

Satilla REMC

Bloodborne Pathogens Exposure Control Plan

Complying With

OSHA Standard 29 CFR 1910.1030

Revised: January 2024

Table of Contents

Scope.....	1
Purpose.....	1
Methods of Compliance.....	1
Methods of Communication of the Exposure Control Plan to Employees.....	1
Training Records.....	1
Records Availability.....	1
Transfer of Medical Records.....	2
Employee's Rights and Responsibility.....	2
Universal Precautions.....	2
Engineering Controls.....	2
Personal Protective Equipment.....	2
Disposal of Contaminated Waste.....	4
Disposal of Contaminated Clothing.....	4
Hepatitis B Vaccination.....	4
Post Exposure Evaluation and Follow-up.....	5
Collection and Testing of Blood for HBV and HIV.....	5
Information Provided to the Health-Care Professional.....	6
Health-care Professional's Written Opinion.....	6
Medical Record-keeping.....	6

Table of Contents

Appendix 1: Assignments of Duties and Responsibilities	7
Appendix 2: Reporting Forms	9
Appendix 3: Management Approval Form	15

Scope:

This Bloodborne Pathogens Exposure Control Plan applies to all Satilla REMC employees who may be exposed to blood or other potentially infectious body fluids during normal working conditions or in an emergency situation.

Purpose:

Provide a comprehensive written plan to assure implementation and assign responsibility to each requirement of the Federal Regulation.

■ **Methods of Compliance:**

Make this written plan available to the:

- Employees of the Cooperative; and
- Assistant Secretary of Labor for Occupational Safety and Health; or
- Director of the National Institute for Occupational Safety and Health; or
- U. S. Department of Health and Human Services.

Review and update plan as needed (review a minimum of once annually).

■ **Methods of Communication of the Exposure Control Plan to Employees:**

Employees will be trained annually on the Cooperative's Exposure Control Plan by one of the following:

- A Georgia Electric Membership Corporation (GEMC) Training & Safety Instructor; or
- Satilla REMC's Loss Control Coordinator ; or
- A third party familiar with and certified to teach employees regarding this Exposure Control Plan.

■ **Training Records:**

Training records should include the following:

- dates of the training sessions,
- contents or a summary of the training sessions,
- names and qualifications of persons conducting the training, and
- names and job titles of all persons attending the training sessions.

Training records are retained for a 3 years period from the date on which the training occurred.

■ **Records Availability:** The training records required to be maintained by this section shall be made available to the Assistant Secretary of Labor for Occupational Safety and Health and/or the Director of the National Institute for Occupational Safety upon request.

■ **Transfer of Medical Records:** The Cooperative complies with the requirements involving transfer of records set forth in 29 CFR 1910.20(h).

If the Cooperative ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer will notify the Director of the National Institute for Occupational Safety, at least three months prior to their disposal; and/or transmit them to the Director of the National Institute for Occupational Safety within that three month period if required to do so.

■ **Employee's Rights and Responsibility:** Employees have the right to be informed of the potential for exposure to blood or other potentially infectious body fluids associated with the performance of their job activities. Employees also have the right to be trained in the potential risks, safety precautions, personal protective equipment, clean-up requirements and precautions, and first aid requirements associated with this potential exposure.

It is the employee's responsibility to be aware of the potential exposure to blood or other potentially infectious body fluids and to be prepared to implement safety precautions and administer first aid in the event of an exposure. Employee work activities shall be periodically monitored to ensure that their performance meets the requirements of the standard.

The employee must also notify his/her supervisor when he/she encounters a first aid incident or a potential exposure to blood or other potentially infectious body fluids while he/she is on the job.

■ **Universal Precautions:** Situations that might lead to an exposure to blood or other potentially infectious body fluids shall warrant the use of Universal Precautions. All human blood and certain other body fluids will be treated as if they are known to be infected with HIV, HBV and other Bloodborne pathogens.

■ **Engineering Controls:** All risks of occupational exposure to blood or other potentially infectious body fluids will, if possible, be eliminated or significantly reduced by making engineering changes to the work process. To mitigate risk of exposure that remains after institution of the controls, personal protective equipment shall be provided and used as required. The effectiveness of engineering controls will be evaluated periodically to ensure they are still effective.

Most exposures to blood or other potentially infectious bodily fluids results from an occupational accident with injuries. The Cooperative will continue its efforts to reduce or eliminate the potential for accidents.

■ **Personal Protective Equipment (PPE):**

■ **Provision:** When there is potential for an occupational exposure, the Cooperative shall provide appropriate personal protective equipment such

as, but not limited to, gloves, glasses with side-shields, pocket masks, or other ventilation devices, and rain suits to protect the employee's clothing at no cost to the employee. The PPE is to be kept in good condition, and the employees are trained in its proper use. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the 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 which the protective equipment will be used.

The Cooperative requires employees wash their hands or any other skin surfaces with soap and water immediately following contact of such body areas with blood or other potentially infectious body fluids, or as soon as possible after removing the protective gloves or other PPE. Hand washing facilities shall be readily available to employees. If this is not feasible, employees are provided disposable antiseptic hand wipes and/or antiseptic hand cleaning solution in conjunction with disposable paper towels. When used, contaminated disposable towels shall be treated as disposable waste and disposed of properly. Soap and water shall then be used to wash the exposed skin surfaces as soon as possible.

Employees will flush mucous membranes with water immediately or as soon as feasible after an exposure to blood or other potentially infectious body fluids.

- **Use:** The Cooperative requires an employee to use appropriate personal protective at all times.
 - **Gloves:** Gloves shall be worn when there is reasonably anticipated hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when handling or touching contaminated items or surfaces.
Disposable (single use) gloves such as surgical or examination gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Disposable (single use) gloves shall not be washed or decontaminated for re-use.
Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
 - **Masks, Eye Protection, and Face Shields:** Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially

infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

■ **Accessibility:** The Cooperative ensures that appropriate personal protective equipment in the appropriate sizes is readily accessible at the work-site or is issued to employees. Hypo-allergenic gloves, glove liners, powder-less gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

■ **Repair and Replacement:** In order to maintain the effectiveness of personal protective equipment, the Cooperative replaces these items as needed. These replacements are made at no cost to the employees.

■ **Disposal of Contaminated Waste:**

Contaminated "Sharps" (broken glass, etc.) shall be discarded immediately or as soon as feasible in containers that are: closable, puncture resistant, leak-proof on sides and bottom and labeled with a biohazard label or a red plastic bag in accordance with this plan. Contaminated sharps 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.

■ **Disposal of Contaminated Clothing:** If clothing is penetrated by blood or other potentially infectious materials, the clothing shall be removed immediately or as soon as feasible. All personal protective equipment shall be removed prior to leaving the work area. Contaminated clothing will be transported and handled in a red bag or container clearly marked with the bio-hazard symbol. The clothing will be laundered by a laundry using universal precautions or shall be properly disposed of.

■ **Hepatitis B Vaccination:** Within 24 hours of an employee's occupational exposure to Hepatitis B, the Cooperative will make available the hepatitis B vaccine and vaccination series. In addition, the employee will be provided with a follow up post exposure evaluation.

The Cooperative will ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and follow up post-exposure evaluation, including prophylaxis are:

- made available at no cost to the employee, made available to the employee at a reasonable time and place, and
- performed by or under the supervision of a licensed physician or by or under the supervision of another licensed health-care professional, and

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

The Cooperative will also ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

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 employer shall make available a hepatitis B vaccination at that time.

The Cooperative shall assure that employees who decline the post exposure hepatitis B vaccination offered by the employer sign a declination statement (form C) in Appendix 2.

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.

■ **Post-Exposure Evaluation and Follow-up:** Following a report of an exposure incident, the Cooperative shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements: Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred; and the identification and documentation of the source individual unless the employer can establish that identification is infeasible or prohibited by state or local law.

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 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.

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.

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:** The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

Post-exposure prophylaxis, when medically indicated, and as recommended by the U.S. Public Health Service shall include counseling and evaluation of reported illnesses.

■ **Information Provided to the Health-Care Professional:** The Cooperative shall ensure that the health-care professional responsible for the employee's Hepatitis B vaccination is provided a copy of this written plan.

The Cooperative shall also ensure that the health-care professional evaluating an employee after an exposure incident is provided a copy of OSHA regulation 29 CFR 1910.1030. They shall also be provided a description of the exposed employee's duties as they relate to the exposure incident, documentation of the route(s) of exposure and circumstances under which the exposure occurred, results of the source individual's blood testing if available and all medical records relevant to the appropriate treatment of the employee including vaccination status which are the Cooperative's responsibility to maintain.

■ **Health-Care Professional's Written Opinion:** The Cooperative shall obtain and provide the employee with a copy of the evaluating health-care professional's written opinion within 15 days of the completion of the evaluation.

The health-care 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.

The health-care professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information: That the employee has been informed of the results of the evaluation and 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.

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

■ **Medical Record Keeping:** The Cooperative's Human Resources department maintains an accurate record for each employee who has had an occupational exposure. This record includes the name and social security number of the employee, a copy of the employee's 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 the vaccination.

The employee's record also contains a copy of all results of examinations, medical testing, and follow-up procedures, the employer's copy of the health-care professional's written opinion and a copy of the information provided to the health-care professional.

The Cooperative ensures that employee medical records are kept confidential and not disclosed or reported without the employee's express written consent except as required by this section or as may be required by law.

The employer will maintain the records required by this section of the plan for the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.

Appendix 1

Assignments Of Duties and Responsibilities

The Cooperative's Manager of Loss Control and Facilities will be the Bloodborne Pathogens Exposure Control Plan Coordinator and will ensure that the following requirements are met:

Establishment of a comprehensive exposure control plan;

Performance of an Exposure determination;

Availability of Plan to Satilla REMC employees;

Update plan annually and whenever there is a change to the work processes;

Communication of this Plan to the employees (Training) with emphasis on their rights and responsibilities;

Maintenance of training records;

Assuring that universal precautions are taken (when needed);

Establishment of engineering controls;

Ensuring that personal protective equipment is available, used properly, assessable on the job, and properly cleaned or disposed of;

Ensuring post-exposure requirements are met; and

Coordination with the Cooperative's Human Resources department regarding the control of all Bloodborne Pathogens medical records.

Appendix 2

Reporting Forms

- A. First Aid Incident Report Form
- B. Exposure Incident Report Form
- C. Hepatitis B Vaccine - Declination Form
- D. Source Individual HIV / HBV Consent Form
- E. Exposed Employee HIV / HBV Consent Form

Satilla REMC
First Aid Incident Form

Name of Injured Employee

Social Security #

Date

Time

Persons who rendered First Aid at the scene:

Description of the accident / Incident:

Describe the nature of the injuries:

First Aid rendered:

Did an exposure occur as a result of the accident / Incident: (specific eye, mouth, other mucous membrane or potential contact with blood or other potentially infectious materials)?

YES _____

NO _____

(If yes, use form in Appendix 1 B - Exposure Incident Report Form).

Signed

Date

Form A

Satilla REMC

Exposure Incident Report Form

Name of employee exposed

Name of source individual

Social Security Number

Social Security Number

List the activity or work that was occurring leading up to the exposure event.

Method of Exposure: The body area of the exposed employee not protected with personal protective equipment, which contributed to the exposure of blood or other potentially infectious body fluids from the source individual.

List the first aid items, personal protective equipment and protective clothing utilized at the time of this exposure incident.

Attach form 1 A: (First Aid Incident Report Form)

Mandatory Form: Must be used as printed in the OSHA regulation, cannot be edited to change any wording.

Form B

Satilla REMC

**Hepatitis B Vaccine
Declination Form:**

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 the hepatitis B vaccine, at no charge to myself. However, I decline the hepatitis B 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 the hepatitis B vaccine, I can receive the vaccination series at no charge.

Name

Date

Time

EMC person receiving form

Date

Form C

Satilla REMC

**Source Individual
HIV / HBV Consent Form**

I Consent (), I DO NOT Consent (), to have a sample of my blood collected as soon as feasible and tested for HIV / HBV serological status.

I understand that the results of this testing will be made available to employees who were exposed as a result of a first aid / emergency response exposure incident.

Name

Date

EMC Person Accepting Form

Date

Form D

Satilla REMC

**Exposed Employee
HIV / HBV Consent Form**

I consent (), DO NOT Consent (), to have a sample of my blood collected as soon as feasible and tested for HIV / HBV serological status.

I consent (), DO NOT Consent (), to have my blood tested as soon as feasible for HIV / HBV serological status.

I understand that if I consent to collection, but do not consent to HIV / HBV serological testing, my blood sample will be preserved for at least 90 days. During that time I have the opportunity to decide if my collected blood sample will be tested for HIV / HBV serological status. If I should decide prior to the end of the 90 day time period that I will have my blood tested, the appropriate action for blood testing will be conducted.

Name

Date

Form E

Appendix 3

Management Approval Form

Satilla REMC Bloodborne Pathogens Exposure Control Plan

29 CFR 1910.1030

Approved:

Romulo A. Reyes
President /CEO

1-2-24
Date

Approved:

Scott Harty
Loss Control Coordinator

1-2-24
Date