

I. SCOPE

- A. This section applies to all occupational exposure to blood or other potentially infectious materials.

II. DEFINITIONS

- A. **Blood**
Human blood, human blood components, and products made from human blood.
- B. **Exposure Incident**
A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
- C. **Occupational Exposure**
Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potential infectious materials that may result from the performance of an employee's duties.
- D. **Other Potentially Infectious Materials**
The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, 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).
- E. **Universal Precautions**
Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
- F. **Medical Personnel**
All first-aid and emergency personnel at the facility.

- G. **Regulated Waste**
Liquid or semi-liquid blood or other potentially infectious materials: contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

III. EXPOSURE DETERMINATION

- A. Members of the first aid team have been identified as having occupational exposure to blood or other potentially infectious materials.
- B. Tasks involving occupational exposure performed by first aiders include but are not limited to:
 - 1. Treating, dressing and cleaning open bleeding wounds and,
 - 2. Other injuries involving other potentially infectious materials.
- C. Cleaning of equipment contaminated with blood or other potentially infectious materials.

IV. METHODS OF COMPLIANCE

- A. **General**
 - 1. Universal precautions should 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 should be considered potentially infectious materials.
- B. **Engineering and work practice controls.**
 - 1. Engineering and work practice controls shall be used to eliminate or minimize medical personnel exposure.
 - 2. Where occupational exposure remains after institution of these controls, personal protective equipment should also be used.
 - 3. Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.
 - 4. Hand washing facilities are readily accessible to first aid personnel at many locations throughout the facility.

5. When provision of hand washing facilities is not feasible either an antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes are used, hands should be washed with soap and running water as soon as feasible.
6. Medical personnel shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
7. Medical personnel shall wash 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.
8. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is reasonable likelihood of occupational exposure.
9. All procedures involving blood or other potentially infectious materials should be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
10. Equipment, which may become contaminated with blood or other potentially infectious materials, should be decontaminated as necessary, unless it can be demonstrated that decontamination of such equipment or portions of such equipment is not feasible.

C. Personal Protective Equipment

1. General
 - a. When there is occupational exposure appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices should be used.
 - b. Personal protective equipment shall be considered "appropriate" only if it does not permit blood or other potentially infectious materials to through to or reach medical personnel'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 protection equipment shall be used,

- c. If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) should be removed immediately or as soon as feasible.
 - d. All personal protective equipment should be removed prior to leaving the work area.
 - e. When contaminated personal protective equipment is removed it should be placed in the large red garbage can labeled "Bio-Hazardous Waste".
 - f. All medical personnel should be aware of where PPE is stored and how to operate it properly.
2. Gloves
- a. Disposable (single use) gloves such as surgical or examination gloves, should 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.
 - b. Disposable (single use) gloves should not be washed or decontaminated for re-use.
3. Masks, Eye Protection, and Face Shields.
- a. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, should be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
4. Gowns, Aprons, and Other Protective Body Clothing.
- a. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments should be worn in occupational exposure situations. The type and characteristics shall depend upon the task and degree of exposure anticipated.
 - b. Surgical caps or hoods and/or shoe covers or boots should be worn in instances when gross contamination can reasonably be anticipated.

D. Housekeeping

1. All equipment, environmental, and working surfaces should be cleaned and decontaminated and waste disposed of after contact with blood or other potentially infectious materials.
2. It is the responsibility of the medical personnel, not janitorial personnel, to clean and decontaminate all equipment, container and working surface that have been contaminated with blood or other potentially infectious materials.
 - a. Gloves and appropriate personal protective equipment should be worn whenever medical personnel clean or decontaminate any equipment or materials.
 - b. Contaminated work surfaces should be decontaminated with an appropriate disinfectant after completion of procedures, immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials, and at the end of a shift if the surface may have become contaminated since the last cleaning.
 - c. Disposal method will be carried out by the first responder involved in incident. Decontamination efforts will be taken of biohazard material by throwing it into the boilers.
3. Protective coverings, such as plastic wrap, aluminum foil, or imperviously backed absorbent paper used to cover equipment and environmental surfaces, should be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.
4. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials should be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
5. Broken glassware, which may be contaminated, should not be picked up directly with the hands. It should be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.

V. REFERENCES

29CRF 1910.1030; Occupational exposure to bloodborne pathogens