receive a confidential medical evaluation and follow-up, including at least the following elements:
 - 12.1.1 Documentation of the route of exposure, and the circumstances under which the exposure occurred.
 - 12.1.2 Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the Safety Director establishes that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, have been tested and the results documented.
- 12.2 Collection and testing of blood for HBV and HIV serological status will comply with the following:
 - 12.2.1 The exposed employee's blood is collected as soon as possible and tested after consent is obtained;
- 12.3 All employees who incur an exposure incident have been offered post-exposure evaluation and follow-up according to the OSHA standard.
- 12.4 Wagner-Meinert, Inc. Company obtains and provides the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.
- 12.5 The healthcare professional's written opinion for HBV vaccination must be limited to whether HBV vaccination is indicated for an employee, and if the employee has received such vaccination.
- 12.6 The healthcare professional's written opinion for post-exposure follow-up is limited to the following information:
 - 12.6.1 A statement that the employee has been informed of the results of the evaluation.
 - 12.6.2 A statement that the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.

Note: All other findings or diagnosis shall remain confidential and will not be included in the written report.

DOCUMENT MANAGEMENT:

The Safety Director is responsible for developing and maintaining the program. Employees. In addition, the Safety Director is responsible for maintaining any records related to the Bloodborne Pathogens Exposure Control Plan.

If after reading this program, you find that improvements can be made, please contact the Safety Director. We encourage all suggestions because we are committed to the success of our written ECP. We strive for clear understanding, safe behavior, and involvement from every level of the company.

CHANGE CONTROL:

All management system changes are reviewed, approved or disapproved by the Safety Committee.

This program was initially developed on September 11, 2000, replacing the former Bloodborne Pathogens Exposure Control Plan (ECP) entirely.

Revision No. 1 (September 11, 2000)
Revision or Review No. 2 (January 15, 2001)
Revision or Review No. 3 (January 10, 2002)
Revision or Review No. 4 (January 11, 2003)
Revision or Review No. 5 (January 15, 2004)
Revision or Review No. 6 (December 16, 2004)
Revision or Review No. 7 (January 10, 2005)
Revision or Review No. 8 (January 3, 2006)
Revision or Review No. 9 (September 6, 2007)

PERSONNEL:

The Owners have the ultimate responsibility for the Bloodborne Pathogens Exposure Control Plan (ECP) Program. They have designated the Safety Director to manage the Bloodborne Pathogens Exposure Control Plan (ECP) Program.