

Section 29 Brieser Construction SH&E Manual

July

2015

Brieser Construction Company will ensure that all potentially infectious hazards within our facility(s) are evaluated and controlled. This standard practice instruction is intended to address comprehensively the issues of; evaluating and identifying potential infectious hazards, evaluating engineering controls, work practices, administrative controls, medical management, training, and establishing appropriate procedures. The definition of Occupation Exposure does not cover "Good Samaritan" acts (i.e. voluntarily aiding someone in one's place of employment) that result in exposure to blood or other potentially infectious materials from voluntarily assisting a fellow employee. Brieser Construction does not designate our employees to provide emergency first aid and therefore is exempt from needing an exposure control plan.

Bloodborne Pathogens

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STANDARD PRACTICE INSTRUCTION

SUBJECT: Bloodborne Pathogens

REGULATORY STANDARD: OSHA - 29 CFR 1910.1030

BASIS: Approximately 5.6 million American workers are at risk of developing various types of illnesses due to their exposure to bloodborne pathogens such as the human immunodeficiency (HIV) and hepatitis B (HBV) viruses and other potentially infectious materials in the workplace. In recent years there has been a significant increase in the number of cases reported. This poses a serious problem for exposed workers and their employer. This standard practice instruction establishes uniform requirements to ensure that procedures to limit the spread of such hazards are implemented, evaluated, and that the proper hazard information is transmitted to all affected workers.

GENERAL: Brieser Construction Company will ensure that all potentially infectious hazards within our facility(s) are evaluated and controlled. This standard practice instruction is intended to address comprehensively the issues of; evaluating and identifying potential infectious hazards, evaluating engineering controls, work practices, administrative controls, medical management, training, and establishing appropriate procedures.

RESPONSIBILITY: The company Safety Manager is solely responsible for all facets of this program and has full authority to make necessary decisions to ensure success of the program. The Safety Manager is the sole person authorized to amend these instructions and any employee is authorized to halt any operation of the company where there is danger of serious personal injury.

Contents of the Bloodborne Pathogens Program

1. **Written Program.**
2. **General Requirements.**
3. **Exposure Control Plan.**
4. **Employee Training.**
5. **Housekeeping Schedules.**
6. **Use and Disposal of Contaminated Needles and other Contaminated Sharps.**
7. **Exhibits.**
 - **Declination Statement**
 - **Cleaning Schedule**

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Brieser Construction Company Bloodborne Pathogens Program

1. Written program. Brieser Construction Company will review and evaluate this standard practice instruction on an annual basis, or when changes occur that prompt revision of this document, or when facility operational changes occur that require a revision of this document. This written program will be communicated to all personnel. It encompasses the total workplace, regardless of number of workers employed or the number of work shifts. It is designed to establish clear goals, and objectives.

2. General requirements. OSHA guidelines require that each employer who has employee(s) with potential occupational exposure to bloodborne pathogens shall prepare an exposure determination. This exposure determination shall contain the following:

2.1 A list of job classifications for all employees whose job classifications have occupational exposure.

2.2 A list of job classifications in which some employees have occupational exposure.

2.3 A list of all tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of the this standard practice instruction.

2.4 The schedule and method of implementation, methods of compliance, Hepatitis B vaccinations and post-exposure evaluation and follow-up, communication of hazards and record keeping required by 29 CFR 1910.1904 and 1030.

2.5 The procedure for the evaluation of circumstances surrounding possible bodily fluid transfer and needle stick incidents.

2.6 Disposal procedures for contaminated needles and other contaminated sharps.

2.7 Methods of compliance.

3. Exposure Control Plan.

3.1 Job Classifications in Which All Employees in Those Classifications Have Occupational Exposure.

3.1.1 Occupational Health Nurse(s)/Company Health Care Provider.

3.1.2 First Aid Response Teams.

3.1.3 Brieser Construction Employees do not currently have an

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Occupational Exposure.

3.2 Job Classifications in Which Some Employees Have Occupational Exposure:

3.2.1 Brieser Construction Employees do not currently have an Occupational Exposure.

3.3 Tasks and Procedures or Groups of Closely Related Tasks and Procedures. Procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of 29 CFR 1910.1030.

3.3.1 Cardio Pulmonary Resuscitation (C.P.R.)

3.3.2 Acuchecks for blood sugar screening.

3.3.3 Treatment for wounds to skin involving tears of skin tissue.

3.3.4 Removal of foreign bodies from eyes or skin tissue.

3.3.5 Removal of skin sutures.

3.3.6 Disposal of contaminated sharps.

3.3.7 Contaminated dressing changes.

3.3.8 Suctioning body fluids from respiratory tract.

3.3.9 Clean-ups of Biohazard spills.

3.3.10 Disposal of Biohazard wastes from first-aid treatment area and women's restrooms.

3.4 Methods of Compliance.

3.4.1 General-Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

3.5 Engineering and Work Practice Controls.

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3.5.1 Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

3.5.2 Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness. This schedule will be posted and documented.

3.5.3 This employer will provide handwashing facilities which are readily accessible to employees.

3.5.4 When provision of handwashing facilities is not feasible, this employer shall provide an appropriate hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelette. When antiseptic cleansers or towelette are used, hands shall be washed with soap and running water as soon as feasible.

3.5.5 This employer shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

3.5.6 This employer shall ensure that employees wash their hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

3.5.7 Contaminated needles or other contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles or other contaminated sharps is prohibited.

3.5.8 Immediately or as soon as possible after use, contaminated sharps shall be placed in appropriate containers. The containers shall be:

3.5.8.1 Puncture resistant.

3.5.8.2 Labeled or color coded in accordance with this standard.

3.5.8.3 Leak-proof on the sides and bottom.

3.5.9 Eating, drinking, smoking, applying cosmetics, or lip balm, and handling contact lenses are prohibited in first-aid and restroom areas where there is reasonable likelihood of occupational exposure.

3.5.10 Food and drink shall not be kept in refrigerator, freezer, shelves, cabinets, or on countertops where blood or other infectious materials are present.

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3.5.11 All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

3.6 Personal Protective Equipment

3.6.1 When there is occupational exposure, the First-Aid Department shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to: gowns, gloves, laboratory coats, face shields or masks and eye protection, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal Protective Equipment shall be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through, to, or reach employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time for which the protective equipment will be used.

3.6.2 This employer shall ensure that employees use appropriate Personal Protective Equipment unless the employer shows that the employee temporarily and briefly declined to use Personal Protective Equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use should have prevented the delivery of health care or safety services or would have posed an increased hazard to the safety of the worker. When the employee makes this judgment, the circumstances shall be investigated in order to determine whether changes can be instituted to prevent such occurrences in the future.

3.6.3 This employer shall ensure that appropriate protective equipment in the appropriate sizes is readily accessible at the worksite or issued to employees. Hypoallergenic gloves or alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

3.6.4 This employer shall clean, launder, and dispose of Personal Protective Equipment required by 29 CFR 1910.1030 at no cost to the employee.

3.6.5 This employer shall repair or replace Personal Protective Equipment as needed to maintain its effectiveness at no cost to the employee.

3.6.6 If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed as soon as feasible.

3.6.7 All Personal Protective Equipment shall be removed prior to leaving the facility.

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3.6.8 When Personal Protective Equipment is removed, it shall be placed in an appropriately designed area or container for storage, washing, decontamination or disposal.

3.6.9 Gloves shall be worn when it can be reasonably anticipated that the employee may have contact with blood, other potentially infectious materials, mucous membranes, non-intact skin, when performing vascular access procedures such as removing foreign bodies, and when handling or touching contaminated items or surfaces.

3.6.9.1 Disposable (single use) gloves shall be replaced as soon as feasible if they tear, are punctured, or when their ability to function as a barrier is compromised.

3.6.9.2 Disposable (single use) gloves shall not be washed or decontaminated for reuse.

3.6.10 Masks, eye protection, and face shields, masks in combination with eye protective devices such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, sprays, splatters, or droplets of blood or potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be expected.

3.6.11 Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of occupational exposure anticipated.

3.7 General Housekeeping

3.7.1 This employer shall ensure that the worksite is maintained in a clean and sanitary condition. An appropriate schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area. This employer will maintain records and documentation of decontamination schedules.

3.7.2 All equipment and environmental working surfaces shall be cleaned and decontaminated after contact with blood and other potentially infectious materials.

3.7.2.1 Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procures, immediately or as soon as feasible when surfaces are overtly contaminated or after any spill

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of any other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

3.7.2.2 Protective covering, such as imperviously-backed absorbent paper used to cover equipment and surfaces shall be removed and replaced as soon as feasible when they have been contaminated or at the end of the work shift if they have become contaminated during the shift.

3.7.2.3 All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for contamination with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated or, as feasible, upon visible contamination. This employer will maintain records and documentation of cleaning and decontamination.

3.7.2.4 Broken glassware which may have been contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

3.7.3 Regulated waste and contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

3.7.3.1 Closable.

3.7.3.2 Puncture resistant.

3.7.3.3 Leak-proof on sides and bottom.

3.7.3.4 Labeled or color-coded in accordance with 29 CFR 1910.1030.

3.7.4 During use, containers for contaminated sharps shall be:

3.7.4.1. Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used.

3.7.4.2 Maintained upright throughout use.

3.7.4.3 Replaced routinely and not allowed to overfill.

3.7.5 When moving containers of contaminated sharps from the area of use, the containers shall be:

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3.7.5.1 Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

3.7.5.2 Placed in a secondary container if leakage is possible. The second container shall be:

- a. Closable.
- b. Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping
- c. Labeled or color-coded according to 29 CFR 1910.1030.

3.7.6 Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

3.7.7 Other regulated waste shall be placed in containers which are:

3.7.7.1 Closable.

3.7.7.2 Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping.

3.7.7.3 Labeled or color-coded in accordance with 29 CFR 1910.1030.

3.7.7.4 Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

3.7.8 If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:

3.7.8.1 Closable.

3.7.8.2 Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping.

3.7.8.3 Labeled or color-coded in accordance with 29 CFR 1910.1030.

3.7.8.4 Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

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3.7.8.5 Disposal of all regulated waste shall be in accordance with applicable regulations of the United States and its Territories, The State of Illinois, and Will County.

3.7.9 Contaminated laundry shall be handled as little as possible with a minimum of agitation.

3.7.9.1 Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be rinsed or sorted in the location of use.

3.7.9.2 Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with 29 CFR 1910.1030.

3.7.9.3 Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

3.7.9.4 This employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate Personal Protective Equipment.

3.7.9.5 If contaminated laundry is shipped off-site to a second facility own by this company which does not utilize universal precautions in the handling of all laundry, the facility generating the contaminated laundry will place such laundry in bags or containers which are labeled or color-coded.

3.8 Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-Up.

3.8.1 General Guidelines.

3.8.1.1 This employer shall make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

3.8.1.2 This employer shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series, and post-exposure evaluation and follow-up, including prophylaxis, are:

- a. Made available at no cost to the employee.

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- 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.
- d. Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place.

3.8.1.3 This employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

3.8.2 Hepatitis B Vaccination.

3.8.2.1 Hepatitis B vaccination shall be made available after the employee has received the required 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.

3.8.2.2 This employer shall not make participation in a prescreening program a prerequisite for receiving Hepatitis B vaccination.

3.8.2.3 If the employee initially declines Hepatitis B vaccination but at a later date while still covered under 29 CFR 1910.1030 decides to accept the vaccination, this employer shall make available Hepatitis vaccination at that time.

3.8.2.4 This employer shall assure that employees who decline to accept Hepatitis B vaccination offered by the employer sign the statement shown in Exhibit #1.

3.8.2.5 If a routine booster dose(s) of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with 29 CFR 1910.1030.

3.8.3 Post-Evaluation and Follow-Up.

3.8.3.1 Following a report of an exposure incident the employer shall immediately make available to the exposed employee a confidential

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medical evaluation and follow-up, including at least the following elements:

- a. Documentation of the route(s) of exposure(s), and the circumstances under which the exposure incident occurred.
- b. Identification and documentation of the source individual, unless the employer can establish that identification is unfeasible or prohibited by state or local law.
- c. Identification of the type and brand of device involved in the incident.

3.8.3.2 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, this employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

3.8.3.3 When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

3.8.3.4 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.

3.8.3.5 Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service:

- a. Counseling.
- b. Evaluation of reported illness.

3.8.3.6 This employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

- a. A copy of 29 CFR 1910.1030.
- b. A description of the exposed employee's duties as they relate to the exposure incident.

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c. Documentation of the route(s) of exposure and circumstances under which exposure occurred;

d. Results of the source individual's blood testing, if available.

e. All medical records relevant to the appropriate treatment of the employee including vaccination status which are this employer's responsibility to maintain.

3.8.3.7 Healthcare Professional's Written Opinion.

3.8.3.7.1 This employer 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.

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

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

a. That the employee has been informed of the results of the evaluation.

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

3.8.3.7.3 All other findings or diagnosis shall remain confidential and shall not be included in the written report.

3.8.3.8 Medical Recordkeeping

3.8.3.8.1 Medical records required shall be maintained in accordance with standard medical practice.

3.9 Communication of Hazard to Employees.

3.9.1 Labels and Signs.

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3.9.1.1 Warning labels shall be affixed to containers of regulated waste, refrigerators, and other containers used to store, transport, or ship blood or other potentially infectious materials.

3.9.1.2 Labels required by this section shall be as shown below in Figure #1.

Figure #1

BIOHAZARD



3.9.1.3 These labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.

3.9.1.4 Labels required shall be affixed as close as feasible to the container by wire, adhesive, or other method that prevents their loss or unintentional removal.

3.9.1.5 Red bags or red containers may be substituted for labels.

3.9.1.6 Labels required for contaminated equipment shall be in accordance with 29 CFR 1910.1030 and shall also state which portions of the equipment remain uncontaminated.

3.9.2 Signs.

3.9.2.1 This employer shall post signs at the entrance to the work areas which shall bear a sign as shown below in Figure #2.

Figure #2

BIOHAZARD

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- a. Name of infectious agent.
- b. Name, telephone number for person responsible.

3.9.2.2 These signs shall be fluorescent orange-red with lettering in a contrasting color.

3.9.3 Information and Training.

3.9.3.1 Brieser Construction Company shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

3.9.3.2 Training shall be as follows:

- a. At the time of initial assignment to tasks where occupational exposure may take place.
- b. Within 90 days after the effective date of 29 CFR 1910.1030.
- c. At least annually thereafter.

3.9.3.3 For employees who have received training on bloodborne pathogens in the year preceding the effective date of 29 CFR 1910.1030, only training with respect to the provisions of 29 CFR 1910.1030, which were not included, need to be provided.

3.9.3.4 Annual training for all employees shall be provided within one year of their previous training.

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3.9.3.5 Brieser Construction Company shall provide additional training when changes such as modification of tasks or procedures, or institution of new tasks or procedures, affect the employee's occupational exposure. New training may be limited to addressing the new exposures created.

3.9.3.6 Material appropriate in content and vocabulary to educational level, literacy and language of employees shall be used.

3.9.3.7 The training program shall contain at a minimum the following elements:

- a. An accessible copy of the text of 29 CFR 1910.1030 and an explanation of its contents.
- b. A general explanation of epidemiology and symptoms of bloodborne diseases.
- c. An explanation of the modes of transportation of bloodborne pathogens.
- d. An explanation of this employer's exposure control plan and the means by which the employee can obtain a copy of the written plan.
- e. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- f. 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.
- g. Information on the types, proper use, location, removal, handling, decontamination, and disposal of Personal Protective Equipment.
- h. An explanation of the basis for selection of Personal Protective Equipment.
- i. Information on the Hepatitis B vaccine, including information on its efficiency, safety, method of administration, the benefits of being vaccinated, and the vaccine and vaccination being offered free of charge.

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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 the incident and the medical follow-up that will be made available.

l. Information on the post-exposure evaluation and follow-up that this employer is required to provide for the employee following an exposure incident.

m. An explanation of the signs and color labels and/or color coding required by 29 CFR 1910.1030.

n. An opportunity for interactive questions and answers with the person conducting the training session.

3.9.3.8 The person conducting the training session shall be knowledgeable in the subject matter covered by the elements contained.

3.9.4 Recordkeeping

3.9.4.1 Medical Records.

3.9.4.1.1 Brieser Construction Company shall establish and maintain an accurate record for each employee with occupational exposure in accordance with 29 CFR 1910.20.

3.9.4.1.2 Records shall include:

- a. Employee's name and Social Security Number.
- b. A copy of the employee's Hepatitis B vaccination status including dates of all Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by 29 CFR 1910.1030.
- c. A copy of all results of examinations, medical testing, and follow-up procedures as required by 29 CFR 1910.1030.

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d. This employer's copy of the healthcare professional's written opinion as required by 29 CFR 1910.1030.

e. A copy of the information provided to the healthcare professional as required by 29 CFR 1910.1030.

3.9.4.1.3 Retention of OSHA medical records are to be held during the length of employment, plus 30 years.

3.9.4.1.4 This employer shall ensure that employee medical records required by 29 CFR 1910.1030 are:

a. Kept confidential.

b. Are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by 29 CFR 1910.1030 or as may be required by law.

3.9.4.1.5 Training records shall include the following:

a. The dates of the training sessions.

b. The contents or a summary of the training sessions.

c. The names and qualifications of persons conducting the training session.

d. Training records shall be maintained for 3 years from the date on which the training occurred.

3.9.4.1.6 Availability of Records.

a. This employer shall ensure that all records required to be maintained shall be made available upon request to the Assistant Secretary and the Director for examination and copying.

b. Employee training records required by 29 CFR 1910.1030 shall be provided upon request in accordance with 29 CFR 1910.20(h).

c. Employee medical records shall be provided upon request for examination and copying to the subject

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employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.1020(h). Medical records must have written consent of employee before being released.

3.9.4.1.7 Transfer of Records.

a. This employer shall comply with the requirements set forth in 29 CFR 1910.20.

b. If this employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, this employer shall notify the local OSHA Office, at least three months prior to their disposal and transmit them per their instructions, if required, within that three month period.

3.10 Effective Dates.

3.10.1 The Exposure Control Plan required by 29 CFR 1910.1030 shall be completed on or before May 5, 1992.

3.10.2 Information, training, and recordkeeping shall take affect on or before June 4, 1992.

3.10.3 Engineering, work practice controls, Personal Protective Equipment, housekeeping, Hepatitis B vaccination, post-exposure evaluation and follow-up, and labels and signs shall take affect July 6, 1992.

4. Employee Training. This company shall ensure that all employees with potential occupational exposure participate in a training program provided at no cost to the employee and during working hours. Training shall be provided as follows:

4.1 At the time of initial assignment to tasks where occupational exposure may take place.

4.2 At least annually thereafter.

4.3 Annual training for all employees will be provided within one year of their previous training.

4.4 Additional training will be provided when tasks or procedures affect the employee's occupational exposure.

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4.5 Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

4.6 The training program shall contain as a minimum the following elements:

4.6.1 An accessible copy of the regulatory text of the BBP standard and an explanation of its contents.

4.6.2 A general explanation of the epidemiology and symptoms of bloodborne diseases.

4.6.3 An explanation of the modes of transmission of bloodborne pathogens.

4.6.4 An explanation of the BBP exposure control plan and the means by which a copy of the written plan may be obtained.

4.6.5 An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.

4.6.6 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.

4.6.7 Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.

4.6.8 An explanation of the basis for selection of personal protective equipment.

4.6.9 Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.

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

4.6.11 An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.

4.6.12 Information on the post-exposure evaluation and follow-up required for employee following an exposure incident.

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4.6.13 An explanation of the BBP signs and labels and/or color coding.

4.6.14 An opportunity for interactive questions and answers with the person conducting the training session.

5. Housekeeping Schedules.

5.1 Disposal of Biohazard Waste.

5.1.1 Biohazard waste in red Biohazard bags shall be picked up N/A or as near to N/A as practical and stored in the Biohazard holding area until picked up by an outside solid waste vendor.

5.2 Cleaning Schedules.

5.2.1 All working surfaces shall be cleaned with appropriate OSHA approved disinfectant after each contamination of potentially infectious materials and at the end of each shift.

5.2.2 Glucometer shall be disinfected after each use.

5.2.3 All bins, pails, cans and similar receptacles intended for reuse in area's such as First-Aid or women's restrooms which have a reasonable likelihood for becoming contaminated with blood or other infectious materials shall be inspected and decontaminated each N/A or as near to N/A as practical upon visible contamination.

5.2.4 Floors in the First-Aid Department shall be mopped on N/A and N/A with a disinfectant soap solution.

5.2.5 Walls in the First-Aid Treatment area shall be washed down on a N/A basis with a disinfectant soap solution.

5.3 Cleaning Schedules/Documentation.

5.3.1 All cleaning schedules shall be posted and documentation provided as shown in Exhibit #2.

6. Use and Disposal of Contaminated Needles and other Contaminated Sharps.

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6.1 Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless it can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.

6.2 Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

6.3 Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:

6.3.1 Puncture resistant;

6.3.2 Labeled or color-coded in accordance with 29CFR 1910.1030;

6.3.3 Leakproof on the sides and bottom.

6.4 During use, containers for contaminated sharps shall be:

6.4.1 Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);

6.4.2 Maintained upright throughout use; and

6.4.3 Replaced routinely and not be allowed to overflow.

6.5 When moving containers of contaminated sharps from the area of use, the containers shall be:

6.5.1 Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;

6.5.2 Placed in a secondary container if leakage is possible. The second container shall be:

- Closable;

- Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and

- Labeled or color-coded according to 29CFR 1910.1030.

6.6 Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

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7. Exhibits.

7.1 Sample vaccination declination statement.

7.2 Sample first aid cleaning schedule.

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 *****DECISION POINT:** Recommended sample declination statement

EXHIBIT # 7.1

BRIESER CONSTRUCTION COMPANY

DECLINATION STATEMENT

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee's Printed Name Employee's Signature Date

Witness's Printed Name Witness's Signature Date

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 *****DECISION POINT:** Sample first aid cleaning schedule

EXHIBIT # 7.2

FIRST AID CLEANING SCHEDULE

FOR: _____

MONTH: _____

DATE: _____	DATE: _____	DATE: _____
INITIALS: _____	INITIALS: _____	INITIALS: _____
DATE: _____	DATE: _____	DATE: _____
INITIALS: _____	INITIALS: _____	INITIALS: _____
DATE: _____	DATE: _____	DATE: _____
INITIALS: _____	INITIALS: _____	INITIALS: _____
DATE: _____	DATE: _____	DATE: _____
INITIALS: _____	INITIALS: _____	INITIALS: _____
DATE: _____	DATE: _____	DATE: _____
INITIALS: _____	INITIALS: _____	INITIALS: _____
DATE: _____	DATE: _____	DATE: _____
INITIALS: _____	INITIALS: _____	INITIALS: _____
DATE: _____	DATE: _____	DATE: _____
INITIALS: _____	INITIALS: _____	INITIALS: _____

I certify that this facility was maintained in accordance the provisions of this standard practice instruction for the month of _____.

Signature Date