**BRIDGER-TETON**

**National Forest**

**BLOODBORNE PATHOGENS PROGRAM**

**EXPOSURE CONTROL PLAN**

**23 March 2012**

**INTRODUCTION**

The purpose of the Bridger-Teton National Forest Bloodborne Pathogens Program Exposure Control Plan is to protect employees from occupational exposure to hepatitis B virus (HBV), human immunodeficiency virus (HIV), and other bloodborne pathogens. Employee protection will be provided through training, engineering controls, safe work practices (including universal precautions and job hazard analysis), personal protective equipment (PPE), housekeeping, and vaccinations.

Some employees will have a higher occupational risk than others. Employees in high-risk occupational exposure classification will be enrolled in this program.

**RESPONSIBILITY**

It is the responsibility of the Forest Supervisor and District Rangers to ensure full and effective implementation of this program at all respective unit levels. Work supervisors shall determine which employees are occupationally exposed and ensure they comply with our requirements. Employees with an occupational exposure should promptly respond to the requirements.

A copy of this plan will be made available to all employees. It will be reviewed and updated by the Forest Safety Officer annually, and whenever necessary to reflect new or modified programs of work that affect occupational exposures.

**EXPOSURE DETERMINATION**

The exposure determination is made by reviewing duty assignments within the work environment and listing exposures into two groups. The first group includes duty assignments in which all of the employees are likely to have occupational exposure. They are:

1. Law Enforcement Officers

2. Emergency Medical Technicians

3. First Responders (EMR, WFR, Etc.)

Employees in these job classifications will be enrolled in this program. HBV vaccine will be offered to these employees as a matter of prevention at no cost to the employee.

The second group includes duty assignments in which most employees have a potential for occupational exposure. They are:

1. Accident Investigators

2. Facility Maintenance Personnel

3. Warehouse Personnel

4. Recreation Technicians and Hosts

5. Supervisors and Others with First-Aid Responsibility

Employees in these job classifications may be occupationally exposed to blood or other potentially infectious materials if and when the employee is required to perform the following tasks and procedures:

1. Accident Investigators

a. Assist with the treatment and care of injured persons.

b. Assist with the recovery of deceased persons.

c. Collect and handle material evidence contaminated with blood or other potentially infectious materials at the accident site.

2. Facility Maintenance Personnel

a. Repair toilet fixtures, lavatories, and other associated restroom apparatus open to the general public.

b. Maintain buildings and support structures open to the general public.

c. Repair campground equipment and fixtures open to the general public.

3. Warehouse and Incident Command Post Personnel

a. Receive wild land firefighting clothing, equipment, and other logistical support equipment that is forwarded to the fire cache.

b. Segregate clothing, bedding, tools, medical waste, refuse, and other items for proper disposition.

c. Clean contaminated items with appropriate disinfectants and prepare same for repacking and storage.

4. Recreation Technicians and Hosts

a. Remove and dispose of refuse from campground and other recreational trash receptacles, which may be contaminated with sharp or other potentially infectious materials.

b. Maintain campground and recreational sites open to the general public.

5. Supervisors and Other Employees with First-Aid Responsibility

a. Provide emergency medical care to employees and visitors.

b. Apply dressing to open wounds.

c. Perform cardiopulmonary resuscitation (CPR).

Employees in these job classifications will be enrolled in the bloodborne pathogens program when the employee could be expected to perform these tasks and procedures during the course of assigned duties. HBV vaccine will be offered to these employees as a matter of prevention at no cost to the employee.

Employees who might perform "Good Samaritan" acts need not be included in the exposure determination unless they are reasonably expected to render medical assistance on official duty. Employees who receive first-aid instruction and certification for their own benefit, whether funded at their own expense or by the Forest Service, and who are not expected to provide first aid in an official capacity, do not need to be enrolled in the program.

**METHODS OF COMPLIANCE**

The following methods of compliance with this program should be identified in a job hazard analysis for all job classifications and duties, which may involve exposure to blood or other possible infectious materials.

**Universal Precautions**: Universal precautions will be observed by all employees. All body fluids will be treated as if known to be infectious for bloodborne pathogens.

**Engineering Controls:** Engineering controls reduce employee exposure by either removing the hazard or isolating the worker from exposure. Where practical, these will be initiated to eliminate or minimize occupational exposure.

**Work Practice Controls**:

1. First Aid/CPR

a. Employees should wear protective attire/equipment (gloves, goggles/or face shield and/or mouth barrier) before beginning first aid/CPR.

b. Do not reuse disposable resuscitation equipment and gloves.

c. Reusable equipment must be thoroughly cleaned and disinfected after each use according to manufacturer's recommendations.

d. Vinyl or latex gloves should be worn when administering first aid/CPR.

2. Handling/Disposal of Hypodermic Needles/Syringes

a. DO NOT PICK UP BY HAND. Always use a litter grabber, needle/syringe keeper, pliers, or tongs to avoid direct contact. Pick up away from the point.

b. Always wear vinyl or latex gloves as an added precaution, even when using a litter grabber, needle/syringe keeper, pliers, or tongs.

c. Place needles/syringes directly into a hard plastic or metal SHARPS container that is puncture-resistant and leak proof, document time and place found, and dispose as medical waste in "biohazard" or "red bag" marked containers. This disposal should be conducted through agreement with a local hospital, clinic, or medical facility that knows the proper disposal procedure.

d. Be aware that needle/syringes may be found where you least expect them. Be alert when cleaning toilets, garbage cans, campfire ashes, bulletin/information boards, and in vegetation areas outside of administrative sites.

e. NEVER USE HANDS OR FEET TO CRUSH GARBAGE. Do not hold garbage bags against your legs or torso for any reason. If the bag is too heavy, get help.

3. Handling Used Band-Aids, Sanitary Napkins, Tampons, or Condoms

a. DO NOT PICK UP BY HAND. Always use a litter grabber or pickup stick.

b. Always wear gloves as an added precaution, even when using a litter grabber or other device.

c. Devices used to pick up such items should be disinfected via chemical germicide or through a solution of household bleach and water (1/4 cup bleach per gallon of tap water). Bleach solutions must be made fresh each time they are used.

4. Guidelines for Hand Washing - Body substances that may contain disease organisms can easily contaminate your hands. Disease may be transmitted from hands to body openings if personal hygiene is not practiced. Hand washing is one of the most effective methods of disease control.

a. Hand-washing facilities may not always be readily available due to the field nature of much of the work on the Forest; therefore, antiseptic towelettes or antiseptic cleanser will be provided in first-aid and bloodborne pathogen protection kits. When antiseptic hand cleansers and towels are used, hands shall be washed as soon as feasible.

b. Employees shall wash their hands and other affected skin promptly with soap and water after removal of gloves and other personal protective clothing and equipment. Mucous membranes shall be flushed with water immediately or as soon as feasible following contact with blood or other potentially infectious materials.

**Personal Protective Equipment:** PPE will be provided to employees as determined by a job hazard analysis. All first-aid kits in buildings and vehicles will be equipped with disposable vinyl or latex gloves and disposable pocket masks for CPR. Disposable vinyl or latex gloves will be provided for the safe cleanup of areas that may have been contaminated with blood or other potentially infectious material due to an emergency incident. All PPE is provided at no cost to the employees. PPE removed from the accident site should be placed in the biohazard bags with other infectious waste from the incident and disposed of properly.

Employees and hosts responsible for cleaning campgrounds will be provided gloves, litter grabber tool, and biohazard contamination material containers.

Supervisors will ensure all PPE is readily available and accessible. Supervisors shall also ensure all employees use appropriate personal protective clothing and equipment.

**HEPATITIS B VACCINATION**

HBV vaccine and vaccination series will be made available after occupationally exposed employees have received required bloodborne pathogens training, and within 10 working days of initial assignment to occupational exposure. ***Employees can choose not to be vaccinated but they must sign a vaccine declination statement***.

All medical evaluations and procedures shall be available to exposed employees at a reasonable time and place and at no cost to the employee. They will be provided by a licensed health care professional in accordance with recommendations of the medical professional.

The vaccine and vaccination series shall not be made available to occupationally exposed employees who have previously received the series or sufficient immunity levels based on antibody testing.

The vaccination series shall only be administered by the intramuscular route. Antibody testing shall be conducted 4-12 weeks after the third vaccination in the series to determine if the employee has an acceptable immunity level.

The vaccination series shall be made available to those employees who initially declined, but decide at a later date to accept the vaccine and vaccination series because of continued exposure to bloodborne pathogens.

Employees with occupational exposure who decline the HBV vaccine and vaccination series must sign enclosed FS-6700-14, Hepatitis B Vaccine Declination Statement (Mandatory).

Routine booster doses shall be made available when recommended by the U.S. Public Health Department.

**POST-EXPOSURE EVALUATION AND FOLLOWUP**

An employee who receives a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that result from the performance of duties, or who perform "Good Samaritan" acts during official duty hours are eligible for post exposure treatment. Employees shall notify their immediate supervisor who will initiate an investigation of the exposure incident and file a CA-2.

For the protection of the employee, if no records are made available to confirm or negate reports for HBV or HIV, the employee can elect the following:

1. Immediately begin, within 48 hours of exposure or potential exposure to the HBV, the vaccine and vaccination series. **If exposed while performing emergency first aid without proper PPE, it is recommended those exposed be transported with the injured where possible to the closest medical provider unit.**  This will allow for immediate evaluation if there has been an exposure and the beginning of immediate treatment when needed.

2. Following exposure, employee’s blood shall be collected as soon as feasible and tested. Consent must be given by the employee for baseline blood collection testing for HIV serological testing.

Post exposure treatment follow up will include counseling and evaluation of the reported illness as recommended by the U.S. Public Health Department.

A copy of the health professional's written opinion shall be provided to the exposed employee upon completion of the evaluation. This opinion will include whether post exposure prophylaxis is warranted and follow up is established.

**HAZARD COMMUNICATION/TRAINING**

Orange or orange-red and black biohazard warning labels shall be securely affixed to all containers of potentially infectious materials. Red bags or containers may be substituted for labels.

Information and training will be provided to employees. Records of all training will be maintained for 3 years from the date of the last training. The training will be conducted by a qualified person who is knowledgeable in OSHA Bloodborne Pathogen Standard, Bridger-Teton National Forest Exposure Control Plan, bloodborne pathogen diseases, and personal protection measures. Training will be provided at the time of initial assignment to tasks where occupational exposure may occur and needs to be repeated annually.

The following information will be included in these training sessions:

1. Discussion of Bloodborne Pathogens Standards (29 CFR, 1910-1030).

2. Epidemiology and symptomatology of bloodborne diseases and their modes of transmission.

3. Explanation of this plan and how an employee can get a copy.

4. Information on the use and limitations of engineering controls, workplace practices, and personal protective clothing and equipment.

5. How to use PPE, where to locate and properly dispose of contaminated PPE, and basis for selection of PPE.

6. Information on the HBV vaccine program at the Bridger-Teton National Forest, including information on its efficacy, safety, methods of administration, benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.

7. Appropriate contact persons and actions to take in case of an exposure incident.

8. Methods of reporting exposure incidents, medical follow-up after the post exposure evaluation.

**RECORDKEEPING**

Personnel will establish and maintain a confidential medical record for all employees who may have occupational exposure. These records will not be disclosed or reported (without the express written authorization of the employee) to any person within or without this organization except as required by law. The records will be made available to OSHA representatives upon request as stated in Title 29, CFR 1920.30. These medical records will be retained for the length of the employee's employment plus 30 years as set forth in Title 29, CFR 1910.20. The following documents will be retained in each employee's file:

* Employee Training Record (documented and signed by employee and supervisor)
* HBV Vaccination Declination Form (signed by employee and supervisor/witness)
* Healthcare Professional's Written Opinion for Hepatitis B Vaccination
* Employers Post exposure Follow up
* Healthcare Professional's Written Opinion Post exposure Evaluation

**REFERENCES:**

**OSHA:**

http://www.osha.gov/pls/oshaweb/owadisp.show\_document?p\_table=standards&p\_id=10051

**FACT SHEET:**

http://www.osha.gov/OshDoc/data\_BloodborneFacts/index.html

**SUMMARY OF HEPATITIS B**

**IMMUNIZATION SCHEDULES**

**(Example)**

PREEXPOSURE SCHEDULE

1. First Visit HBV (hepatitis B vaccine) HBV 1

2. One month after first dose HBV 2

3. Six months after first dose HBV 3

(booster not routinely recommended)

AGE DOSE

11 - 19 years 0.5 ml Recombivax or 1.0 ml Engerix-B

20 years or older 1.0 ml Recombivax or 1.0 ml Engerix-B

All ages, immunocom- 2.0 ml Engerix-B or !.) ml of the special

promised or on dialysis Recombivax for immunocompromised

POSTEXPOSURE SCHEDULE

1. As soon as possible HBIG and HBV HBV 1

2. One month after first dose HBV 2

3. Six months after first dose HBV 3

AGE DOSE

HBIG

Children and Adults 0.06 ml/kg

HBV

Children and Adults same as in Pre-exposure schedule

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| **USDA Forest Service FS-6700-14** |
| **BLOODBORNE PATHOGENS PROGRAM** |
| **HEPATITIS B VACCINE DECLINATION STATEMENT (MANDATORY)** |
| 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 vaccine at this time.  I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious liver disease.  If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and want to be vaccinated with the hepatitis B vaccine, I can receive this vaccination series at no charge to myself. |
| I,  , **EMPLOYEE'S NAME (PRINT)**  have read the above declination statement and thoroughly understand my rights in accordance with 29 CFR 1910.1030 and FSH 6709.12, chapter 20, section 25.  I decline the hepatitis B vaccine with full knowledge of the risk of acquiring hepatitis B as a result of occupational exposure to blood or other potentially infectious materials.      (mm/dd/yyyy)  **EMPLOYEE'S SIGNATURE** **DATE**    **WITNESS'S SIGNATURE** **DATE** |