

INTRODUCTION

EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS FOR OCCUPATIONAL FIRST AID ATTENDANTS (OFAAs)

The Occupational Health and Safety Regulation 296/97 requires an employer to develop and implement an exposure control plan, if a worker has or may have occupational exposure to a bloodborne pathogen. Workplaces where occupational exposure to bloodborne pathogens may be reasonably anticipated to occur include worksites with occupational first aid attendants (OFAAs).

The attached exposure control plan model is meant to assist employers (whose only exposed worker is an OFAA) in developing a plan that meets the requirements of the Regulation. The model, which provides an example of an acceptable exposure control plan, is included in these occupational first aid materials so OFAAs can share the information with their employers.

This plan may be used "as is", but it is not enough to simply "fill in the blanks". Employers must consider the plan, ensure that it suits their workplace, and ensure that the plan is actually implemented at the site.

The model plan may be modified as necessary, so that it suits the specific circumstances at the employer's particular worksite. The final exposure control plan, however, still requires all the seven elements identified in this example.

If you have any questions or need further assistance, contact a WCB occupational hygiene officer at your nearest WCB office.

EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS FOR OCCUPATIONAL FIRST AID ATTENDANTS (OFAAs)

_____ (company name)

_____ (date)

POLICY AND SCOPE

The policy of _____ (company name) is to ensure that our occupational first aid attendants (OFAAs) are protected from occupational exposure¹ to bloodborne pathogens², and that it is done in a manner that complies with the BC Workers Compensation Act and Occupational Health and Safety Regulation, and human rights legislation.

This exposure control plan covers all OFAAs, as it is reasonably anticipated that they may have harmful contact³ with blood or other potentially infectious materials (OPIMs)⁴ as a result of performing their normal job duties.

1. PURPOSE AND RESPONSIBILITIES

The purpose of this exposure control plan is to eliminate or minimize the OFAAs' risk of occupational exposure to bloodborne pathogens in blood and OPIMs, as well as to reduce the risk of infection should exposure occur.

The **company** will:

- conduct the risk identification and assessment of the OFAAs' potential occupational exposure to bloodborne pathogens
- implement engineering controls, safe work practices and written work procedures to eliminate or reduce the OFAAs' potential exposure to bloodborne pathogens
- provide OFAAs with appropriate personal protective equipment
- ensure OFAAs are provided with education and training on bloodborne pathogens and the exposure control plan (per section 4, education and training, on page 4)
- provide OFAAs with the hepatitis B vaccination (upon request)
- ensure that all pertinent records are maintained
- set up a check system to ensure that OFAAs who have had an exposure incident to blood or OPIMs are medically evaluated, then seen by a physician for follow-up if deemed necessary by the medical evaluation
- ensure that accident investigations of OFAAs' exposure incidents to blood or OPIMs are conducted and corrective actions are taken to prevent similar incidents from occurring
- annually review the exposure control plan and update it as necessary.

The OFAAs' **supervisor** _____ (name) will:

- supervise OFAAs with respect to bloodborne pathogen hazards
- ensure that OFAAs use engineering controls, and follow safe work practices and written work procedures
- ensure that OFAAs wear appropriate personal protective equipment
- ensure that OFAAs receive education and training on bloodborne pathogens and the exposure control plan initially and biannually (at the time of occupational first aid certification and renewal)
- ensure that the post-exposure health management procedure is followed for OFAAs' exposure incidents to blood or OPIMs
- initiate accident investigations of exposure incidents to blood or OPIMs.

The **OFAAs** will:

- use the provided engineering controls
- follow safe work practices and written work procedures
- wear the appropriate personal protective equipment provided
- attend education and training (occupational first aid training courses and additional company training sessions)
- follow the post-exposure health management procedure in the event of an exposure incident to blood or OPIMs
- participate in accident investigations of exposure incidents to blood or OPIMs.

2. RISK IDENTIFICATION AND ASSESSMENT

All OFAAs have the potential for occupational exposure to bloodborne pathogens. OFAAs may have harmful contact with blood or OPIMs via:

- percutaneous injury
- mucous membrane contact or
- non-intact skin contact.

It is reasonably anticipated that such contact may occur when attendants are providing occupational first aid to co-workers, including rendering first aid, and performing post-treatment and accident scene clean-up.

3. CONTROL PROCEDURES

Engineering and safe work practice controls are the preferred means to eliminate or minimize our OFAAs' exposure to bloodborne pathogens at this worksite. If such controls are unavailable or impracticable, or do not completely eliminate exposure, OFAAs will wear the appropriate personal protective equipment provided.

A. Engineering controls

Although first aid kits and equipment contain only a few items that could break through the skin, OFAAs must always watch out for other sharp objects that may be encountered and pose a risk of percutaneous injury (e.g. contaminated broken glass at an accident site). Sharps disposal containers are located in the _____ (state location, e.g. first aid room and first aid kit), for discarding disposable, contaminated⁵ sharp items.

Pocket masks with one-way valves are available in the _____ (state location, e.g. first aid kits) for OFAAs to use when ventilating patients. These masks should not be shared before being washed and disinfected, or the valves should be changed if there is insufficient time to do this between use by different individuals.

B. Work practice controls and written work procedures

As specified in the Occupational First Aid Reference & Training Manual (manual) and Occupational First Aid Training Guides (training guides), OFAAs will:

- follow standard precautions
- use pocket masks with one-way valves when ventilating patients
- follow safe sharps handling procedures, such as discarding any disposable, contaminated sharp items in sharps disposal containers as soon as possible
- wear waterproof, disposable medical examination gloves when assessing and treating patients (if there is potential contact with patients' blood, body fluids, secretions, excretions, mucous membranes or non-intact skin), and when touching contaminated items or surfaces; also wear such gloves if they have non-intact skin on their hands, after first covering the affected skin with a waterproof dressing
- replace gloves as soon as practical if they are torn, cut, punctured or leaking, and when they become contaminated or damaged such that their ability to function as a barrier is in question
- not wash or decontaminate disposable gloves for re-use
- follow the procedures for glove removal and handwashing
- follow the cleanup procedures for spills of blood and OPIMs that minimize splashing
- not store or consume food or drink in first aid facilities.
- follow the post-exposure health management procedure, if they have an exposure incident to blood or OPIMs.

C. Personal protective equipment

All personal protective equipment for bloodborne pathogens used at this worksite will be provided by the company at no cost to our OFAAs.

Waterproof, disposable medical examination gloves are available in the _____ (state location, e.g. first aid room and first aid kits). They will be worn and used as specified in the manual and training guides, and the safe work practices and written work procedures outlined above.

Eye/face protection in the form of _____ (specify type, e.g. safety goggles and face shield) is available in the _____ (specify location, e.g. first aid room). They will be worn by OFAAs when it can be reasonably anticipated that the mucous membranes of their eyes, nose or mouth may be splashed or sprayed with blood or OPIMs (e.g. relieving subungual hematomas).

Gowns and protective footwear in the form of _____ (specify type, e.g. washable cloth or disposable paper gowns, rubber boots) are available in the _____ (specify location, e.g. first aid room). They will be worn by OFAAs when it can be reasonably anticipated that their skin or clothing may come in contact with blood or OPIMs (e.g. during blood spill clean-up).

D. Housekeeping, laundry and waste

All reusable first aid equipment _____ (specify, e.g. metal instruments, pocket masks) and environmental working surfaces _____ (specify, e.g. counters in the first aid room) will be decontaminated as soon as possible after contamination with blood or OPIMs, as well as on a routine basis, as specified in the manual and training guides.

Laundry soiled with blood or OPIMs will be treated as specified in the manual and training guides.

Sharps disposal containers will be securely closed and replaced when they are two-thirds full. They will then be sent to _____ (specify) for disposal.

First aid waste items (e.g. disposable gloves, pads and dressings) that are NOT dripping, saturated or grossly contaminated with blood or OPIMs are considered general waste. They will be discarded in waterproof waste bags for disposal at a landfill.

Items that are dripping, saturated or grossly contaminated with blood or OPIMs are considered biomedical waste. They must be appropriately bagged and disposed of in accordance with provincial and local environmental regulatory agencies _____ (specify provincial and local disposal requirements).

E. Universal precautions

OFAAs will treat all blood and OPIMs as though they are known to be infected with bloodborne pathogens, and will follow infection control precautions and procedures as specified in the manual and training guides. This includes:

- following precautions to prevent sharps injuries
- using resuscitation devices
- wearing personal protective equipment and
- following handwashing procedures.

4. EDUCATION AND TRAINING

All OFAAs will be educated and trained regarding bloodborne pathogens prior to initial assignment to work as an OFAA. The majority of the education and training will have been provided by the occupational first aid training course and materials _____ (specify first aid school, course and materials), such as:

- an explanation of bloodborne diseases, their symptoms and effects, and modes of transmission
- an explanation of the appropriate methods of recognizing tasks and activities that may involve exposure to blood and OPIMs
- an explanation of engineering and safe work practice controls that will prevent or reduce exposure to bloodborne pathogens including their use and limitations
- information on personal protective equipment, including: appropriate selection, use, removal, handling, cleaning, decontamination, inspection, maintenance, storage, disposal and limitations
- an explanation of the post-exposure health management procedure for an OFAA to follow if an exposure incident to blood or OPIMs occurs.

Additional worksite-specific orientation, education and training will be provided by _____ (specify individual within the company) and will include:

- applicable sections of the Occupational Health and Safety Regulation
- an explanation of this company's exposure control plan regarding bloodborne pathogens and where to access it
- control procedures specific to the worksite (e.g. location of sharps disposal containers, pocket masks and wash facilities; types and location of personal protective equipment)
- information on the hepatitis B vaccine, including information on its benefits, effectiveness, safety, method of administration, and its availability.

All OFAAs will receive biannual refresher training regarding bloodborne pathogens and the exposure control plan, at the time of renewal of their occupational first aid certificate.

5. HYGIENE FACILITIES AND DECONTAMINATION PROCEDURES

Handwashing facilities are located in the _____ (specify, e.g. restrooms and first aid room), and are available to OFAAs for handwashing. Hands will be washed as specified in the manual and training guides.

Waterless hand cleansers/towelettes _____ (specify which) are also provided for use if handwashing facilities are not immediately available. They are located in the _____ (specify, e.g. first aid room and first aid kits). OFAAs will wash their hands with mild soap and running water as soon as possible after the use of the cleanser/towelette (specify which).

If an OFAA has an exposure incident to blood or OPIMs, the post-exposure health management procedure will be followed for decontamination.

6. HEALTH MONITORING

A. Hepatitis B vaccination (Pre-exposure health management)

OFAAs will be offered the hepatitis B vaccination at no cost to them, upon request. The vaccination (series of 3 shots given at 0, 1 & 6 months) will be started within 10 working days of their initial assignment as an OFAA. It will be administered by _____ (*specify, e.g. travel clinic, workers' family doctors*).

OFAAs may decline the hepatitis B vaccination. This refusal will be recorded. If they later change their mind and wish to have the vaccination, it will be provided to them at no cost.

B. Health protection (Post-exposure health management procedure)

For the initial management of an exposure incident to blood or OPIMs, the OFAA will:

- immediately self-administer first aid
- report the incident to _____ (*specify the supervisor*), then
- go to _____ (*specify nearest hospital emergency department*) within 2 hours of the incident for a medical evaluation (the reporting must not cause delay in seeking medical attention).

The follow-up management after an exposure incident to blood or OPIMs will include:

- OFAA referral to a physician for follow-up, if deemed necessary by the medical evaluation
- appropriate documentation of the exposure incident (first aid records, accident reports and WCB claim forms)
- an accident investigation to prevent similar exposure incidents to blood or OPIMs from occurring.

7. RECORDKEEPING

Occupational exposure records will be kept that identify all OFAAs as having potential occupational exposure to bloodborne pathogens in providing occupational first aid to co-workers.

Exposure incident records (i.e. first aid records, accident reports, accident investigation reports, WCB claim forms and health records) will be kept for all specific OFAA exposure incidents to blood or OPIMs.

Records will be kept documenting OFAA education and training on bloodborne pathogens and the exposure control plan (i.e. dates, type of session and contents or summary, names of attendees, names and qualifications of trainers).

¹ **Occupational exposure** – reasonably anticipated harmful contact with blood or other potentially infectious materials (OPIMs) that may result from the performance of a worker's duties.

² **Bloodborne pathogens** – pathogenic microorganisms present in human blood and OPIMs, 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).

³ **Harmful contact** – an **exposure incident** to blood or OPIMs through:

- percutaneous injury (injury through the skin from a contaminated sharp item such as a needle)
- contact with the mucous membranes of the eyes, nose or mouth
- contact with non-intact skin (healing wound less than 3 days old or lesion causing disruption of outer skin layer)
- bites.

⁴ **Other potentially infectious materials (OPIMs)** – other materials (besides blood) that can be sources of bloodborne pathogens: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, any body fluid visibly contaminated with blood, all body fluids in situations where it is difficult to differentiate between body fluids, and tissues.

⁵ **Contaminated** – means the presence or the reasonably anticipated presence of blood or OPIMs on an item or surface.