

Management Instruction

Bloodborne Disease Exposure Control Plans

This instruction provides policy guidance on compliance with 29 *Code of Regulations* (CFR) 1910.1030, Occupational Exposure to Bloodborne Pathogens (BBP). The Occupational Safety and Health Administration (OSHA) has promulgated this regulation to protect workers who are reasonably anticipated to come in contact with blood and/or other potentially infectious materials.

Scope

It is the policy of the Postal Service to protect the safety and health of all its employees and comply with OSHA regulations. Employees who are occupationally exposed to bloodborne pathogens, however, require special identification and protection under this OSHA standard. This instruction includes procedures to assist safety and health personnel in identifying such employees.

A small number of employees, such as medical personnel, routinely perform tasks that may involve exposure to blood or infectious materials, for example during first aid treatment. These employees are clearly within the scope of the standard.

Also within the scope of the standard are other employees “reasonably anticipated to come in contact with blood or infectious materials.” They must be identified as “occupationally exposed” if an exposure determination finds that occupational exposure is likely.

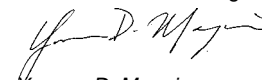
Definitions

OSHA Definitions

The following OSHA definitions apply:

1. *Blood* — human blood, human blood components, and products made from human blood.

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2. *Bloodborne pathogens* — pathogenic organisms 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).
3. *Contaminated* — the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
4. *Contaminated sharps* — any contaminated objects that can penetrate the skin, such as needles, scalpels, or broken glass.
5. *Engineering controls* — controls such as containerization or mechanical handling that isolate or remove the hazard of bloodborne pathogens from the workplace.
6. *Exposure incident* — a specific eye, mouth, other mucous membrane, nonintact skin, or parenteral (i.e., needlestick) contact with blood or other potentially infectious materials.
7. *Occupational exposure* — reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other infectious materials.
8. *Other potentially infectious materials* —
 - a. The following human body fluids: 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.
 - b. Unfixed tissues or organs from humans.
 - c. HIV or HBV cultures and blood, organs, and other tissues from experimental animals infected with HIV or HBV.
9. *Regulated waste* — contaminated sharps, liquid or semi-liquid blood or other potentially infectious materials, contaminated items that would release liquids or semi-liquids if compressed, items caked with dried blood, or other potentially infectious materials that may release them during handling, and pathological or microbiological wastes containing blood or other potentially infectious materials.

Other Definitions

Additional definitions are contained in the standard, paragraph (b) (29 CFR 1910.1030). Persons responsible for administering this instruction should also be familiar with definitions for *infectious substance* (etiologic agent), *clinical specimen*, and *biological product* contained in *Domestic Mail Manual CO23* and *Publication 52, Acceptance of Hazardous, Restricted, and Perishable Mail*.

Responsibilities

Headquarters

Employee Resource Management (ERM)

ERM establishes policy and procedure on compliance with the blood-borne pathogen (BBP) standard and, through Safety Performance Management and Health and Resource Management, provides oversight and technical assistance.

Areas

Area Human Resources Managers

The area Human Resources manager is responsible for monitoring and evaluating BBP programs.

Area Medical Director

The area medical director provides expert guidance.

Districts and Plants

Facility Managers

Facility managers are responsible for compliance with this policy.

Nurse Administrators and Contracted Medical Providers

Nurse administrators and contracted medical providers are responsible for elements of the exposure control plan, methods of compliance, post-exposure evaluation and follow-up, training, and recordkeeping as delineated in this instruction.

Safety Staff and Health Professionals

Safety staff and health professionals are responsible for developing exposure control plans, identifying employees who are occupationally exposed, and implementing methods of compliance as described in this instruction.

Exposure Control Plan

Administrative Requirements

Consult the *BBP Program Guide* (located in the Safety Toolkit or on the Safety and Health home page) for technical program guidance.

Written Plan

Safety and health professionals prepare a written exposure control plan that covers plants, bulk mail centers (BMCs), and large offices with exposed employees. Smaller facilities with exposed employees and/or a significant flow of biological materials (e.g., specimens mailed to a nearby lab) may also require a written plan.

Plan Review

The plans must be reviewed and updated annually. This must be accomplished at the beginning of each calendar year. The plans must be reviewed annually or whenever necessary to reflect new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Employee Accessibility

The plan must be accessible to employees and their representatives in accordance with 29 CFR 1910.20, Access to Employee Exposure and Medical Records.

Exposure Determination

Lists of Employees Potentially Exposed

The exposure control plan must establish procedures and responsibilities for exposure determination. This process is a critical element of the plan. Omitting individuals who are occupationally exposed to BBPs may reduce their protection, while falsely identifying employees as exposed results in unnecessary costs and administrative burdens. All persons reasonably anticipated to be occupationally exposed, even if they are not listed as examples, must be included on one of the two lists described below. *During annual reviews these lists should be adjusted as necessary.*

List A includes all employees in job classifications covered by the standard, and no further analysis is necessary. List B is used to determine which employees with occupational exposure need to be included in the plan. Lists should be prepared as follows:

List A — This list includes *job classifications* in which *all employees are assumed to have occupational exposure* (based on OSHA's definitions):

1. All medical personnel and trained first aid persons.
2. All inspectors, security personnel, and crime laboratory personnel (including administrative support).

3. All persons designated and trained to clean up spills and leaks of mailed hazardous materials that include blood and other infectious materials.

List B — This list includes all *job classifications* in which *some employees may have occupational exposure*. The list must be further broken down to tasks and procedures that cause occupational exposure within the classifications listed. Some employees in these occupation codes or job classifications could be exposed, and they must be individually identified. A facility and employee survey is a useful tool for identifying potentially exposed employees. See the *BBP Program Guide* provided with the Safety Toolkit for guidance on identifying potential exposures and occupationally exposed personnel. This potential for exposure is used to determine if these employees should be included in the program. Job classifications must be determined locally, but *may* include:

1. Mail handlers, clerks, and other personnel who routinely handle mailed blood specimens or other items potentially containing blood or other body fluids containing BBPs.
2. Mail handlers, clerks, and other personnel who routinely handle mailed, or internally generated, medical wastes (sharps).

Determining Exposure

All List A personnel are to be included in the plan. List B personnel with documented “reasonably anticipated” exposure are also to be included. Job classifications and tasks on List B with no “reasonably anticipated” exposure must continue to be identified and listed to document the process and to allow for possible inclusion in the program in the future. This exposure determination is to be made without regard to the use of personal protective equipment.

Methods of Compliance

The exposure control plan must include the methods of compliance discussed in the following six sections:

Universal Precautions

All leakage from mailed biological materials, until further identified, and all body fluids must be treated as potentially infectious materials.

Local Precautions

Local handling procedures must be established to minimize hands-on contact with mailed medical wastes and similar items. Training (see Information and Training) must stress awareness and proper handling of these materials.

Personal Protective Equipment

Gloves, aprons, and other personal protective equipment as appropriate must be supplied to personnel frequently handling potentially infectious mailed materials. Personnel assigned to the cleanup of leaking items must be provided full protection, e.g., gloves, aprons, and splash shields. The spill and leak standard operating procedure (SOP) must be updated as necessary to ensure that these personnel use the latest safe cleanup and decontamination procedures.

Hand Washing Facilities

Hand washing must be stressed and handwashing facilities must be made available for persons frequently handling mailed potentially infectious materials.

Medical Precautions

Nurse administrators, staff nurses, and/or contracted medical providers must ensure that procedures and precautions required in the standard for health care personnel are implemented. Additionally, medical personnel must ensure that first aid supplies include gloves, cardiopulmonary resuscitation (CPR) mouthpieces, and other equipment as appropriate. Medical wastes generated in medical or health units (sharps, bandages, etc.) must be properly managed within the facility and disposed of in accordance with local, state, and federal regulations.

Local Contingency Plans

Certain facilities in urban areas may experience problems with loose syringes dropped in collection boxes and elsewhere. Where this is determined to be an ongoing situation, local contingency plans should be developed to minimize the hazard to employees who may come in contact with loose syringes during the course of duty.

Vaccination Program

All employees on List A and those employees on List B who are considered occupationally exposed must be offered HBV vaccination in accordance with the latest guidance from the Public Health Service. The nurse administrator, staff nurse, and/or servicing medical personnel must develop a program that meets the requirements of the standard and ensures that employees are offered vaccination after receiving the required training and within 10 days of initial assignment. Employees who decline must complete the form in Appendix A of the OSHA standard.

Exposure Incident Evaluation

Incident Report

Form 1770, *Hazardous Materials Incident Report*, must be used to document incidents involving potentially infectious materials in the mails. Installation heads must follow up with the mailer to prevent future incidents.

Investigation

Form 1769, *Accident Report*, must be completed if an injury or exposure (e.g., needlestick, laceration, or splash) related to potentially infectious materials occurs. For reporting purposes, OSHA considers such exposures occupational injuries if the incident results in the recommendation of medical treatment beyond first aid. Each exposure incident must be evaluated (regardless of reporting status), and steps must be taken to prevent future occurrences where possible. All exposure information must be transmitted to the health care professional treating the individual.

Medical Procedures

Postexposure Evaluation and Follow-Up

Procedures must be established in the written exposure control plan that ensure required medical postexposure evaluation and follow-up. They must include:

1. Documenting the route of exposure.
2. Identifying and documenting the source of the potential BBP (individual if possible).
3. Testing employee's blood for HBV and HIV.
4. Providing postexposure prophylaxis as recommended by the Public Health Service.
5. Counseling.
6. Evaluating reported illnesses.

Professional Information

All medical personnel responsible for implementing this instruction (having occupationally exposed employees) must have on hand a copy of the OSHA standard.

Written Opinion on Exposure

Medical personnel must ensure that the treating physician provides a written opinion to the Postal Service and that the employee receives a copy within 15 days that includes whether or not HBV vaccination is indicated, whether or not it was given, and other elements required in the standard.

Medical Records

Nurse administrators must maintain records on all occupationally exposed employees (see Recordkeeping).

Hazard Communication

Medical Personnel

Medical personnel must ensure that applicable portions of paragraph (g) of the standard are implemented as necessary, e.g., warning labels are put on regulated medical wastes generated in the medical unit.

Management

Management at all levels must stress the importance of awareness during acceptance and handling of biological materials. Acceptance employees must be familiar with labeling and packaging requirements.

Information and Training

All Postal Employees

The Postal Service is committed to providing periodic “awareness” training to all postal employees as part of governmentwide efforts to protect the public. Safety talks, bloodborne pathogen awareness videos (see references) sponsored by the Postal Service, and other methods may be used.

Occupationally Exposed Employees

Training of occupationally exposed employees is required upon initial assignment and annually thereafter. The BBP training provided by the Postal Service (NCED Course EHS09-13 meets the subject matter requirements below.

A knowledgeable person must give the training. This could be a trained physician, nurse, or safety and health professional familiar with the subject matter:

1. The text of the standard.
2. Methods of bloodborne disease transmission.
3. Overview of the exposure control plan and the means by which the employee can obtain a copy of the written plan.

4. Methods of compliance.
5. Use of personal protective equipment.
6. Vaccinations and employee rights.
7. Spill and leak response plans.
8. Exposure incident procedures — first aid, hand washing, and evaluations.
9. Medical follow-up procedures and counseling.
10. Methods for recognizing tasks and activities that may involve exposure to blood or other infectious materials.

Recordkeeping

Medical

Each employee considered occupationally exposed to BBPs must have a section in the employee medical folder dedicated to the records required by paragraph (h) of the standard, including:

1. HBV vaccination status and dates of vaccinations.
2. Copies of all follow-up examination reports.
3. Health care professionals' written opinions, if needed.
4. All exposure incident information as required.

Training

The nurse administrator must record all required training records for occupationally exposed employees by using Form 2548, *Individual Training Record — Supplemental Sheet*. Training records must be retained for 3 years. Other provisions of the standard regarding availability, records transfer, and confidentiality must be followed.

Records must include:

1. Dates of sessions.
2. Summary of the content.
3. Names and qualifications of trainers.
4. Names and job titles of all employees attending.

REFERENCES

1. 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens," www.osha.gov.
2. NIOSH Publication No. 89-108, *A Curriculum Guide for Public Safety and Emergency-Response Workers*, USHHS, Public Health Service, Centers for Disease Control. Available from:

NIOSH PUBLICATIONS
4676 COLUMBIA PARKWAY
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3. OSHA Instruction CPL 2.244D, "Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens." 11/5/99.
http://www.osha-slc.gov/OshDoc/Directive_data/CPL_2-2_44D.html.
4. OSHA Technical Note #3, Bloodborne Fact Sheets, "Reporting Exposure Incidents; Protect Yourself When Handling Sharps; Hepatitis B Vaccination — Protection for You, Personal Protective Equipment Cuts Risk; Holding the Line on Contamination." www.osha.gov.
5. OSHA Publication 3127 (revised), *Occupational Exposure to Bloodborne Pathogens*, 1996. www.osha.gov.
6. OSHA Publication 3130 (revised), *Bloodborne Pathogens and Emergency Responders*, 1998. www.osha.gov.
7. Summit Training Video, "USPS Bloodborne Pathogen Awareness." Available from:

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