POLICY ON THE PREVENTION OF OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS

2015

POLICY: It is the policy of BLM-Alaska to provide maximum protection for employees who may be occupationally exposed to Bloodborne pathogens (BBP) and potential infections. Employee protection must be provided through training, engineering controls and safe work practices (including universal precautions and Risk Assessments), personal protective equipment, housekeeping and vaccinations.

A. Training

1. All BLM-Alaska employees and volunteers with potential for exposure to BBPs and infectious materials, as identified through Exposure Determination, must be provided with and participate in a training program. The two (2) levels of BLM BBP training are:

   a. Level I briefly high-lights the general concepts in the BBP standard. This I will serve as Level I training for all employees.
   b. Level II is designed for employees and volunteers who are considered at Increased Risk identified in the Exposure Determination process. Those personnel will be law enforcement, first aid providers for general public, advanced first aid providers for co-workers, facilities maintenance workers/waste handlers, workers at hazardous waste sites/sanitary landfills, laboratory exposure for personnel who may be exposed to blood or body fluids, and other exposure settings determined on a case-by-case basis and determined through the Exposure Determination process.

   Level III is required for health care providers; doctors, nurses, and hospital aides, which are not employed by BLM.

   No funds are expected to be expended for the training with exception of travel and per diem if qualified medical personnel are used for instruction in remote settings.

B. Engineering Controls and Safe Work Practices

1. Engineering controls and safe work practices are established for the protection of employees working in an uncontrolled environment, with potential exposure to BBPs through blood and other potentially infectious materials. The intent of BLM is to protect employees and volunteers from exposure during the course of their work activities. Engineering controls and safe work practices will be evaluated on a regular basis to ensure effectiveness of the policies and procedures.
C. **First Aid/CPR**

1. Employees should wear protective attire/equipment (gloves, goggles or a face shield) before beginning First Aid/CPR.
2. Use disposable resuscitation equipment and devices once and dispose of them (see Personal Protective Equipment in this document).
3. Reusable equipment must be thoroughly cleaned and disinfected after each use, according to manufacturer's recommendations.
4. Vinyl or latex gloves should be worn when administering First Aid or CPR. The gloves shall be issued to employees who have been certified in CPR/First Aid or have them readily accessible for their use.
5. Pocket mouth-to-mouth resuscitation masks (disposable are recommended) designed to isolate emergency response personnel from contact with a victim's blood and blood-contaminated saliva, respiratory secretions, and vomitus should be provided or be immediately accessible to employees holding a current First Aid/CPR certificate. The exception to this is a minimum of two people per field crew, branch personnel or field office.

D. **Handling/Disposal of Hypodermic Needles/Syringes**

1. **DO NOT PICK UP BY HAND.** Always use a litter grabber, needle/syringe keeper, pliers or tongs to avoid direct contact. Pick up away from the point.
2. Always wear gloves as an added precaution, even when using a litter grabber, keeper, tongs or pliers.
3. Place needles/syringes directly into a hard plastic or metal SHARPS container that is puncture-resistant and leakproof, document time and place found, and dispose as medical waste in "biohazard" or "redbag" marked containers. This disposal should be conducted through agreement with a local hospital, clinic or medical facility who knows the proper disposal procedures.
4. Be aware that needles/syringes may be found where you least expect them. Be alert when cleaning toilets, garbage cans, campfire ashes, bulletin/information boards, and in vegetation areas outside of administrative sites.
5. **NEVER USE HANDS OR FEET TO CRUSH GARBAGE.** Do not hold garbage bags against your legs or torso for any reason. If the bag is too heavy, get help!

E. **Handling used Condoms, Sanitary Napkins, Tampons, Bandaids**

1. **DO NOT PICK UP BY HAND.** Always use a litter grabber or pickup stick.
2. Always wear gloves as an added precaution, even when using a litter grabber or other device.
3. Devices that are used for pickup of such items should be disinfected via chemical germicide or through a solution of household bleach and water (¼ cup bleach per gallon of tap water). Bleach solutions must be made up fresh each time they are used.
F. **Handling Discarded Garbage/Foodstuffs**

1. All garbage and refuse shall be collected by using a litter grabber, pickup stick, shovel or other device.
2. Do not search through or sort garbage for needles or sharps.
3. Do not reach with your hands/arms into overgrown areas or bushes.

G. **Human Excrement (feces/urine)**

Should you be required to clean and dispose of human excrement, it is essential to adhere to good personal hygiene.

1. It is essential that you wear disposable gloves.
2. When removing and discarding gloves, use care to avoid contact with the exterior surface.
3. Always wash your hands before and after glove use.

H. **Guidelines for Hand Washing**

Body substances which may contain disease organisms can easily contaminate your hands. Disease may be transmitted from hands to body openings if personal hygiene is not practiced. Hand washing is one of the most effective methods of disease control. The following are guidelines on "How and When" to wash your hands:

1. **How to wash your hands:**
   a. Remove all jewelry on finders and wrists. Nail polish and long nails may interfere with the ability to wash hands thoroughly.
   b. Use bar or liquid soap and running water. Work up a lather and vigorously rub hands together. This friction loosens dirt and micro-organisms. Wash between fingers.
   c. Clean under fingernails.
   d. Rinse soap off under running water. Use plenty of water to thoroughly cleanse skin.
   e. Dry your hands well with paper towels.
   f. When necessary, disinfectant towelettes or waterless soap may be used to properly disinfect following contact with potentially infectious materials.

2. **When to wash your hands:**
   a. Wash hands before eating or preparing food.
   b. Wash hands before smoking, applying cosmetics, lip balm, or handling contact lens.
   c. Wash hands before using the toilet.
   d. Wash hands after contact or possible contact with blood or body fluids, hypodermic needles/syringes.
   e. Wash hands after handling litter pickup devices or other soiled equipment used for the removal of human waste or materials.
   f. Wash hands after removing gloves, particularly anytime gloves have become soiled.
   g. Wash hands after using the toilet, after blowing your nose or coughing into your hands.
I. **Personal Protective Equipment**
   The BLM-Alaska shall provide Personal Protective Equipment to employees to reduce the risk of exposure to BBPs.

1. **Gloves**
   a. Puncture resistant or heavy leather gloves shall be readily accessible in a variety of sizes.
   b. Extra pairs shall always be available to employees.
   c. Gloves provided should fit properly, be durable, and be appropriate to the task being performed.
   d. While wearing gloves during garbage pickup activities or other park maintenance, do not handle other items (telephones, pencils) that could become contaminated.
   e. Should gloves become contaminated, remove them as soon as possible, taking care to avoid skin contact with exterior surface.
   f. Always thoroughly wash hands before putting on and after removing gloves.
   g. Contaminated gloves should be placed and transported in plastic bags to prevent leakage, and disposed of via medical waste plan (red bagged).

2. **Recommended Attire**
   a. Long sleeve shirt should be worn when handling garbage/refuse in campgrounds and recreation sites.
   b. Long trousers should be worn to protect workers' legs when handling garbage/refuse.
   c. Lug-soled shoes or boots will be worn in areas known to be littered with hypodermic needles/syringes.

J. **PPE for Administering First Aid/CPR**

1. Employees training in First Aid/CPR shall receive training in the use of pocket mouth-to-mouth resuscitation masks, gloves and goggles.
2. The BLM will provide or make immediately accessible to employees barrier kits, including pocket masks, gloves and goggles.

K. **Housekeeping**
   The BLM facilities shall be kept free of blood or other potentially infectious materials, except in the case of emergency situations.

1. Contaminated surfaces shall be cleaned and disinfected after contact with blood or other potentially infectious materials.
2. Contaminated sharps, including hypodermic needles/syringes, shall be disposed of properly in puncture resistant, closable and leak proof containers.
3. Blood or other potentially infectious contaminated laundry from housing complexes, including barracks, shall be handled with care and with proper gloves. Contaminated laundry shall be cleaned separately, using the bleach-water formula. Contaminated laundry that is not planned for immediate cleaning shall be stored in leak proof containers and be labeled as "biohazard."
L. **Post Exposure Evaluation and Follow-up**
Post exposure and follow-up shall be available to employees and volunteers who have had an exposure incident on-the-job or in travel status. The BLM will ensure that the evaluation and follow-up are:
1. Available at no cost to the employee and volunteer;
2. Available at a reasonable time and place;
3. Performed by or under the supervision of a licensed physician.

M. **Evaluation of Incidents**
Following an exposure incident, the BLM will evaluate the incident to determine route(s) of exposure and the circumstances under which the exposure incident occurred. This may include identification of the source individual, when possible.

N. **Recordkeeping**

1. **Medical Records**
   b. Shall include employee name and social security number.
   c. Employee's Hepatitis "B" vaccination status.
   d. Copy of all results of examinations, medical testing and follow-up procedures.
   e. Physician's written opinion.
   f. Copy of information provided to physician: position description; route(s) of exposure and circumstances under which exposure occurred; results of source individual's blood testing, if available.

2. **Training Records**
   a. Shall be maintained for 3 years from the date on which the training occurred.
   b. Shall include dates of training sessions.
   c. Shall include contents or summary of training sessions.
   d. Shall include names and job titles of attenders.
   e. Shall be maintained by the Branch of Human Resource Management for State Office, Anchorage and Glennallen districts and the training section of the Alaska Fire Service for fire personnel.

O. **Hepatitis A and B Vaccination**

1. The BLM will provide Hepatitis A and B vaccinations to all employees and volunteers who have potential occupational exposure, at no cost to the employee or the volunteer.
   **In BLM Alaska field work is considered to constitute “occupational exposure,” i.e., working/lodging in rural Alaskan villages and/or an expectation of rendering first aid assistance to an injured fellow employee when in the field. Employees are responsible for identifying themselves as field-going workers and may, with their supervisors’ concurrence, present themselves at their FOH clinic at their own discretion for Hepatitis A and/or B vaccination with no further approvals.**
2. The Hepatitis A and B vaccinations will be performed by or under the supervision of a licensed physician.
3. Records of hepatitis vaccinations are available from Federal Occupational health. Contact the State Safety manager to arrange access.
GLOSSARY OF TERMS

**BBP:** Micro-organisms in human blood that can cause disease in humans which include Hepatitis "B" Virus (HBV) and Human Immunodeficiency Virus (HIV).

**Hepatitis "A":** A virus is excreted or shed in feces. Direct contacts with an infected person's feces or indirect fecal contamination of food, the water supply, raw shellfish, hand and utensils may result in sufficient amounts of virus entering the mouth to cause infection (formerly called Infectious Hepatitis).

**Hepatitis "B" (HBV):** Is spread through sexual contact, blood transfusions, contaminated needles, contact with bodily fluids or from mother-to-child at birth (formerly called Serum Hepatitis).

**Human Immunodeficiency Virus (HIV):** Is spread through sexual contact, contact with blood or other bodily fluids, contact with contaminated needles.

**Bodily Fluids:** Cerebrospinal fluid (spinal fluid) Synovial fluid (joint fluid), Plerual fluid (lung fluid) Pericardial fluid (heart fluid), Peritoneal fluid (abdominal fluid, Amniotic fluid (fetus fluid).

**Occupational Exposure:** Means reasonably anticipated skin, 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:** Means human body fluids.

**Engineering Controls:** Means control measures that isolate or remove the BBPs from the workplace.

**Exposure Incident:** Is defined as a specific contact of blood or other potentially infectious materials with a person's mouth, eye, other mucous membrane, non-intact skin or by parenteral contact (e.g., by a puncture wound or cut with a contaminated object such as a hypodermic needle).

**Personal Protective Equipment:** Includes items an individual may use to prevent contamination by potentially infectious material. In the case of BBP, this may be face shields, goggles, masks covering the mouth, gloves and protective clothing.

**Universal Precautions:** Defined as the standard precautions all persons should use to prevent contact with blood or other potentially infectious materials whenever these situations occur or are anticipated.

**Biohazard:** Means contaminated material (blood or human body fluid) that needs to be labeled, disposed or cleaned using prescribed methods.

**Sharps:** Needles or medical instruments that are used to puncture the body and have residual body fluids left on the instrument.
LEVEL I
BLOODBORNE PATHOGENS STANDARD
TRAINING ACKNOWLEDGEMENT

I have read the BLM Alaska Bloodborne Pathogen Program and understand that in doing so I have fulfilled the Level I training requirements of the Occupational Safety and Health Administration’s BBPs Standard. I understand that I am encouraged to ask my safety office for further explanation if I am unclear on any information presented in this program, and that I am expected to immediately report to my supervisor or safety office if I believe that I was exposed, or possibly exposed, to any pathogen in the course of my work.

Signature _____________________________________________________________________

Printed Name and Date _____________________________________________________________________