1. PURPOSE: The purpose of these procedures are to maximize personal safety and outline the minimum requirements for Blood borne pathogen control.

2. SCOPE: Includes procedures for field operations as well as pre field preparations.

3. RESPONSIBILITY:
   a. The PCSU Safety Officer has the responsibility of reviewing the effectiveness of controls.
   b. The Natural Resource Supervisors. Natural Resource Supervisors will be responsible for training all employees on blood borne pathogen exposure control during daily safety briefs.
   c. The Natural Resource Staff: Execute procedures in accordance with SOP.
   d. Failure to comply with this SOP may result in disciplinary action.

4. PROCEDURES:

In accordance with the OSHA Blood borne Pathogens Standard, 29 CFR 1910.1030 the following exposure control plan has been developed:

A. **Purpose**

   The purpose of this exposure control plan is to:

   1. Eliminate or minimize employee occupational exposure to blood or certain other body fluids;


B. **Exposure Determination**

   OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal
protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. In this program the following job classifications are in this category:

- Predator Control
- First Aid/CPR
- Ungulate Control

C. Implementation Schedule and Methodology

OSHA also requires that this plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

1. Compliance Methods

Universal precautions will be observed in this program in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. At this facility the following engineering controls will be utilized:

1. Medical gloves when treating co-workers’ wounds
2. Face shield when administering CPR
3. Medical gloves when conducting predator and ungulate control work

All of the controls listed above are single use control devices and will be disposed of after one use. Disposal will follow HAZMAT requirements.

The PCSU Safety Officer has the responsibility of reviewing the effectiveness of controls.

- Clean unused gloves will be taken each time into the field when conducting all predator and ungulate control work. All used gloves shall be disposed of appropriately.
- Clean unused face shields shall be carried into the field each day for emergencies and disposed of appropriately when used.

Hand washing facilities shall be made available whenever possible to the employees who incur exposure to blood or other potentially infectious materials. When hand washing facilities are not feasible employees can use antiseptic towels to sterilize hands.
Supervisors shall ensure that after the removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

Supervisors shall ensure that if employees incur exposure to their skin or mucous membranes, then those areas shall be washed or flushed with water as soon as feasible following contact.

2. Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

All procedures will be conducted in a manner, which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. Methods that will be employed at this facility to accomplish this goal are:

- Post so that all can read that no food shall be kept in refrigerator that contains specimens of any sort (plant or animal)
- Post so that all may read that no eating, drinking, smoking, applying cosmetics, lip balm, etc., around potentially infectious area.

3. Specimens

Specimens of blood or other potentially infectious materials will be placed in a container, which prevents leakage during the collection, handling, processing, storage, and transport of the specimens.

The container used for this purpose will be labeled or color-coded in accordance with the requirements of the OSHA standard.

4. Contaminated Equipment

Supervisors are responsible for ensuring that equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.
5. Personal Protective Equipment (PPE)

a. PPE Provision

The PCSU Safety Officer and Supervisors are responsible for ensuring that the following provisions are met.

All PPE used in this program will be provided without cost to employees. PPE will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The PPE will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time, which the protective equipment will be used.

- Medical gloves, coveralls, and respirator masks are always available to employees when needed and employees are free to acquire at anytime free of charge.

b. PPE Use

Supervisors shall ensure that the employee uses appropriate PPE unless the supervisor shows that employee temporarily and briefly declined to use PPE when under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of healthcare or posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

c. PPE Accessibility

Supervisors shall ensure that appropriate PPE in the appropriate sizes is readily accessible at the work site or is issued without cost to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

d. PPE Cleaning, Laundering and Disposal

All personal protective equipment will be cleaned, laundered, and disposed of by the employer at no cost to the employees. All repairs and replacements will be made by the employer at no cost to employees.

All garments that are penetrated by blood shall be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the work area.
When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

e. Gloves

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes: when performing vascular access procedures and when handling or touching contaminated items or surfaces. Disposable gloves used in this program are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

f. Eye and Face Protection

Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin length face shields, are required to be worn whenever splashes, sprays, splatters, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated. Situations in this program that would require such protections are as follows:

- Predator Control Operations
- Ungulate Control Operations
- First Aid/ CPR

6. Laundry Procedures

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked (biohazard labeled, or color coded red bag) bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use.

Laundry at this facility will be cleaned at the Schofield Barracks Laundry Facility.

7. Hepatitis B Vaccine and Post-Exposure Evaluation and Follow-Up

a. General

The Research Corporation of the University of Hawaii (RCUH) may make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure follow-up to employees who have had an exposure incident. The Army’s Natural Resource Management Program may also make available the Hepatitis A vaccine and Tetanus shots to all employees.
The PCSU Safety Officer shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post-exposure follow-up, including prophylaxis, are:

a) Made available at no cost to the employee;

b) Made available to the employee at a reasonable time and place;

c) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

d) Provided according to the recommendations of the U.S. Public Health Service.

An accredited laboratory shall conduct all laboratory tests at no cost to the employee.

b. Hepatitis B Vaccination

The PCSU Safety Officer is in charge of the Hepatitis B vaccination program.

Hepatitis B vaccination shall be made available after the employee has received the training in occupational exposure (see Section 13, "Information and Training") and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

Participation in a pre-screening program shall not be a prerequisite for receiving Hepatitis B vaccination.

If the employee initially declines Hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the vaccination shall then be made available.

All employees who decline the Hepatitis B vaccination offered shall sign the OSHA required waiver indicating their refusal.

If the U.S. Public Health Service recommends a routine booster dose of Hepatitis B vaccine at a future date, such booster doses shall be made available.

c. Post-Exposure Evaluation and Follow-up

All exposure incidents shall be reported, investigated and documented. When the employee incurs an exposure incident, it shall be reported to the PCSU Safety Officer.
Following a report of an exposure incident, the exposed employee shall immediately receive a confidential medical evaluation and follow-up, including at least the following elements:

a) Documentation of the route of exposure and the circumstances under which the exposure incident occurred;

b) Identification and documentation of the source individual, unless it can be established that identification is unfeasible or prohibited by state or local law.

c) The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the PCSU Safety Officer shall establish that legally required consent cannot be obtained. When the law does not require the source individual’s consent, the source individual's blood, if available, shall be tested and the results documented.

d) When the source individual is recognized as being infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

e) Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection and testing of blood for HBV and HIV serological status will comply with the following:

a) The exposed employee's blood sample shall be collected as soon as feasible and tested after consent is obtained.

b) The employee will be offered the option of having his or her blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. All post-exposure follow-ups will be performed by a physician assigned by the applicable worker's compensation insurance company.

d. Information Provided To the Healthcare Professional
The PCSU Safety Officer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for an employee, and if the employee has received such vaccination.

The healthcare professional's written opinion for post-exposure follow-up shall be limited to the following information:

   a) A statement that the employee has been informed of the results of the evaluation.

   b) A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

NOTE: All other findings or diagnoses shall remain confidential and shall not be included in the written report.

8. Information and Training

Supervisors shall ensure that training is provided at the time of initial assignment to tasks where occupational exposure may occur, and that it shall be repeated within twelve months of the previous training. Training shall be tailored to the education and language level of the employee, and offered during the normal work shift. The training will be interactive and cover the following:

   a) A copy of the standard and an explanation of its contents;

   b) A discussion of the epidemiology and symptoms of blood borne diseases;

   c) An explanation of the modes of transmission of blood borne pathogens;


   e) The recognition of tasks that may involve exposure.

   f) An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices and PPE.

   g) Information on the types, use, location, removal, handing, decontamination, and disposal of PPEs.
h) An explanation of the basis of selection of PPEs.

i) Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge.

j) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.

k) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting and medical follow-up.

l) Information on the evaluation and follow-up required after an employee exposure incident.

m) An explanation of the signs, labels and color-coding systems.

The person conducting the training shall be knowledgeable in the subject matter.

Employees who have received training on blood borne pathogens in the twelve months preceding the effective date of this policy shall only receive training in provisions of the policy that are not covered.

Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

9. Record keeping

a. Medical Records

The RCUH is responsible for maintaining medical records as indicated below.

Medical records shall be maintained in accordance with OSHA Standard 29 CFR 1910.20. These records shall be kept confidential and must be maintained for at least the duration of employment plus 30 years. The records shall include the following:

b. Training Records

Supervisors are responsible for maintaining the following training records. These records will be kept at the Army Natural Resource Center.

Training records shall be maintained for three years from the date of training. The following information shall be documented:

a) The dates of the training sessions;
b) An outline describing the material presented;

c) The names and qualifications of persons conducting the training;

d) The names and job titles of all persons attending the training sessions.

c. Availability

All employee records shall be made available to the employee in accordance with 29 CFR 1910.20.

All employee records shall be made available to the Assistant Secretary of Labor for OSHA and the Director of the National Institute for Occupational Safety and Health upon request.