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Emergency Responder Health and Safety Manual

Chapter 11

Bloodborne Pathogen Exposure Control Plan

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U.S. Environmental Protection Agency

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LIST OF ACRONYMS

AIDS	Acquired immune deficiency syndrome
CDC	Centers for Disease Control and Prevention
CFR	Code of Federal Regulations
CMAT	Consequence Management Advisory Team (formerly called National Decon Team (NDT))
EPA	U.S. Environmental Protection Agency
ERT	Environmental Response Team
FOH	Federal Occupational Health
HASPs	Health and safety plans
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
HQ	Headquarters
HSPC	Health and Safety Program Contact
OSC	On-Scene Coordinator
OSHA	Occupational Safety and Health Administration (U.S. Department of Labor)
PPE	Personal protective equipment
SHEMP	Safety, Health, and Environmental Management Program

1.0 INTRODUCTION

1.1 Background Information and Regulatory Basis

Bloodborne pathogens are organisms found in blood (as well as other body fluids and tissues) that can cause disease when transmitted across individuals. The human immunodeficiency virus (HIV) and the hepatitis B virus (HBV), both of which are described in Text Box 1, are two examples of bloodborne pathogens. Emergency responders working for the U.S. Environmental Protection Agency (EPA) have the potential to be exposed to bloodborne pathogens when they enter abandoned factories, laboratories, or uncontrolled waste sites where needles, syringes, medical waste, or biological specimens are present. Bloodborne pathogens can be transmitted by various means. For example, they can be transferred through breaks in the skin caused by needlesticks or other sharp instruments; by absorption through abraded skin; or through direct contact with the mucous membranes of the eyes, nose, or mouth.

Text Box 1
Information on HIV and HBV

HIV is the organism that causes acquired immune deficiency syndrome (AIDS). After infection, individuals may experience an illness characterized by fever, enlarged lymph nodes, muscle and joint pains, diarrhea, fatigue, and possibly rash. While most people who are infected with HIV remain symptom free for months or years, the majority eventually develop AIDS. HIV infections affect the immune system and cause infected individuals to become susceptible to a wide range of illnesses. AIDS patients may also be susceptible to developing various cancers and experiencing neurologic complications. Transmission of HIV from an infected individual can occur during any stage of the disease. There is no vaccine against HIV. The best protection is to develop effective Exposure Control Plans.

HBV infections are a major health problem in the United States, with some estimates suggesting that about 300,000 new infections occur each year. HBV infection can lead to a variety of clinical symptoms: some people are asymptomatic, some experience a mild flu-like illness, and some develop a very severe infection that may result in debilitating hepatitis, cirrhosis of the liver, or cancer. People infected with HBV can transmit the organism during any of these clinical states. Those who suffer from a chronic form of hepatitis (perhaps as many as 1.25 million people in the United States alone) never completely recover from initial infection. The risk of death and impaired health resulting from acute and chronic HBV infection is significant. Thus, knowledge of the disease and preventative measures are critical. The best defense against HBV is the hepatitis B vaccination series.

The Occupational Safety and Health Administration's (OSHA's) Bloodborne Pathogen standard (29 CFR 1910.1030), and OSHA Directive CPL 02-02-069 (Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens) outline the requirements that EPA must meet to protect its emergency responders from bloodborne pathogen exposures. This chapter provides specific requirements that the Agency must meet to implement a Bloodborne Pathogen Exposure Control Plan for emergency responders, including ensuring that:

- Nationally-consistent procedures are in place with regard to the type of personal protective equipment (PPE) that emergency responders wear and the engineering/work practice controls they follow to minimize exposures to blood and other potentially infectious materials (see Section 3.2).
- The protective equipment (including PPE and other tools) that emergency responders need is made readily available to them (see Section 3.3).
- The hepatitis B vaccination is made available to emergency responders who wish to receive it (see Section 3.4).
- Post-exposure evaluations and follow-up support is provided to all employees who suspect that they have been exposed to blood or other potentially infectious materials (see Section 3.5).

- Emergency responders receive bloodborne pathogen exposure control training on an annual basis (see Section 3.6).
- Nationally-consistent recordkeeping practices are implemented (see Section 3.7).
- Program evaluations are performed to assess how well EPA's Bloodborne Pathogen Exposure Control Plans are operating across the Agency (see Section 4).

The procedures presented in the chapter represent the minimum requirements that EPA must meet to minimize the risk of being exposed to (and potentially experiencing adverse effects from) bloodborne pathogens.

1.2 Instructions for Users

In accordance with OSWER Directive 9285.3-12, this chapter must be implemented across all EPA regions, the Environmental Response Team (ERT), the Consequence Management Advisory Team (CMAT), and Headquarters (HQ). This means each EPA organization must adopt the minimum Agency requirements and management practices listed in the chapter and produce a customized version of the chapter which is reviewed/updated on an annual basis. The customized version of this chapter will become the organization's OSHA-compliant Bloodborne Pathogen Exposure Control Plan.

To customize the chapter, users must (1) complete Appendix A and (2) insert organization-specific information into the blank spaces (highlighted in yellow) that appear throughout the chapter. If organizations advocate additional policies and procedures exceeding the minimum Agency requirements, they must document them in Appendix B. Tools have been developed to support this chapter, including a glossary (Appendix C).

See the Introduction to this manual for details on customizing and posting an organization's bloodborne pathogen exposure control plan to EPA's Web site (http://www.epaosc.net/_HealthSafetyManual).

2.0 ROLES AND RESPONSIBILITIES

Health and Safety Program Contacts (HSPCs), Removal Managers, Safety, Health, and Environmental Management Program (SHEMP) Managers, and individual emergency responders have roles and responsibilities in implementing the Agency's Bloodborne Pathogen Exposure Control Plan. Appendix A details the tasks that these key personnel must perform. If an organization wishes to delegate a task to someone other than the default assignment in the appendix, users can do so when they customize Appendix A and when they fill information in the yellow-highlighted areas that appear throughout the chapter's text.

3.0 EPA'S BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

This section describes EPA's approach for minimizing the risk of occupational exposures to bloodborne pathogens. The information provided covers topics that OSHA's Bloodborne Pathogen standard (29 CFR 1910.1030) lists as required elements for a written Bloodborne Pathogen Exposure Control Plan (see Appendix D), such as:

- Information on who (by job description) has the potential to be exposed to bloodborne pathogens.
- Information on universal precautions and engineering/work practice controls that must be followed, PPE that must be worn, and procedures to use when handling or discarding potentially contaminated objects.
- Information on making the hepatitis B vaccine available to employees.
- Post-exposure procedures (in terms of medical evaluation and follow-up) that must be followed.
- Information on training and recordkeeping requirements.

3.1 Exposure Determination—Identifying Employees at Risk of Being Exposed to Bloodborne Pathogens

OSHA's Bloodborne Pathogen standard states that employers must identify (by job description) those employees who have the potential to be exposed to bloodborne pathogens. EPA has determined that all emergency responders are included in that category. (EPA may decide to include additional groups on a case-by-case basis.)

3.2 Onsite Safety Controls—Procedures Designed to Minimize Occupational Exposures

Sections 3.2.1 through 3.2.10 list procedures that emergency responders must follow in the field to minimize their risk of being exposed to bloodborne pathogens. (See Appendix B to determine if your organization has augmented these procedures.) On-Scene Coordinators (OSCs)—who serve as Onsite Safety Officers unless they have specifically delegated that responsibility to someone else—must ensure that these procedures are incorporated into site-specific health and safety plans (HASPs) and that all onsite personnel are following them. Appendix E provides instructions for incorporating bloodborne pathogen procedures into a HASP.

3.2.1 Following the "Universal Precaution" Principle

In circumstances where exposure to body fluids can be reasonably anticipated, EPA emergency responders must, to the greatest extent possible, adhere to universal precautions. This means that they must:

- Assume that all body fluids that they come into direct contact with are infectious, and
- Take steps to protect themselves (e.g., using engineering controls, work practice controls, and PPE) as though all body fluids were infected with HIV, HBV, or other bloodborne pathogens.

Text Box 2 provides examples of body fluids that require universal precautions. While most body fluids are enclosed within the body, they can be released and mixed with blood as a result of natural processes or due to injury. Under circumstances in which it is difficult or impossible to differentiate between body fluid types, all body fluids must be considered potentially infectious and the principles of universal precautions will apply.

Text Box 2
Body Fluids That Require Universal Precautions

- Blood
- Semen
- Vaginal secretions (including menstrual discharge)
- Amniotic fluid (in pregnant females)
- Cerebrospinal (brain and spinal) fluid
- Synovial (joint) fluid
- Pleural (chest) fluid
- Peritoneal (abdominal) fluid
- Pericardial (heart) fluid

3.2.2 Using Personal Protective Equipment (PPE)

3.2.2.1 Overview

Whenever the possibility of exposure to blood or blood-contaminated body fluids exists, emergency responders must wear PPE if it is feasible to do so. Extreme caution must be used when blood is present or when dealing with used hypodermic needles, biological specimens, or medical waste. Under such circumstances, protective gloves, as well as other types of PPE (if necessary), must be put on as soon as conditions permit. In addition, as described in Text Box 3, bandages must be placed over non-intact skin during field preparation activities and before donning PPE.

Text Box 3
Bandaging Skin Breaks

Intact skin is the most important barrier against potential infection and is a fundamental part of the body's immune system. If an emergency responder has a break in the skin, such as severely chapped hands, cuts, weeping dermatitis, rash, skin infections, acne, sores or lesions of the hands, forearms or other body parts, that individual must bandage or cover the area before performing job duties or procedures that could expose him or her to blood or other infectious materials.

3.2.2.2 Gloves

Emergency responders must wear disposable exam gloves (e.g., latex gloves or nitrile gloves) when handling blood or handling items or surfaces that have been soiled with blood or other fluids that require universal precautions. Leather gloves (or gloves exhibiting similar durability) must be worn over the disposable gloves if employees are handling contaminated sharp objects. Hypoallergenic gloves must be made available to employees who are allergic to the gloves normally provided.

When donning, wearing, removing, and disposing of gloves, emergency responders must adhere to the following rules:

- Disposable gloves must be worn once and discarded as regulated waste (see Section 3.2.9 for details on how to dispose of regulated waste). Disposable gloves must not be washed or disinfected for reuse.
- Disposable gloves must be replaced as soon as possible if they are visibly soiled, torn, or punctured, or if their ability to function as a barrier is compromised.
- Non-disposable gloves may be decontaminated (see Section 3.2.8) if the integrity of the gloves is not compromised. However, they must be disposed of and treated as a regulated waste (see Section 3.2.9) if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
- Gloves must be pulled off using the procedures listed in Text Box 4 to prevent contaminated fluids from contacting the skin.
- Employees must not use teeth to assist in putting on or removing gloves.
- Employees must not smoke, eat, drink, or apply cosmetics or lip balm while wearing protective gloves (or at any other time when there is a reasonable likelihood of occupational exposure). In addition, they must not handle contact lenses or touch their eyes, nose, mouth, or broken skin while wearing gloves.

Text Box 4
Procedures for Glove Removal

- With both hands gloved, peel one glove off from the wrist toward the fingertips and hold it in the gloved hand.
- With the exposed hand, peel the second glove off from the inside, tucking the first glove inside the second.
- Dispose of the gloves promptly.
- Never touch the outside of the gloves with bare skin.
- Wash your hands with soap and potable water as soon as possible every time you remove your gloves.

3.2.2.3 Other Types of PPE—Goggles, Masks, and Aprons

In many situations, emergency responders might only require gloves to protect themselves from exposure to bloodborne pathogens. When there is a chance of being splashed or splattered by blood or other fluids that require universal precautions, however, emergency responders must wear mouth protection (e.g., masks) in combination with eye protection devices, such as goggles, glasses with solid-side shields, or chin-length face shields. (Wearing a tight fitting full-face respirator also meets these requirements.) More extensive coverings, such as surgical-type gowns or aprons made of (or lined with) fluid-proof materials, might also be necessary depending on the situation and the amount of splashing anticipated.

3.2.3 Handling Contaminated Clothing

In the process of performing field work, clothing might become contaminated with blood or other body fluids. If employees suspect that this has occurred, they must remove the clothing as soon as possible, place it in a leak-proof bag that is appropriately color-coded or labeled (see Section 3.2.10), and don new clothes. An extra change of clothing must always be available. Section 3.2.8 presents information on laundering contaminated clothes.

3.2.4 Washing Skin and Flushing Mucous Membranes

Protecting the hands and keeping them clean is an individual's first line of defense against acquiring a bloodborne infection. Thus, when emergency responders contact or handle potentially infectious materials, they must wash their hands (as well as any other body parts that could have been exposed to infectious materials) with soap and clean or potable water immediately (or as soon as feasible) before they touch their eyes, mouth, or nose. Also, hands must be washed immediately (or as soon as possible) after removing disposable gloves or other PPE. The following hand-washing guidelines apply:

- Special germicidal soap is desirable, but not necessary.
- Hands must be washed for at least 60 seconds before rinsing.
- If thorough hand washing is not possible, employees may use a waterless antiseptic cleanser following the manufacturer's recommendations for product use. As a follow-up, however, thorough washing must be performed as soon as feasible.

If the mucous membranes of the mouth, eyes, or nose come into contact with blood or other potentially infectious materials, these body parts must be flushed with potable water immediately, or as soon as feasible. To ensure that employees are able to flush their eyes and face in the event of an exposure incident, a portable eye/face wash station must be available on site.

3.2.5 Procedures to Follow When Handling Potentially Contaminated Objects

3.2.5.1 General Procedures

When handling objects or materials that could potentially be contaminated with blood or other infectious materials, emergency responders must adhere to the following guidelines:

- Whenever feasible, disposable tools must be used (and disposed of as regulated waste—see Section 3.2.9) to handle objects that could be contaminated with infectious materials. If non-disposable tools are used, they must be decontaminated (see Section 3.2.8) as soon as possible but definitely before being stored or reused.

- Food and drink must not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops if infectious or potentially infectious objects are present in these locations.

3.2.5.2 Handling and Disposing of Sharps

Emergency responders must use extreme caution when handling needles or other sharp items, such as razor blades or scalpels. To prevent possible injuries or exposure, employees must adhere to the following procedures:

- If employees encounter contaminated needles or other sharp instruments during the course of their field work, they must stop what they are doing and don protective gloves before proceeding with their activities. In such cases, employees must wear leather gloves over disposable gloves. (See Section 3.2.2.2 for guidelines on donning, wearing, removing, and disposing of protective gloves.)
- Do not pick up objects by hand. Instead, use tongs, pliers, or other tools to handle sharp objects that may be contaminated.
- Used needles must never be bent, broken, recapped by hand, or removed from disposable syringes.
- Disposable syringes, hypodermic needles, or other sharp items that may potentially be contaminated with blood or other body fluids must be disposed of as regulated waste (see Section 3.2.9).

3.2.5.3 Procedures to Follow When Collecting or Packaging Contaminated Objects and Evidence

In the course of performing field work, emergency responders might be called upon to collect and package contaminated objects. These objects will either be disposed of, sent to a laboratory, or retained as evidence. (The latter situation may arise if EPA's Criminal Investigation Division is asked to retain an item as evidence.) When collecting potentially contaminated objects, employees must do the following:

- Retain contaminated objects (only as long as the objects are not sharp) in leak-proof plastic bags until they can be disposed of or sent forward as evidence. Items must be air-dried if possible before sealing them in plastic bags. If contaminated items cannot be dried, they must be double-bagged. Transparent packaging must be used if possible, and each package must be marked with appropriate chain of custody information. In addition, a biohazard warning label (see Section 3.2.10) must be affixed to the outside of the bag. Biohazard warning labels are not required, however, if red bags are used to store the item(s). Sharp objects must be placed in containers that are closable, leak-proof, puncture-resistant, and affixed with biohazard labels.
- When packaging potentially contaminated objects/evidence, tape must be used to avoid accidental skin puncture by objects such as staples. Heat-sealing clear plastic envelopes are also an acceptable means of packaging potentially contaminated objects.

3.2.6 Safety Procedures to Use During Search/Inspection Operations

Emergency responders may be called upon to work at sites where medical waste, biological specimens, or other potentially contaminated objects are not immediately visible. In addition to implementing the protective measures already discussed in Sections 3.2.1 through 3.2.5, employees must do the following when working at such sites:

- Use caution when searching a clandestine drug lab (e.g., a methamphetamine lab) or use law enforcement to investigate the facility.

- Use deliberate and careful hand movements to reduce the risk of exposure while performing inspections and when handling potentially contaminated objects.
- When feasible, visibly examine the contents of containers (e.g., waste baskets, files, bags, and other receptacles) before handling them. If possible, use long-handled mirrors and flashlights to search hidden areas rather than inserting one's hands into these areas directly. For example, employees must not insert their hands between or under vehicle seats before performing a visual inspection of an area.

3.2.7 Procedures to Follow When Cleaning Up Blood/Bodily Fluid Spills

If emergency responders encounter a spill that involves blood or other body fluids, they must adhere to the following procedures to clean it up:

Step 1 Wear disposable gloves and other PPE (e.g., protective eyewear and an impervious gown or apron) if splashing is anticipated. (See Section 3.2.2 for additional information on PPE.)

Step 2 Remove visible material with a sorbent towel (or other appropriate means that will ensure against direct contact with blood) and dispose of that towel as a regulated waste (see Section 3.2.9).

Step 3 Perform the cleanup in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of blood or other potentially infectious material.

Step 4 Assuming mops and a bucket are available, clean the spill using an approved germicide or a solution of 1 part liquid household bleach (sodium hypochlorite) to 10 parts water. Pour the cleaning solution into the spill, let the cleaning solution remain on the spill area for 20 minutes, and then mop it up. After completing cleanup activities, make sure that the mop is thoroughly cleaned in the same solution (1 part liquid household bleach to 10 parts water).

3.2.8 Laundering, Decontaminating, or Disposing of Contaminated Clothing, PPE, or Other Equipment

The following outlines the laundering, decontamination, or disposal procedures to follow for:

- **Non-disposable clothing**. If emergency responders suspect that their clothes have been exposed to blood or other potentially infectious materials, they must remove that clothing and place it in a leak-proof bag for washing or dry-cleaning. The bag must be labeled or color-coded in accordance with Section 3.2.10. Normal washing using regular detergents in a washing machine will decontaminate clothing. Heavily soiled clothing must be washed separately from other items. Normal dry-cleaning can be used to decontaminate items that must be dry-cleaned.
- **Reusable PPE and other equipment**. Reusable equipment (e.g., tools, pocket knives, and non-disposable gloves) that have been exposed to blood or body fluids must be placed in a plastic bag and then thoroughly disinfected and decontaminated before reusing. A solution of 1 part liquid household bleach (sodium hypochlorite) to 10 parts water, if left to soak for 20 minutes, is sufficient to decontaminate equipment or other items.
- **Disposable PPE and other equipment**. All disposable items that are potentially contaminated with blood or body fluids must be disposed of as regulated waste (see Section 3.2.9).

3.2.9 Disposing of Regulated Wastes

Any disposable item (also known as red bag waste) that has been contaminated with blood or body fluids must be bagged (or in the case of contaminated sharps, placed in a closable, leak-proof, and puncture-proof container), labeled (see Section 3.2.10), and disposed of as regulated waste in accordance with applicable federal, state, and local regulations. State and local regulations associated with regulated waste vary and must be consulted prior to transportation and disposal.

3.2.10 Labeling Requirements

Biohazard warning labels must be affixed to all bags and containers that are used to store, transport, or dispose of potentially infectious materials, and these labels must display the biohazard symbol (Text Box 5), be fluorescent orange or orange-red in color, and use letters or symbols in a contrasting color. If red bags or containers are used, however, a biohazard label is not required.

Text Box 5
Biohazard Label

3.3 Managing Equipment Needs

Section 3.2 outlined procedures that emergency responders must follow to minimize their potential for coming into contact with blood and infectious materials. In many cases, these procedures instruct EPA employees to use PPE (such as gloves and goggles) or other tools and equipment (such as tongs). Activities that must be completed to ensure that such equipment is available and accessible to emergency responders include:

- The SHEMP Manager (or another designated person) and the HSPC (or another designated person) must work together to determine which equipment is needed to protect employees from bloodborne pathogen exposures. In addition, the latter must coordinate with the Equipment Manager (or another designated person), who will be expected to (1) ensure that a proper supply of equipment is maintained and (2) issue equipment to emergency responders and work with them to make sure their field bags are properly stocked.
- The Removal Manager (or another designated person) must ensure that adequate resources are available to procure the required equipment.
- Emergency responders must report any equipment needs to the HSPC (or another designated person).

3.4 Offering Hepatitis B Vaccination to Emergency Responders

Hepatitis B vaccination must be offered to EPA's emergency responders. The Agency is required to:

- Inform emergency responders that the hepatitis B vaccination will be made available to them free of charge, and provide information about the vaccine, including information on its efficacy, safety, method of administration, and benefits. This information must be delivered to new employees **before** they undertake any duties where they could potentially be exposed to bloodborne pathogens.
- Ensure that employees receive the hepatitis B vaccine from a licensed healthcare professional or under the supervision of a licensed healthcare professional. As part of that effort, EPA must provide a copy of OSHA's Bloodborne Pathogen standard to the physician.
- Ensure that employees who choose not to receive the hepatitis B vaccination sign a written statement (see the "Forms" section of the manual's website) documenting that they are declining the

vaccination. *(Note: If an employee initially declines the vaccination, but at a later date [while still potentially exposed to bloodborne pathogens] decides to accept it, EPA must make the vaccination series available at that time.)*

The SHEMP Manager (or another designated person) is responsible for making sure that the above listed activities occur. The HSPC (or another designated person) may be called upon to assist.

3.5 Post-Exposure Procedures

To ensure that the Agency's emergency responders know which procedures to follow if they contact blood or other potentially infectious materials in the field, the SHEMP Manager (or another designated person) must ensure that the information in the Quick Reference Guide remains current, that copies of the Quick Reference Guide are provided to emergency responders, and that employees are instructed to bring a copy of the Quick Reference Guide into the field.

Emergency responders who suspect that they have contacted blood or other potentially infectious materials while performing official job duties must report the incident to their supervisor immediately and work with their supervisor to complete EPA Form 1340-1 *(OSHA & EPA 301—Injury, Illness & Near Miss Report)*, a form that must be used to document the time, date, and location of the exposure incident, the routes of exposure, the HBV and HIV antibody status of the source individual (if known), and the circumstances under which exposure occurred. (EPA Form 1340-1 can be found in the Medical Surveillance Program chapter.) Once the form has been completed, supervisors will report the incident to the SHEMP Manager (or another designated person), who will in turn take the following actions:

Text Box 6
Information Sent to Healthcare Professionals for Exposed Individuals

As noted in Section 1910.1030(f)(4) of OSHA's Bloodborne Pathogen standard, employers must send the following to healthcare professionals:

1. Written report documenting routes of exposure and the circumstances under which exposure occurred.
2. Description of the employee's duties as they relate to the exposure incident.
3. Copy of OSHA's Bloodborne Pathogen standard.
4. Results of the source individual's blood testing (if available).
5. Medical records relevant to the appropriate treatment of the potentially exposed EPA employee, including information on his/her vaccination status.

Note: The SHEMP Manager (or his/her equivalent) is responsible for ensuring that this information is provided to the healthcare professional. However, the SHEMP Manager is unlikely to have access (due to medical confidentiality issues) to items 4 and 5 listed above. Nevertheless, SHEMP Managers must coordinate with potentially exposed employees to encourage them to share testing results, as well as other pertinent medical records, with their healthcare professionals.

- **Make an effort to determine the HBV- and HIV-infection status of the source individual**. In accordance with Section 1910.1030(f)(3) of OSHA's Bloodborne Pathogen standard, EPA must make an effort to (1) identify and document (in writing) the source individual unless doing so is infeasible or prohibited by state or local law, and (2) obtain consent to test the source individual's blood. If the source individual cannot be identified or consent cannot be obtained, this must be documented in writing. If information regarding the source individual's HBV- and HIV-infection status can be obtained, EPA must work toward arranging to have the results provided to the potentially exposed employee, at which time the employee must be informed of applicable laws and regulations concerning disclosure of the identity and the infectious status of the source individual. *(Note: Even though the potentially exposed individual will be granted access to the source individual's results, EPA [as an employer] does not have rights to this information due to medical confidentiality issues.)*

- **Inform EPA's potentially exposed individual that the Agency is willing to make a confidential medical evaluation immediately available to the employee at no cost; advise the employee to consent to serologic testing as soon as feasible; and inform the employee that he/she is entitled to post-exposure prophylaxis, counseling, and evaluations of any reported illness**. When advising employees that they are entitled to medical support, the SHEMP Manager (or another designated person) must (1) strongly encourage them to obtain that support through a healthcare provider from which EPA has contracted services (e.g., Federal Occupational Health [FOH]), and (2) document the Agency's efforts to deliver that recommendation to employees. The significance of using the Agency's medical carrier—as opposed to an employee's private physician—is that EPA can be certain that the former's medical services will be consistent with OSHA's standards. This is important because Section 1910(f) of OSHA's Bloodborne Pathogen standard holds EPA responsible for ensuring that:
  - Medical services are performed by (or under the supervision of) a licensed healthcare professional.
  - Medical evaluations/procedures are provided in accordance with the most up-to-date recommendations put forth by the U.S. Public Health Services' Center for Disease Control and Prevention (CDC).
  - All laboratory tests are conducted by an accredited laboratory using specified analytical procedures.
  - Blood samples are preserved if necessary. (For example, if an employee consents to blood collection at the time of exposure but does not give consent for HIV serologic testing at that time, EPA must instruct the blood collection entity to preserve the sample for at least 90 days in case the employee changes his/her mind, at which time testing would be performed as soon as feasible.)
  - Relevant information is sent to the healthcare professional (see Text Box 6 for details).
  - The healthcare professional's written opinion is sent to EPA and is shared with the potentially exposed employee within 15 days of completing the original medical evaluation. (As noted in Section 1910(f)(5) of OSHA's Bloodborne Pathogen standard, the healthcare professional's written opinion must only include: (1) information regarding whether hepatitis B vaccination is indicated for the employee and whether the employee has received such vaccination, and (2) documentation that the employee has been informed of the results of the evaluation and has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment. All other findings or diagnoses must remain confidential and must not be included in the written report.)

In addition to addressing the immediate needs of the exposed employee, the SHEMP Manager (or another designated person) must perform an investigation of the circumstances surrounding the exposure incident so that measures can be taken to prevent recurrence.

3.6 Training

Emergency responders must receive bloodborne pathogen exposure control training at the time of initial employment and at least annually thereafter. Text Box 7 presents a list of elements that must (at a minimum) be included in the initial training course in order to meet the requirements listed under Section 1910.1030(g)(2) of OSHA's Bloodborne Pathogen standard and in OSHA Directive CPL 02-02-069. A sample training package is included at the Manual's Web site. The annual refresher course must cover all of the topics presented in Text Box 7 to the extent needed and emphasize any new information or

procedures developed over the course of the year. The refresher training does not need to be an exact repetition of the initial annual training program.

The SHEMP Manager (or another designated person) must ensure that emergency responders receive the training, that appropriate proof is obtained to document the successful completion of training requirements (see Section 3.7.4 for details), that TrainTrax (see Section 5.3 of the manual's Introduction) is used to track training requirements, and that the Removal Manager (or another designated person) is aware of which employees have (and which have not) completed their training requirements. The HSPC (or another designated person) may be called upon to assist with these tasks. To support the training effort, the Removal Manager (or another designated person) must (1) provide the resources (including time and monetary support) needed to ensure successful completion of the training, (2) ensure that anyone who has not completed their training requirements is prevented from working in the field, and (3) make an effort to attend training sessions to demonstrate management's support for the Bloodborne Pathogen Exposure Control Plan.

3.7 Recordkeeping

Proper recordkeeping is an essential component of a Bloodborne Pathogen Exposure Control Plan. The goal is to ensure that nationally consistent, readily accessible records are maintained in each EPA organization. Table 1 and Sections 3.7.1 through 3.7.5 provide details about the specific recordkeeping procedures that must be followed, who is expected to complete specific forms, and who must retain copies of the records.

Text Box 7
Elements That Must Be Covered in the Agency's Bloodborne Pathogen Exposure Control Training

1. A general explanation of the epidemiology and symptoms of bloodborne diseases.
2. An explanation of the modes of transmission of bloodborne pathogens. *(Note: EPA must convey the idea that a number of bloodborne diseases other than HIV and HBV exist, such as hepatitis C [HCV] and syphilis. OSHA expects training programs to include information on the transmission and symptoms of HCV because it is the most common chronic bloodborne infection in the United States.)*
3. Information about Bloodborne Pathogen Exposure Control Plans and the means by which employees can obtain a copy of the written plan that has been developed for their organization.
4. The methods for recognition of tasks and other activities associated with exposure to bloodborne pathogens.
5. An explanation of the use and limitations of methods that will prevent or reduce exposure, including appropriate engineering controls, work practices, and personal protective equipment.
6. Information on the types, proper use, location, removal, handling, decontamination, disposal, and the basis for the selection of personal protective equipment. (Hands-on training is particularly useful.)
7. Information about the hepatitis B vaccine, including information about its efficacy, safety, method of administration, the benefits of vaccination, and that EPA will make it available free of charge.
8. Information on the appropriate actions and person to contact in case of an emergency involving blood or other potentially infectious materials.
9. An explanation of procedures to follow if an exposure incident occurs, including the method of reporting the incident.
10. Information on the post-exposure evaluation and the medical follow-up that will be made available.
11. An explanation of the signs and labels and/or color coding required by OSHA.
12. An opportunity for interactive questions and answers with the person conducting the training session.
13. The content of OSHA's Bloodborne Pathogen standard.

Table 1
Recordkeeping Requirements Associated with the Bloodborne Pathogen Exposure Control Plan

Required Record	Details/Specified Forms	Completed/Compiled By[a]	Retained By[a]
OSHA & EPA 301—Injury, Illness & Near Miss Report (see Section 3.7.1)	*OSHA & EPA 301—Injury, Illness & Near Miss Report* (EPA Form 1340-1)	• Employee • Supervisor	• Employee • Supervisor • SHEMP Manager
Documentation related to informing employees about post-exposure services (see Section 3.7.1)	Documentation showing that potentially exposed employees were encouraged to obtain medical services through the Agency's medical carrier	• SHEMP Manager	• SHEMP Manager
Medical records (see Section 3.7.2)	Documentation that an employee has received hepatitis B vaccination	Follow the procedures listed in Section 6.3 of the Medical Surveillance Program chapter.	
	Information packet (see Text Box 6 for details) sent to healthcare providers following an exposure event	• SHEMP Manager (in collaboration with the potentially exposed employee)	• Healthcare professional
	Healthcare professional's written opinion	• Healthcare professional	• Employee • SHEMP Manager[b]
	Results from medical testing and follow-up procedures	• Healthcare professional	• Employee • Healthcare professional
Hepatitis B Vaccine Declination Statement (see Section 3.7.3)	Statement (see the "Forms" section of the manual's website)	• Employee	• Employee • SHEMP Manager
Training records (see Section 3.7.4)	Training certification letters (see the "Forms" section of the manual's website)	• SHEMP Manager	• SHEMP Manager • Employee
	Training rosters (see the "Forms" section of the manual's website)	• Course instructor	• SHEMP Manager
Bloodborne Pathogen Exposure Control Plan Evaluation Form (see Section 3.7.5)	Checklist (see the "Forms" section of the manual's website)	• SHEMP Manager (plus other relevant stakeholders)	• SHEMP Manager

[a] The delegation of recordkeeping responsibilities presented in this table reflects the chapter authors' opinions. The assignments have been made with regional audiences in mind, and as a result, the positions listed might not be applicable to all organizations. Users can adjust the assignments when they go through the process of customizing Appendix A and filling information into the yellow-highlighted spaces that appear throughout Sections 3.7.1 through 3.7.5 of the chapter.

[b] This assumes that employees have followed EPA's recommendations to obtain services from the Agency's medical carrier (e.g., FOH). If employees choose to go to their own healthcare providers, they must follow up directly with the physician to obtain the written opinion and the SHEMP Manager might only have a copy of the opinion if the employee chooses to provide it.

3.7.1 Records Related to Documenting Exposure Events and Initiating Follow-up Services

If emergency responders suspect that they have contacted blood or other potentially infectious materials on the job, they must work with their supervisors to complete EPA Form 1340-1 *(OSHA & EPA 301 Injury, Illness & Near Miss Report)*. Both the employee and the supervisor must retain copies of the completed form. The form must also be submitted to (and retained by) the SHEMP Manager (or another designated person).

Upon receiving the form, the SHEMP Manager (or another designated person) must inform the potentially exposed employee of the follow-up services that he/she is entitled to, encourage the employee to obtain services through the Agency's medical carrier (e.g., FOH), and maintain documentation (either in the form of a verbal log or written communication) that shows that EPA made these recommendations to the employee. *(Note: If the employee uses the Agency's medical carrier, EPA can ensure that the medical services provided are consistent with the requirements listed in Section 1910.1030(f) of OSHA's Bloodborne Pathogen standard.)*

3.7.2 Medical Records

OSHA's Bloodborne Pathogen standard requires that EPA, as an employer, must ensure that medical records for employees with occupational exposure to bloodborne pathogens are maintained for at least the duration of employment plus 30 years. The standard lists the following as medical records that must be maintained:

- Copies of the employee's hepatitis B vaccination status (including the dates of all hepatitis B vaccinations received and any medical records relative to the employee's ability to receive vaccination).
- Copies of the information packages sent to healthcare professionals in the wake of a potential exposure event (see Text Box 6).
- Copies of a healthcare professional's written opinion.
- Copies of all results of medical testing and follow-up procedures.

EPA must ensure that employee medical records are kept confidential and not disclosed or reported without the employee's written consent. To ensure that medical records are maintained, the Agency has delegated this responsibility to healthcare professionals who have been contracted to provide healthcare services for the Agency's employees. OSHA considers such practices acceptable (see the "Recordkeeping" section of OSHA's Standards Interpretation (released in February 1993) and OSHA Directive CPL 02-02-069). The sections below provide additional details about the procedures associated with the above listed medical records.

3.7.2.1 Vaccination Records

Section 6.3 of the Medical Surveillance Program chapter provides instructions on who is responsible for completing and maintaining copies of *Vaccine Administration Record*s and *CDC Vaccination Card* (HHS Form PHS 731).

3.7.2.2 Information Packages for Healthcare Professionals, Written Opinions, and Medical Results

If employees receive post-exposure medical evaluations and counseling services, the SHEMP Manager (or another designated person) must do the following:[1]

- Coordinate with employees to ensure that their healthcare professionals receive an information packet that contains all of the items listed in Text Box 6 and inform the healthcare professionals that they must (1) retain the information packet as part of an employee's official medical record and (2) meet the general recordkeeping requirements listed under Section 1910.1030(f) of OSHA's Bloodborne Pathogen standard.

[1] This assumes that employees have followed EPA's recommendation to obtain services from the Agency's medical carrier (e.g., FOH). If employees choose to go to their own healthcare providers and do not inform EPA of their healthcare provider's name, EPA might not be able to ensure that the activities included in this list are completed.

- Ensure that the healthcare professional provides a written opinion to the Agency (see Section 3.5 for the type of information that must be included in these opinions), retain a copy of the written opinion, and ensure that the employee receives a copy within 15 days of the initial medical evaluation.
- Instruct healthcare professionals to retain any results from medical testing and follow-up procedures in accordance with the recordkeeping requirements listed under Section 1910.1030(f) of OSHA's Bloodborne Pathogen standard.

3.7.3 Hepatitis B Vaccine Declination Statement

If an emergency responder decides not to receive the hepatitis B vaccine, he or she must sign a statement acknowledging that fact. The "Forms" section of the manual's website provides a copy of the form that must be signed in such instances.

The SHEMP Manager (or another designated person) is responsible for making sure that employees understand the hazards associated with exposure to bloodborne pathogens, that written statements are obtained, and that copies are kept on file with the Agency.

3.7.4 Training Records

OSHA's Bloodborne Pathogen standard outlines specific requirements that employers must meet to document that their employees have received bloodborne pathogen exposure control training. As stipulated under Section 1910.1030(h)(2) of that standard, training records must be maintained for 3 years from the date on which training occurred and the training records must include (1) the dates of training sessions, (2) information on the content covered, (3) the names and qualifications of the people conducting the training, and (4) the names and job titles of all persons attending the training sessions. EPA accepts variation in training record documentation across EPA organizations. An acceptable format is to issue a training certification letter (see the "Forms" section of the manual's website for a template). If this approach is used, the SHEMP Manager (or another designated person) is responsible for issuing the letters and retaining copies. Emergency responders must also retain a copy and ensure that it is available upon request. As an alternative, training rosters (see the "Forms" section of the manual's website for a template) can be used to document who was in attendance for a particular training course. The roster must be signed by the instructor and retained by the SHEMP Manager (or another designated person). All completed training must be documented in TrainTrax (see Section 5.3 of the manual's Introduction).

3.7.5 Evaluation Form

As discussed in Section 4, the SHEMP Manager (or another designated person) must complete the *Bloodborne Pathogen Exposure Control Plan Evaluation Form* (see the "Forms" section of the manual's website) annually and retain copies of completed forms in his or her files for a minimum of 5 years.

4.0 PROGRAM EVALUATIONS

An evaluation of each organization's program must be performed to ensure that EPA's Bloodborne Pathogen Exposure Control Plan is being implemented properly and performing satisfactorily across the Agency.

4.1 Internal Evaluations

As noted in Section 5.4.1 of the manual's Introduction, EPA organizations must assess their health and safety programs at least annually. When assessing the Bloodborne Pathogen Exposure Control Plan, the goal is two-fold:

- Assess whether the program is being implemented in accordance with the minimum requirements presented throughout this chapter with relation to establishing Bloodborne Pathogen Exposure Control Plans, managing equipment, ensuring that the hepatitis B vaccine is offered to emergency responders, providing training and post-exposure medical evaluations and counseling, and adhering to recordkeeping requirements. The "Forms" section of the manual's website includes a checklist that can be used to assist in the evaluation process.
- Evaluate program performance to determine whether emergency responders are being adequately protected from exposures to bloodborne pathogens. As part of the evaluation, management must solicit feedback from EPA emergency responders on the Bloodborne Pathogen Exposure Control Plan (i.e., the customized version of this chapter), review the input provided, and determine whether employee input should be incorporated into the Plan. In addition, exposure reports must be reviewed to examine how many potential exposures occurred within the year and to examine the circumstances that surrounded exposure incidents to determine whether anything can be done to prevent recurrences.

4.2 External Evaluations

Once a year, representatives from the Core ER Audit Team evaluate each EPA organization to examine the elements of the organization's health and safety program, including their Bloodborne Pathogen Exposure Control Plan, to ensure that the program is being implemented in a consistent fashion across the Agency. EPA organizations must provide the Core ER Audit Team members with the information they require to complete their evaluation.

4.3 Field Audits

Field audits must be performed to ensure that the protective measures required in the Agency's health and safety programs are translating to the field, including bloodborne pathogen issues if applicable at a particular site. Section 5.4.2 of the manual's Introduction provides additional information on the intent of the field audits, including the individuals who will be responsible for performing them and the number that must be completed each year.

APPENDIX A

Bloodborne Pathogen Exposure Control Plan: Designation of Roles and Responsibilities

Instructions for Users

Appendix A provides a place for users to insert organization-specific information into the Bloodborne Pathogen Exposure Control Plan chapter. This appendix presents a list of tasks that must be performed to ensure the smooth operation of a Bloodborne Pathogen Exposure Control Plan. The tasks are listed in rows. EPA position titles (e.g., the Removal Manager or the Health and Safety Program Contact) are listed in columns. Each task has been assigned to a default position. For some of the tasks, check marks have been placed in two or more columns to indicate that more than one person assumes responsibility for that task. **Please note that users can re-delegate tasks**.

Users must take the following steps to customize Appendix A:

- Fill in the background information requested at the top of page A-3. For example, indicate when the table is being updated and who is doing the updating.
- Fill in actual names under the position titles.
- Add columns to include additional key players (if necessary).
- Add rows to the table (if necessary) to provide information about activities that exceed the minimum requirements already included in Appendix A. (See Appendix B for a list of your organization's additional policies and procedures related to bloodborne pathogens.)
- Determine whether any of the recommended task assignments must be delegated to another person. (If so, move the check marks to re-assign the task.)
- Ensure that each task has been assigned to a specific person.

ATTENTION ERT, CMAT, and HQ Users: The tasks and position titles that appear in Appendix A have been written with regional audiences in mind. ERT, CMAT, and HQ users should modify the language that appears in the rows and the column headers to reflect the needs of their organization.

APPENDIX A
Task Chart for Implementing the Bloodborne Pathogen Exposure Control Plan Chapter

This table has been customized for: Region 4.
Last updated on: March 3, 2017.
Updated by: Kevin Eichinger.

TASKS ▼ / ROLES ►	Who is Responsible for Each Task or Action?							
	Removal Manager	SHEMP Manager	Health and Safety Program Contact	Emergency Responders*	Super-visors	Healthcare Provider	Equip. Manager	Other
Name of person in role ►	See Appendix A-2 in the Introduction chapter for the names of personnel that fill these roles.							
General Tasks								
1. Ensure that the procedures outlined in this chapter are being followed by all responsible parties. Support any bloodborne-pathogen-related initiatives that the SHEMP Manager establishes. Authorize the use of funds and human resources to support the region's Bloodborne Pathogen Exposure Control Plan.	✓							
2. Serve as the organization's technical expert (or establish a link to a technical expert) on the subject of bloodborne pathogens.		✓						
3. Serve as the organization's contact on all bloodborne-pathogen-related issues for EPA's emergency responders. (Facilitate and coordinate communication between the managers who administer the organization's Bloodborne Pathogen Exposure Control Plan and the emergency responders who are subjected to the program.)			✓					
4. Implement procedures in the field designed to minimize risks of occupational exposure to bloodborne pathogens.				✓				
Tasks Associated with Developing an OSHA-Compliant Written Bloodborne Pathogen Exposure Control Plan								
5. Develop a written Bloodborne Pathogen Exposure Control Plan for your organization by customizing this chapter. Post the customized chapter to the manual's Web site and inform stakeholders of its availability.	✓	✓	✓					
6. Ensure that your organization's written Bloodborne Pathogen Exposure Control Plan is accessible to emergency responders. (For example, as noted in OSHA Directive CPL 02-02-069, employees must be able to access a copy of the plan at the workplace during the workshift.)	✓	✓	✓					
7. Be familiar with the elements in your organization's Bloodborne Pathogen Exposure Control Plan. Provide feedback on the Plan and recommend improvements if necessary.				✓				

TASKS ▼ / ROLES ►	Who is Responsible for Each Task or Action?							
	Removal Manager	SHEMP Manager	Health and Safety Program Contact	Emergency Responders*	Super-visors	Healthcare Provider	Equip. Manager	Other
Name of person in role ►	See Appendix A-2 in the Introduction chapter for the names of personnel that fill these roles.							
8. Ensure that your organization's Bloodborne Pathogen Exposure Control Plan is reviewed and updated **at least annually**, and that the following occurs during the review/update process: • Review the organization-specific information that was previously entered into the customized version of this chapter and determine whether this information requires updating. • Check the Manual's Web site to determine if the chapter template has been changed since the last time the organization customized the chapter. If so, re-enter organization-specific information into the new version of the chapter. • Make sure that any technological advancements (with relation to eliminating or minimizing occupational exposure) are incorporated into the Plan.	✓	✓	✓					
Tasks Associated with Developing Site-Specific HASPs and Ensuring Onsite Safety (Section 3.2)								
9. Incorporate components of your organization's Bloodborne Pathogen Exposure Control Plan into site-specific HASPs. (See Appendix E for additional guidance.)				✓				
10. Ensure that emergency responders are including components of their organization's Bloodborne Pathogen Exposure Control Plan into their site-specific HASPs.	✓							
11. Provide technical support to emergency responders to ensure that the HASP adequately addresses site-specific concerns related to bloodborne pathogen exposures.	✓	✓	✓					
12. Ensure that all bloodborne-pathogen-protection-related components of the HASP are actually being implemented in the field.	✓	✓	✓	✓				
13. Adhere to the guidelines presented in Section 3.2 of this chapter with regard to (1) wearing PPE, (2) removing contaminated clothes as soon as possible, (3) washing skin and flushing mucous membranes, (5) handling and disposing of potentially infectious materials, (6) employing safe practices during searches/inspections, etc.				✓				
Tasks Associated with Equipment Management (Section 3.3)								
14. Determine what equipment is needed to support the organization's Bloodborne Pathogen Exposure Control Plan.		✓	✓					
15. Ensure that the organization has a proper supply of equipment. Track the equipment inventory and make purchases (or arrange to have them made) to replenish stocks.			✓				✓	
16. Ensure that adequate resources are available to procure the proper equipment.	✓							
17. Issue equipment to emergency responders and work with them to make sure their field bags are properly stocked.							✓	
18. Track equipment supplies in the field and report equipment needs.				✓				

TASKS ▼ / ROLES ►	Who is Responsible for Each Task or Action?							
	Removal Manager	SHEMP Manager	Health and Safety Program Contact	Emergency Responders*	Super-visors	Healthcare Provider	Equip. Manager	Other
Name of person in role ►	See Appendix A-2 in the Introduction chapter for the names of personnel that fill these roles.							
Tasks Associated with Hepatitis B Vaccination (Section 3.4)								
19. Before emergency responders undertake duties that might expose them to bloodborne pathogens, ensure that they are informed that the hepatitis B vaccination is required and will be made available to them free of charge. Ensure that employees receive information about the vaccine, including information about its efficacy, safety, method of administration, and risks of not having the vaccination.		✓	✓					
20. Coordinate with licensed healthcare providers to ensure that employees receive the hepatitis B vaccine. As part of this effort, provide a copy of OSHA's Bloodborne Pathogen standard to the healthcare provider.		✓	✓			✓		
Tasks Associated with Post-Exposure Procedures (Section 3.5)								
21. Carry a customized version of the *Quick Reference Guide* with you in the field and follow the procedures listed in the guide if you are exposed to potentially infectious materials.				✓				
22. Notify your supervisor immediately if you know (or suspect) that you have contacted blood or other potentially infectious materials while performing your job-related duties.				✓				
23. Complete EPA Form 1340-1 *(OSHA & EPA 301—Injury, Illness & Near Miss Report)* if you suspect exposure. Use that form to document the time, date, and location of the exposure incident; the routes of exposure; the HBV and HIV antibody status of the source individual (if known); and the circumstances under which the exposure occurred. Upon completing the form, provide a copy to the SHEMP Manager (or another designated person).				✓	✓			
24. Take the following actions upon learning that an employee suspects being exposed to blood or other infectious materials: • Inform EPA's potentially exposed individual that the Agency will make a confidential medical evaluation available at no cost; advise the employee to consent to serologic testing as soon as feasible; inform the employee that he/she is entitled to post-exposure prophylaxis, counseling, and evaluations of reported illnesses; and encourage the employee to obtain these services from the Agency's medical carrier (e.g., FOH). • Make an effort to determine the HBV- or HIV-infection status of the source individual. (See Section 3.5 for details on what is required.) • Send an information packet that contains the items listed in Text Box 6 to the employee's healthcare provider. *(Note: This assumes that the employee has chosen to obtain medical support from a provider that EPA has contracted services from. If the employee chooses to use a private healthcare provider and does not provide the name of the provider to EPA, then the Agency will not be able to forward the appropriate information packet.)*		✓						

TASKS ▼ / ROLES ►	Who is Responsible for Each Task or Action?							
	Removal Manager	SHEMP Manager	Health and Safety Program Contact	Emergency Responders*	Super-visors	Healthcare Provider	Equip. Manager	Other
Name of person in role ►	See Appendix A-2 in the Introduction chapter for the names of personnel that fill these roles.							
25. Assist the SHEMP Manager (or another designated person) (if called upon to do so) in helping emergency responders gain access to appropriate follow-up services in the event of an injury or exposure.			✓					
26. Investigate all reported accidents, injuries, or illnesses to determine whether measures can be taken to prevent similar exposures from occurring in the future.		✓						
Tasks Associated with Bloodborne Pathogen Exposure Control Training (Section 3.6)								
27. Participate in bloodborne pathogen exposure control training at the time of initial employment and at least annually thereafter.				✓				
28. Prevent employees from working in the field if they have not participated in bloodborne pathogen exposure control training. Provide the resources (including time and monetary support) that are needed to ensure successful completion of the training course. If possible, attend the training to demonstrate management's support of the Agency's Bloodborne Pathogen Exposure Control Plan.	✓							
29. Develop a training course (or use an existing template) that includes all of the components listed in Text Box 7 of this chapter and ensure that it is delivered to EPA emergency responders at the time of their initial employment and at least annually thereafter.		✓	✓					
30. Use TrainTrax to track training requirements and ensure that the Removal Manager (or another designated person) is made aware of which employees have (and which have not) completed their training requirements.		✓	✓					
Tasks Associated with Recordkeeping Activities (Section 3.7)								
31. Ensure that the recordkeeping procedures outlined in the organization's Bloodborne Pathogen Exposure Control Plan are followed.	✓	✓	✓	✓				
32. Maintain records of completed injury and exposure reporting forms.		✓		✓	✓			
33. Retain documentation showing that EPA strongly encouraged potentially exposed employees to obtain medical services through the Agency's medical carrier (e.g., FOH).		✓						
34. Maintain records documenting emergency responders' hepatitis B vaccination status (including the dates of all the hepatitis B vaccinations) and any medical records relative to the employee's ability to receive vaccinations. Instruct employees who have received vaccination to carry documentation of their immunization status with them in the field.		✓						
35. If employees decline the hepatitis B vaccination, ensure that they sign a *Hepatitis B Vaccine Declination Statement* (see the "Forms" section of the manual's website) acknowledging that they have chosen not to receive the vaccination even though it has been made available to them. Retain copies of these written statements.		✓						
36. Retain a copy of the information packet that is sent to healthcare providers in the wake of an exposure event (see Text Box 6 for details of what is included in the packet.)						✓		
37. Maintain copies of results from medical testing and follow-up procedures that are performed after an exposure event.				✓		✓		

TASKS ▼ / ROLES ►	Who is Responsible for Each Task or Action?							
	Removal Manager	SHEMP Manager	Health and Safety Program Contact	Emergency Responders*	Super-visors	Healthcare Provider	Equip. Manager	Other
Name of person in role ►	See Appendix A-2 in the Introduction chapter for the names of personnel that fill these roles.							
38. Communicate with healthcare providers to make sure that they know that they must retain copies of (1) the information packet (see Text Box 6) that they receive in the wake of an exposure event, and (2) results from medical testing. *(Note: This task assumes that the employee has chosen to obtain medical support from a provider EPA has contracted.)*		✓						
39. Obtain (and retain a copy of) the healthcare provider's written opinion within 15 days of the initial medical evaluation. *(Note: This task assignment might differ depending on whether the employee is obtaining medical support from a provider from whom EPA has contracted. If so, the SHEMP Manager must contact the provider for the written statement and ensure that the employee receives a copy. If employees use their own private healthcare providers, however, it will be their responsibility to obtain the written opinion from the providers.)*		✓		✓				
40. Use training certificates (and issue copies to employees) or other forms (e.g., signed training rosters) to document that employees have met their training requirements. Retain copies of these documents for 3 years from the date on which training occurred and make sure the training records include: (1) the dates of the training session, (2) information on the content covered, (3) the names and qualifications of the people conducting the training, and (4) the names and job titles of all persons attending the training.		✓	✓					
41. Retain copies of completed training certification letters (or other documentation) that proves successful completion of a training requirement and ensure that documentation is available upon request.		✓	✓	✓				
42. Retain completed *Bloodborne Pathogen Exposure Control Plan Evaluation Forms*.		✓	✓					
Tasks Associated with Program Evaluations and Field Audits (Section 4)								
43. Perform internal program evaluations on an annual basis to determine whether the organization's Bloodborne Pathogen Exposure Control Plan is: • Being implemented in accordance with the national minimum requirements identified in this chapter. • Meeting its ultimate objective (i.e., minimizing the risk of occupational exposure to bloodborne pathogens). As part of that effort, fill out the *Bloodborne Pathogen Exposure Control Plan Evaluation Form* (see the "Forms" section of the manual's website).	✓	✓	✓					
44. Correct any deficiencies that are identified during internal program evaluations. If necessary, seek assistance from a senior manager.	✓	✓						
45. Upon request, provide information about the organization's Bloodborne Pathogen Exposure Control Plan to Core ER Audit representatives when they visit.	✓	✓	✓	✓				
46. When a field audit is performed, ensure that bloodborne pathogen issues are addressed during the audit if such issues are relevant at a particular site.	✓	✓						

TASKS ▼ / ROLES ►	Who is Responsible for Each Task or Action?							
	Removal Manager	SHEMP Manager	Health and Safety Program Contact	Emergency Responders*	Super-visors	Healthcare Provider	Equip. Manager	Other
Name of person in role ►	See Appendix A-2 in the Introduction chapter for the names of personnel that fill these roles.							
Additional Tasks That Reflect Organization-Specific Practices (Appendix B)								
Attention users: Add rows if necessary.								

*Note: A list of the organization's emergency responders is provided in Appendix A-2 of the Introduction chapter.

APPENDIX B

Bloodborne Pathogen Exposure Control Plan: Documentation of Additional Policies and Procedures

The procedures and tasks outlined in the chapter represent the **minimum requirements** that each EPA organization must meet to minimize the risk of being exposed to (and potentially experiencing adverse effects from) bloodborne pathogens. If users advocate the use of additional policies and procedures, they must also:

- Add information about additional tasks into the rows at the end of Appendix A and ensure that each task is assigned to a specific individual; and
- Ensure that the additional policies and procedures are mentioned in the main text of the chapter. This can be accomplished by either (1) inserting the additional policies and procedures directly into the relevant portions of the main body of the chapter or (2) adding a sentence within the main text that directs readers to Appendix B for more information.

Topic	**Please document the additional elected policies and procedures required for Region 4 here.**
Section 3.2.2 Using PPE	See R4 ERRB Standard Operating Guidelines at https://response.epa.gov/hsmanualregion4
Section 3.2.3 Handling Contaminated Clothing	
Section 3.2.4 Washing Skin and Flushing Mucous Membranes	
Section 3.2.5 Procedures to Follow When Handling Potentially Contaminated Objects	
Section 3.2.6 Safety Procedures to Use During Search/Inspection Operations	
Section 3.2.7 Cleaning Up Blood/Bodily Fluid Spills	
Section 3.2.8 Laundering, Decontaminating, and Disposing of Contaminated Clothing, PPE, and Other Equipment	
Section 3.2.9 Disposing of Regulated Waste	
Section 3.2.10 Labeling Requirements	
Section 3.3 Managing Equipment Needs	
Section 3.4 Offering Hepatitis B Vaccination to Emergency Responders	
Section 3.5 Post-Exposure Procedures	
Section 3.6 Training	
Section 3.7 Recordkeeping	
Section 4 Program Evaluations	

Topic	Please document the additional elected policies and procedures required for Region 4 here.
Other topics _____ _____	

APPENDIX C

Glossary

GLOSSARY

Blood
Human blood, human blood components, and products made from human blood.

Bloodborne pathogens
Pathogenic microorganisms 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).

Bloodborne Pathogens Exposure Control Plan
In accordance with Section 1910.1030(c)(1) of OSHA's Bloodborne Pathogen standard, employers must establish a written Exposure Control Plan that is designed to eliminate or minimize employee exposures to bloodborne pathogens. The standard lists specific elements that must be included. This Bloodborne Pathogen Exposure Control Plan chapter accounts for all of these elements and serves as a template for an Exposure Control Plan. The customized version of the chapter will qualify as the written Exposure Control Plan for a particular EPA organization.

Contamination
The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Decontamination
The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Exposure incident
A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Other potentially infectious materials
Other potentially infection materials include (1) 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; (2) any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Red bag waste (or infectious waste)
Hazardous waste capable of causing infections in humans, including contaminated animal waste, human blood and blood products, isolation waste, pathological waste, and discarded sharps.

Regulated waste
Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Sharps
Any objects that can penetrate the skin, including but not limited to needles, syringes, scalpels, blades, broken glass, and broken medical instruments.

Source individual
Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Universal Precautions
An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

APPENDIX D

OSHA's Requirements for a Bloodborne Pathogen Exposure Control Plan

Requirements for Exposure Control Plans (as listed under OSHA's Bloodborne Pathogen standard)		Information on How EPA Is Meeting This Requirement
1910.1030(c)(1)(I)	Each employer having an employee(s) with occupational exposure as defined by paragraph (b) of this section shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.	The Bloodborne Pathogen Exposure Control Plan (part of EPA's Emergency Responder Health and Safety Manual) serves as a template for an Exposure Control Plan. The customized version of the chapter will qualify as the written Exposure Control Plan for a particular EPA organization.
	The Exposure Control Plan shall contain at least the following elements: • The exposure determination required by paragraph (c)(2), • The schedule and method of implementation for paragraphs (d) Methods of Compliance, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard, and • The procedure for the evaluation of circumstances surrounding exposure incidents as required by paragraph (f)(3)(I) of this standard.	Covered in Section 3.1 of the chapter. Sections 3.2, 3.4, 3.5, 3.6, and 3.7 of the chapter cover the topics listed in paragraphs d, f, g, and h. Paragraph e, however, is not relevant for EPA emergency responders, and therefore is not covered in the chapter. Covered in Section 3.5 of the chapter.
1910.1030(c)(1)(iii)	Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.1020(e).	Appendix A of the chapter calls out this activity as one that must be completed. (See task #6 listed in Appendix A.)
1910.1030(c)(1)(iv)	The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update of such plans shall also: • Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens and • Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.	Appendix A of the chapter says that annual updates must be performed (see task #8 listed in Appendix A). As for OSHA's requirement to "document annually consideration ... of appropriate commercially available and effective safer medical devices," this activity is not relevant for EPA emergency responders since their job activities do not require them to use medical devices. For example, unlike physicians or laboratory researchers, they do not routinely use needles, and therefore, would not benefit from implementing new technologies, such as sharps with engineered sharps injury protections.
1910.1030(c)(1)(v)	An employer, who is required to establish an Exposure Control Plan shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan.	EPA's emergency responders are not responsible for direct patient care. Thus, this requirement does not apply to EPA. However, in the spirit of meeting OSHA's advice to solicit employee feedback on the Exposure Control Plan, managers must solicit feedback from emergency responders, a process described in Section 4.0 of this chapter.
1910.1030(c)(1)(vi)	The Exposure Control Plan shall be made available to [OSHA's] Assistant Secretary and [OSHA's] Director upon request for examination and copying.	EPA will share its Exposure Control Plans with OSHA upon request.

APPENDIX E

Instructions for Site-Specific HASP Development: Protection Against Bloodborne Pathogens

Emergency responders can use their Bloodborne Pathogen Exposure Control Plans (i.e., the customized version of this chapter) to develop site-specific Health and Safety Plans (HASPs). For example, emergency responders can do the following when developing their HASPs:

- **Insert customized versions of the following sections into the HASP:**

Section 3.2	Onsite Safety Controls—Procedures Designed to Minimize Occupational Exposures to Bloodborne Pathogens
Section 3.3	Managing Equipment Needs
Appendix B	Bloodborne Pathogen Exposure Control Plan: Additional Policies and Procedures
"Forms" section of the manual's website	Quick Reference Guide for EPA Emergency Responders: Bloodborne Pathogens

- **Streamline the following sections and then insert them into the HASP:**

Section 3.4	Offering Hepatitis B Vaccination to Emergency Responders
Section 3.5	Post-Exposure Procedures
Section 3.6	Training
Section 3.7	Recordkeeping

Note: These sections might contain more background information than is necessary for a HASP. Thus, emergency responders are encouraged to streamline these sections to meet their needs. In addition, these sections make references to appendices. To avoid confusion, those writing the HASP must eliminate these references if they do not plan to include the appendices in the HASP.

- **Insert additional site-specific information into the HASP.** For example, the rules associated with the disposal of regulated waste vary across different states and localities; therefore, HASPs must follow state and local regulations and document the procedures that are to be used.