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**Berry Bros. General Contractors, Inc.  
Corporate Policy Procedure**

**(HSE) Health, Safety & Environmental  
Policies and Procedures Manual**


Section # 10

Doc # SWP 10

Revision: 2

**BLOODBORNE PATHOGENS**

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**SUBPART A - PURPOSE / SCOPE**

This Blood borne Pathogens Program has been developed to eliminate or minimize possible employee exposures to blood borne pathogens in the workplace. This program establishes the methods and procedures to provide for the safety and health of employees against blood borne pathogens. Since there is no population that is risk-free for blood borne pathogens, any employee who has occupational exposure shall be included in this program. Employees trained in First Aid/CPR for rendering assistance as a part of their job duties are covered by this program.

**SUBPART B - RESPONSIBILITIES**

1. The HS&E / Risk Management Department at Berry Bros. shall be responsible for maintaining medical and training records for the Blood borne Pathogen Program (BBP). They shall also be responsible for the overall effectiveness of the BBP program in general.
2. The HS&E / Risk Management Departments will ensure proper conduct of the program through inspections, record keeping and periodic audit.
3. Exposure determination shall be addressed without regard of the personal protective equipment required.
4. Any employee with an occupational exposure will have a confidential record kept including dates and contents on training, name of job title of the person attending, and the records will be maintained for a period of thirty (30) years.
5. All medical records shall require written permission by the employee to release any information therein. Also, the employer will provide an employee with his or her medical records in a timely manner with no cost incurred by the employee upon request.
6. Transfer of medical records from Berry Bros. to another company. In the event that an employer ceases to do business then all medical records shall be transferred to the successor of the no longer existing company. If the company does not have a successor then the records shall be transferred to National Institute for Occupational Safety and Health (NIOSH) (if so required). If not required, then NIOSH shall be notified three (3) months prior to disposal of said records.

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## SUBPART C - DEFINITIONS

**Biological Hazard** - The term biological hazard or biohazard is taken to mean any viable infectious agent that presents a risk, or a potential risk, to the wellbeing of humans. Under circumstances in which differential between bodily fluids is difficult or impossible to detect, all body fluids will be considered potentially infectious.

**Medical Wastes/Infectious Wastes** - All waste emanating from human or animal tissues, blood or blood products or fluids. This includes used first aid bandages, syringes, needles, sharps, material used in spill cleanup and contaminated PPE or clothing.


**Universal Precautions** - Refers to a system of infectious disease control that assumes that every direct contact with body fluids is infectious and requires every employee exposed to be protected as though such body fluids were infected with blood-borne pathogens. All infectious/medical material must be handled according to Universal Precautions (OSHA Instruction CPL 2-2.44A)

**Non-intact Skin** - Skin with dermatitis, hangnails, cuts, abrasions, chafing, etc.

**Occupational Exposure** - Reasonably anticipated skin, eye, mucous membrane, or parenteral (skin piercing) contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

**Other Potentially Infectious Materials (OPIM)** - Body tissue, semen, vaginal secretions, cerebrospinal, synovial (in joints and tendons), pleural (in the lining of the lungs), peritoneal (in the abdominal lining), pericardial (surrounding the heart), and amniotic (in the womb) fluids. It includes 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; any unfixed tissue or organ (other than intact skin) from a human, living or dead. Other potentially infectious material does not mean feces, nasal secretions, sputum, saliva, sweat, tears, urine, or vomit.

**Parenteral** - Cuts, abrasions, needle sticks, bites, and other wounds that pierce mucous membranes or the skin barrier.

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**Source Individual** - Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to an employee.

**Work Practice Controls** - Altering the manner in which a task is performed in an effort to reduce the likelihood of a worker's exposure.

### SUBPART D - HAZARDS

Unprotected exposure to body fluids presents the possible risk of infection from a number of blood borne pathogens notably Hepatitis and HIV.

### SUBPART E - HAZARD CONTROLS

#### Signs



### SUBPART F - GENERAL REQUIREMENTS

#### Exposure Control Plan

Each work facility must develop a site-specific Exposure Control Plan. Employees are advised to become familiar with their host employer's site-specific BBP program. The plan must contain the following elements:

- Exposure determination.
- Methods of compliance.
- Hepatitis B vaccination.
- Post exposure evaluation and follow-up.
- Communication of hazards to employees.
- Record keeping.



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- Procedure for evaluation of exposure incidents.

A copy of the Exposure Control Plan must be made available to all employees.

### **Exposure Classification Determination**

Each facility shall develop a list of all job classifications in which employees have occupational exposures through their job duties. The exposure determination must be made without regard to the use of personal protective equipment.

## **SUBPART G - METHODS OF COMPLIANCE**

### **Engineering Controls**

Prevention of exposure to blood borne pathogens engineering controls includes proper storage facilities and containers, syringes designed to prevent accidental needle sticks, autoclaves and disinfectant equipment. These controls shall be audited on a monthly basis for effectiveness.


Emergency and work practice controls shall be used to eliminate or minimize employee exposure. Procedures shall detail the steps to be taken in the event of a possible exposure incident. The following minimum PPE shall be employed:

- Protective latex gloves.
- Protective face and eye wear (safety glasses or goggles, face shield).
- Protective clothing (tyvex suit or protective apron).

**Note:** These provisions are provided to all employees affected at no cost. All used and contaminated PPE shall be disposed of in a proper fashion.

### **Administrative Controls**

Prevention of exposure to blood borne pathogen administrative controls include universal precautions, assignment of PPE, employee training, use of spill kits specifically designed for blood and body fluids.

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## **SUBPART H - REPORTING AND RECORD KEEPING**

Any reports required by OSHA will be maintained by the HS&E Risk Management Department at Berry Bros. All reports (Training Certificates, Notice of HBV Vaccinations, exposure reports) will be maintained for 30 years. Occupationally contracted HBV or HIV will be recorded on the OSHA 300 Log of Occupational Injuries and Illnesses as an illness. Exposures to blood-borne pathogens from contact with sharps will be recorded on the OSHA 300 Log of Occupational Injuries and Illnesses if a Physician prescribes treatment such as gamma globulin, hepatitis B immune globulin or hepatitis B vaccine.

Employee medical records are to be kept confidential and are not to be disclosed without the written consent of the employee.

## **SUBPART I - TRAINING**

All personnel assigned duties as EMT, Paramedics, HAZMAT responders; Custodial Employees (those that clean rest rooms, etc.) will receive initial and annual training by a qualified medical practitioner on the Blood borne Pathogen Program. Additionally, personnel trained in First Aid shall be offered this annual training.

Supervisors and certain employees on each crew will receive Medic First Aid / CPR / AED training.

The initial training will cover the following topics:

1. The modes of transmission of blood borne pathogens.
2. An explanation of the program, regulation, and the facility exposure control plan and where these can be found at the facility.
3. The methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious body fluids.
4. The use and limitations of PPE, work practices and engineering controls.
5. The types, proper use, selection, location, removal, handling, decontamination, and disposal of PPE and other contaminated materials.
6. Information concerning the hepatitis B vaccine.



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7. Information on the appropriate action to take and who to contact in an emergency involving a potential exposure to bloodborne pathogens.
8. Information concerning signs and labels and/or color coding.
9. The procedure to follow if an exposure occurs.
10. Information on the post exposure evaluation and follow-up that the employer is required to provide following an exposure incident.
11. Basic first aid.
12. CPR.
13. Automatic External Defibrillator.

Training records must contain the following information:

1. Date of the training session.
2. Contents or a summary of the training session.
3. Name and the qualification of the person conducting the training.
4. Names, Social Security numbers, and job titles of the persons attending the training.

Training records must be maintained for three years.

**SUBPART J - REFRESHER TRAINING**

Refresher training must be given annually or when procedures change or the employee is assigned new tasks or procedures.

Refresher training must review the elements covered in the initial training. It is recommended that it be done in conjunction with first aid training.

**SUBPART K - COPIES OF THE BBP PROGRAM**

A copy of the BBP program can be obtained from the HS&E / Risk Management Departments or from the employee's immediate supervisor. Employees shall have total access to this program at all times. An individual copy is available upon request to those who would like to have one.

All new and current affected Employees will be trained initially and annually thereafter. The content of the training program will include:

1. Company Policy



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2. Types and transmission of Blood-Borne Pathogens
3. General Safety Rules
4. Universal Precautions
5. Use of Personal Protective Equipment
6. Medical Waste Disposal Procedures
7. Post Exposure Treatment and Procedures
8. HBV Vaccination

### **SUBPART L - DOCUMENTATION**

Documentation of training will be by *Control of Blood-Borne Pathogens Training Certificate*. All Employees not affected by this Program will receive an overview of the program requirements during scheduled department Safety Meetings with documentation by Safety Meeting Minutes Form. Note: New employees are tested following a power point presentation of the BBP program. These tests serve as documentation and are maintained in the HSE department.

### **SUBPART M - HEPATITIS-B VIRUS (HBV) VACCINATIONS**

Occupational Health Professionals and those required to provide first aid or emergency response duties or medical care will be offered the Hepatitis-B Virus (HBV) Vaccinations at Company expense. Employees that transfer to a job or their job is reclassified to include exposure to blood-borne pathogens will be offered HBV Vaccinations within 10 working days of the transfer or reclassification.

The choice for HBV vaccination is not mandatory. If an affected Employee chooses not to have the vaccination at the initial offering, they will have the opportunity to be vaccinated when they are ready. The Company will document the offer, acceptance or declination, and vaccination dates with the *Notice of HBV Vaccinations Form*.

### **SUBPART N - POST EXPOSURE EVALUATION AND FOLLOW-UP**

Following an exposure incident, the affected employee will immediately be offered a confidential medical evaluation and follow-up, consisting of at least the following elements:





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1. Post exposure vaccination, other medical treatment and counseling that is medically indicated must be performed. A copy of the licensed health care provider's written opinion must be provided to the employee within 15 days of the completion of the evaluation. If an employee is given the vaccine on a post exposure basis, it shall be posted on the OSHA 300 Log.
2. The identification and documentation of the source individual must be performed according to the following conditions, unless it can be established that identification is not possible or is prohibited by law.
3. When the source person is already known to be infected with HIV or HBV, testing for the known pathogen in that person's blood need not be repeated.
4. When consent is obtained from the source person or where consent is not required by law, the source person's blood must be tested as soon as feasible and the results documented.
5. Berry Bros.' must document when legally required consent cannot be obtained.

The results of the source person's testing, if available, must be made available to the exposed employee. The exposed employee must be informed of the applicable laws and regulations concerning disclosure of the identity and medical status of the source person.

The exposed employee must be evaluated, if consent is given, as follows:

- After completing a written consent, the exposed employee's blood must be collected as soon as possible and tested.
- If the exposed employee consents to blood collection and baseline testing, but does not give consent at the time for HIV serologic testing, the sample must be preserved for at least 90 days.

During all phases of Post Exposure, the confidentiality of the affected Employee and exposure source will be maintained on a "need to know basis". The results of any HIV/HAV/HBV tests conducted will be provided to the exposed and source Employees within 5 business days of receipt.

## **SUBPART O - COMMUNICATION OF HAZARDS TO EMPLOYEES**

Training must be provided to employees as specified in the Client's plan and of this Blood borne Pathogens Program. The training must provide information as to the hazards that may be present concerning Blood borne Pathogens.



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## **SUBPART P - STANDARD WORK PRACTICES**

**Universal Precautions** - Universal precautions must be observed to prevent contact with blood or other potentially infectious materials (OPIM). In circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids must be considered potentially infectious.

**Engineering and Work Practice Controls** - Engineering and work practice controls, such as proper disposal of contaminated materials, must be used as the primary means of eliminating or minimizing employee exposure to bloodborne pathogens. Where occupational exposure remains after implementation of these control measures, personal protective equipment must also be used. Engineering controls must be examined, maintained, improved, or replaced on a regular schedule to provide for their effectiveness.

**Housekeeping** - Worksites must be maintained in a clean and sanitary condition. Work surfaces, equipment, and tools must be decontaminated with an appropriate disinfectant after contact with blood or other potentially infectious body fluids. An appropriate disinfectant is a mixture of 1-1.5 cups of bleach to 1 gallon of water.

Decontamination must be performed immediately, or as soon as feasible, after contact with blood or other potentially infectious body fluids.

Broken glass that may be contaminated must not be picked up with gloved or bare hands. It shall be removed to a protective container with mechanical methods, such as a brush and dust pan, tongs, or forceps.

All bins, pails, cans, and similar receptacles that are contaminated with blood or other potentially infectious body fluids, and that may be reused must be inspected, cleaned, and decontaminated as soon as feasible.

Respiratory protective equipment, which may have been contaminated, shall be decontaminated as soon as possible and prior to use by another employee.



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**SUBPART Q - MEDICAL WASTES**

Medical/infectious waste must be segregated from other waste at the point of origin.

Medical/infectious waste, except for sharps (i.e., razor blades, broken glass, needles, etc.) capable of puncturing or cutting, must be contained in double disposable red bags conspicuously labeled with the words "INFECTIOUS WASTE" and "BIOHAZARD."

Used needles or other sharps (razor blades, broken glass, scalpels, etc.) must not be sheared, bent, broken, recapped, or re-sheathed.

Infectious sharps must be contained for disposal in leak-proof, rigid puncture resistant containers. Infectious waste contained as described above must be placed in reusable or disposable leak-proof bins or barrels that are conspicuously labeled with the words "INFECTIOUS WASTE" and "BIOHAZARD." These waste barrels are picked up regularly by an outside company licensed to handle infectious wastes.

All infectious agents, equipment, or apparatus must be disinfected in an autoclave or otherwise disinfected before being washed or disposed of. Each individual working with infectious bio-hazardous agents is responsible for disinfection and disposal of these agents.

Biological wastes that do not contain radioactive or hazardous substances may be disinfected by steam sterilization (autoclave) then disposed of in the regular trash.

Liquid bio-hazardous waste may be disposed of in the sewage system following chemical decontamination.

Reusable glassware must be decontaminated in sodium hypo chlorite (household bleach) solution (1:9) prior to rinsing and acid washing. The glassware must then be sterilized in an autoclave.

To minimize the hazard to firefighters or emergency response personnel, at the close of each work day and before the building is closed, all infectious or toxic material must be placed in a refrigerator, placed in an incubator, or autoclaved or otherwise disinfected.



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Infectious agents must not be placed in an autoclave and left overnight in anticipation of autoclaving the next day. Floors, laboratory benches, and other surfaces in buildings where infectious agents are handled must be disinfected with a suitable germicide, such as 1:9 determined by the supervisor.

The surroundings must be disinfected after completion of operations involving planting, pipetting, centrifuging, and similar procedures with infectious agents. Infectious agents must not be dumped into the building drainage system without prior disinfection.

**SUBPART R - CUTS**

If an employee has a needle stick, cut, or mucous membrane exposure to another person's body fluids he/she must report the incident immediately to the HS&E / Risk Management Departments.

**SUBPART S - BLOOD EXPOSURE**


All employees exposed to human blood and blood products must report to the HS&E department for information and possible inclusion in the Hepatitis B Immunization Program.

**SUBPART T - HAND WASHING FACILITIES**

Provisions for hand washing are located throughout the entire facility. Each building and/or department has a hand washing station with appropriate antibacterial and disinfectant soaps. In addition, the HS&E department has antiseptic hand cleanser in conjunction with paper towels and/or antiseptic towelettes available.

**SUBPART U - INFECTION CONTROL PLAN**

The purpose of the Infection Control Plan is to protect the health and safety of the persons directly involved in handling the materials, Company personnel and the general public by ensuring the safe handling, storage, use, processing, and

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disposal of infectious medical waste. This plan complies with OSHA requirement proposed for 29 CFR 1910.1030, Bloodborne Pathogens.

## **SUBPART V - UNIVERSAL PRECAUTIONS**

Refers to a system of infectious disease control, which assumes that every direct contact with body fluids is infectious and requires every employee exposed to be protected as though such body fluids were infected with blood-borne pathogens. All infectious/medical material must be handled according to Universal Precautions (OSHA Instruction CPL 2-2.44A).

## **SUBPART W - Blood-Borne Pathogen Control Universal Precautions and General Safety Rules**

### **EXPOSURE DETERMINATION:**

Berry Bros. and its Divisions and Subsidiaries will not perform invasive medical treatment or provide intravenous medication. Therefore, the exposure to Blood-Borne Pathogens, as defined, is determined to be from routine and emergency first aid treatment of common workplace injuries. The following Universal Precautions and General Safety Rules have been established to prevent the spread of viral and bacterial organisms (namely HIV/HAV/HBV). In all cases, the Universal Precautions and General Safety Rules should be followed. Such determination is made without regard to personal protective equipment.

1. Before and immediately after providing patient care, wash exposed areas (hands, arms, etc.) with antibacterial soap. Washing facilities are readily accessible to all employees. When the use of hand washing facilities is not available, antiseptic towelettes or antiseptic hand cleansers will be used. These are available from the HS&E Department.
2. Don and use the required personal protective equipment for the medical care given as outlined in the Personal Protective Equipment for Worker Protection Poster.
3. Treat all human body fluids and items soiled with human body fluids (blood, blood products, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, concentrated



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HIV/HAV/HBV, and saliva (in dental settings) as if contaminated with HIV/HAV/HBV. (**Note:** Feces, urine, nasal secretions, sputum, sweat, tears, or vomits need not be treated as contaminated unless they contain visible blood) In the event that there is any doubt in this area, treat all body fluids as though they were indeed infectious and dispose of them properly.

4. No smoking, eating, drinking or storage of food products is permitted in patient treatment areas. Non-medical items, such as clothing and personal effects, should not be stored in the treatment facility.
5. Patient treatment areas will be maintained in a near sanitary condition at all times. Daily and at least once per shift, the Occupational Health Facility will be disinfected with antibacterial/viral solution (at least 10% Chlorine Bleach or equivalent). All medical and personal protective equipment contaminated with human body fluids will be disinfected before being returned for use again.
6. To avoid special handling, all clothing contaminated with human body fluid will be presoaked (sprayed on the affected areas) with the antibacterial/viral solution before being sent to the laundry. (**Note:** Gloves and eye protection should be worn when handling contaminated clothing until presoaked for 10 minutes).
7. Any spills of body fluid will be presoaked (sprayed on the affected area) with antibacterial/viral solution for 10 minutes before being removed. (**Note:** Gloves and eye protection should be worn when handling spills of body fluids).
8. Medical Wastes (those soiled with covered human body fluids) will be treated following the Medical Wastes Treatment and Disposal Procedures before being discarded as ordinary wastes.
9. Any suspected exposure to HIV/HAV/HBV by human body fluid contact (via broken skin, human bites, needle sticks, etc.) should be reported to your Supervisor immediately. Any employee with an occupational exposure will have a confidential record kept including dates and contents on training, name and job title of the person attending, and the records will be maintained for a period of thirty (30) years.
10. Any and all of the aforementioned engineering controls will be reviewed on a monthly basis to assure that they continue to be in effect and that any deficiencies will be replaced or adjusted to protect against BBP.



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**SUBPART X - Control of Blood-Borne Pathogens Program Medical Waste Treatment and Disposal Procedures**

1. All Medical Wastes (those soiled with covered human body fluids) will be placed in a red leak-proof container marked either *Biohazard* or *Medical Waste*. All other wastes will be discarded following customary procedures. (**Note:** Soiled feminine hygiene/sanitary napkins, soiled facial tissues, etc. are not considered a biohazard or medical waste. Pretreatment is not necessary; however, Employees should wear personal protective equipment and wash hands with antibacterial soap afterwards)
2. Don and use the required personal protective equipment when handling medical wastes as outlined in the *Personal Protective Equipment for Worker Protection* Poster.
3. At the end of each shift, all accumulated medical wastes will be treated to remove biohazards using the following procedure:
  - a. Prepare a solution of 10 percent chlorine bleach to water (approximately 2 cups chlorine bleach to 1 gallon of water).
  - b. Pour solution over the medical wastes and thoroughly saturate.
  - c. Let stand for 10 minutes and then drain into sink.
  - d. Discard as ordinary wastes.

**Caution:** Sharp objects (broken glass, hypodermic needles, etc.) should not be handled by hand to prevent accidental punctures and lacerations

- Rinse medical wastes container and return for use again.
- Wash hands and exposed areas with antibacterial soap.

**Attachments:** Hepatitis B Vaccination Form

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Approved By: Safety Committee  
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# Berry Bros. General Contractors, Inc.



## ***Hepatitis B Vaccine Form***

I understand that due to my occupational exposure to blood or to other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given to the opportunity to be vaccinated with the hepatitis B vaccine, at no charge to myself. By signing below I accept the hepatitis B vaccine.

Employee Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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 potentially infectious materials and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature: \_\_\_\_\_  
Date: \_\_\_\_\_