

# CENTRAL ARIZONA PROJECT



## BLOODBORNE PATHOGENS PROGRAM

REVISED OCTOBER 1, 2019

## 1.0 PURPOSE

The purpose of this Bloodborne Pathogens Program is to minimize or eliminate potential employee exposure to human blood and other body fluids or tissues through a combination of training, work practice controls, and personal protective equipment.

While contact with human blood and other infectious material is not a frequent on-the-job occurrence for Central Arizona Project (CAP) personnel, potential exposure may occur in first-aid situations where there are open wounds, if breathing resuscitation efforts are required, or during waste water treatment operations.

- 1.1 COMPLIANCE STANDARDS: This document was prepared in accordance with the Federal Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens standard (29 CFR 1910.1030) and the U.S. Department of the Interior- Bureau of Reclamation (BOR) Safety and Health Standard.
- 1.2 PROGRAM COMPLIANCE: Compliance with instructions and procedures contained in the Bloodborne Pathogen Program is mandatory. Willful disregard for this program or any of its provisions may result in corrective action as outlined in the CAP Policy on Corrective Action found in the Employment Section of the Policy Handbook.

## 2.0 SCOPE

This program is intended to reduce or prevent exposures to bloodborne pathogens for all CAP employees. Employees listed in Section A of Attachment A may have occupational exposures to blood and other infectious materials during the course of their work and will be required to comply with all sections of this program. Those employees listed in Section B are not expected to have occupational exposures to bloodborne pathogens except when giving voluntary first-aid procedures. These employees, due to their work in Safety-Sensitive positions, have a greater potential for voluntary first-aid and therefore receive first-aid/CPR training. They must be in compliance with Sections 4.0, 6.0, and 7.0. Employees not listed in Attachment A will be required to comply only with Section 4.1 and 4.2, General Requirements.

## 3.0 DEFINITIONS

Note: Definitions for most of the terms found in this program are the same as those in the OSHA standard found at 29 CFR 1910.1030. However, for ease of use a few of those terms, as well as those unique to CAPs' program, are found below:

**Responding Employee(s)** means CAP employees who are identified in Section A of Attachment A of this written program. These include Protective Services, Safety and Health, Environmental, and several employees who work with the septic systems at CAP buildings.

**Exposure Control Plan** means the engineering controls, work practices, and/or personal protective equipment used to protect employees from exposures to bloodborne pathogens.

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

**Safety Sensitive Employee(s)** means CAP employees who are identified in Section B of Attachment A of this written program. This listing is essentially all employees that are in Safety-Sensitive positions. These employees are not responsible for cleaning up blood or other potentially infectious materials, but may potentially be exposed during the course of providing first aid.

**Other Potentially Infectious Materials** means (1) 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; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

**Regulated Waste** means 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.

**Other Employee(s)** means all CAP employees who are not identified in Section A or Section B of Attachment A of this written program.

#### **4.0 GENERAL REQUIREMENTS**

**4.1 EXPOSURE CONTROL PLAN:** To minimize the risk of contracting bloodborne diseases in the workplace, employees exposed to bloodborne pathogens will comply with the following Exposure Control Plan:

- Appropriate vinyl or latex gloves are available in CAP first-aid kits. However, if a serious first-aid incident occurs and gloves are not available, minimize exposure by using any appropriate and available barrier when responding to the injury.
- Use micro shield or mask as instructed in the CAP First-Aid/CPR training. Micro shields are available in the company first-aid kits.
- If using syringes/needles to self-administer allergy or insulin shots, do not dispose of the used needles in company trash containers. An approved medical waster disposal container is available in warehouse stock for needles and must be used in these cases. The waste is to be disposed of as Regulated Waste with the Environmental Compliance Department.

- Wear latex or vinyl gloves when directly handling human blood, bloody materials, bodily fluids, or sewage. After finishing, carefully remove gloves and wash hands thoroughly (minimum of 30 seconds) with hot water and soap.
- Dispose of contaminated material by classifying them as either :  
**“Solid Waste”**: Material containing small amounts of dried blood, dried body fluids, or dried waste water materials.

**OR**

**“Regulated Waste”** (“Bio-Hazard Medical Waste”): Material saturated with blood that could release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed, or items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling. This includes used needles.

- Use the appropriate disposal method according to solid or regulated waste descriptions. Call the Safety and Health Department at X2155 for decision support.

**Solid Waste Disposal Method:** Double bag and seal immediately after first aid incident occurs. Place in dumpster.

**Regulated Waste Disposal Method:** Double bag using a red Bio-Hazard bag as outer bag and seal completely. Call Environmental Compliance, at X2353, for specific disposal procedures.

- NOTE: Only those employees listed in Section A of Attachment A can perform bloodborne pathogen clean-ups. Wear vinyl or latex gloves when cleaning up equipment or work areas which have had contact with any bloodborne pathogens. Use an 8-to-1 solution of tap water and regular bleach to clean the equipment or areas (other approved biocides may be used as directed by the Safety and Health Department).

**4.2 REPORTING REQUIREMENTS:** If another person’s blood is transferred to an employee rendering care such that it may enter a break in the employee’s skin (rash, cut, abrasion, etc.) or enter a mucous membrane (mouth, nose, eyes), that employee must report the incident to the Safety and Health Department as soon as possible. The Safety and Health Department will follow the Post Exposure follow up procedures outlined in Section 9.0 of this program. It is important that post-exposure vaccination be made available to the exposed employee within 24 hours of the exposure incident. Records will be retained as per Section 10.0 of this program.

Employees may not need Post Exposure follow-up if the exposed employee is confident that all of the following conditions have been met. The exposed employee does not have a skin break in the exposed area,

- There was no puncture wound, and

- Another person's blood does not splash or transfer into the exposed employee's nose, mouth, eyes, or onto an open wound.

#### **4.3 INFORMATION AND TRAINING**

- 4.3.1** Participating employees listed in Section A of Attachment A will be provided with bloodborne pathogen training at least annually. That training will consist of the elements detailed in the OSHA regulations at 29 CFR 1910.1030(g)(2)(vii).
- 4.3.2** Employees listed in Section B of Attachment A will be trained using the American Heart Association or similar curriculum that includes a section on the hazards of bloodborne pathogens as well as those items above that are unique to CAP employees.

#### **5.0 EXPOSURE DETERMINATION AND PARTICIPATION LIST**

The Safety Manager will review employee job duties to determine risk to the employee from exposure to blood or other potentially infectious materials. Employees will fall into one of three basic categories: 1) Responding Employees: those with "reasonably anticipated occupational exposures" to blood or other potentially infectious material (Section A of Attachment A). Employees in this exposure category are required to comply with Sections 6.0 through 9.0 of this program; 2) Safety Sensitive Employees: those with increased potential for performing volunteer first-aid services (Section B of Attachment A); and 3) Other Employees: those with little chance of contact with bloodborne pathogen materials on the job. While employees that are not in the Section A category do not have a reasonable expectation of exposure, it is always possible. All employees are expected to take any precaution available to them to prevent exposure.

#### **6.0 UNIVERSAL PRECAUTIONS**

The Universal Precautions described below will be used whenever employees could have exposure to blood or other potentially infectious material.

- 6.1 EMPLOYEE RESPONSIBILITIES:** Employees are required to use the following measures to protect themselves from blood or other potentially infectious materials.
  - 6.1.1 Gloves and Other Personal Protective Equipment:** Gloves will be worn whenever there is potential for the hands to come in skin contact with blood, infectious materials, mucous membranes, non-intact skin, or surfaces and materials soiled with blood or other potentially infectious materials. Disposable gloves will be replaced as soon as possible when they are torn, punctured, or may no longer provide a barrier to contamination.
  - 6.1.2 Hand washing:** Employees will wash their hands with hot water and soap immediately after removing protective gloves or other PPE and after hand contact with blood or other potentially infectious materials. If working away from a facility with water supply, disinfecting towelettes or waterless hand sanitizing solutions should be used.

**6.1.3 Special Cleanup:** The Environmental, Health and Safety (EH&S), and Protective Services Departments will perform any bloodborne pathogen clean up when there has been what is considered a minimal release. An experienced contractor will be used to perform any clean ups where the release is more than minimal. Minimal is considered a release where there is no pooling of the released body fluid. In the event of excessive contamination of bloodborne pathogens (pooling occurs), the EH&S Department will supervise the cleanup of potentially pathogenic materials.

All PPE will be removed immediately after completion of the task being performed and placed in a designated appropriate area or container for washing, decontamination, and/or disposal.

**6.1.4 Work Practice Controls:** It is prohibited to eat, drink, smoke, apply cosmetics or lip balm, handle contact lenses, or store food and beverages in areas of possible bloodborne pathogen contamination or occupational exposure to bloodborne pathogens.

All procedures involving blood or other potentially infectious materials will be performed in such a way to minimize splashing, spraying, or the production of aerosols. Direct mouth to mouth contact is discouraged and resuscitation procedures should be performed with mouthpieces, resuscitation bags, pocket masks or other ventilation devices.

Potentially infectious broken glassware and other sharp items will not be picked up directly by hand but will be manipulated using mechanical devices such as a brush, dust pan, tongs, forceps or cotton swabs. Any container used to hold potentially infectious materials will be closeable, leak proof, and display the universal biohazard symbol. If the outside of the container is likely to be contaminated, a second leak proof container will be placed over the first, labeled as above, and closed to prevent leakage during handling, storage, and transport. If puncture of the first container is likely, both containers will be puncture resistant. The above container's disposal method will comply with federal, state and local regulations.

Any sharps will be placed immediately in closable, puncture resistant and disposable containers which are leak proof on the bottom and sides and display the universal biohazard symbol. These containers will be easily accessible to personnel in the immediate area of use and will be replaced routinely and not allowed to become overfilled. Sharps containers are a warehouse stock item.

**6.1.5 Disposal of Personal Protective Equipment:** Employees will use disposable coveralls to prevent contamination of clothing. These items are a warehouse stock item and will be provided to each employee who has the potential to be occupationally exposed to blood. The coveralls will be disposed of according to the disposal protocol listed in the Exposure Control Plan (Section 4.1).

**6.2 DEPARTMENTAL RESPONSIBILITIES:** CAP Managers are required to ensure that all bloodborne pathogen program components are known, understood, and followed by Responding Employees (Section A of Attachment A).

**6.2.1 Personal Protective Equipment:** CAP will provide appropriate PPE and ensure that Responding Employees use the appropriate protective equipment and follow the above listed Universal Precautions.

The supplied equipment may include items such as disposable or reusable gloves, fluid-proof aprons, coats, head and foot coverings, face shields, masks, eye protection, mouthpieces, resuscitation bags, pocket masks, or any other device which would protect the worker from work exposure.

PPE will be provided in the appropriate sizes for Responding Employees and will be readily accessible at the work-site or issued to the employee. If an employee is allergic to the gloves normally provided, hypoallergenic gloves will be provided for that employee.

## **7.0 COMMUNICATION OF HAZARDS TO EMPLOYEES**

**7.1 LABELS AND SIGNS:** Warning labels will be fixed (to prevent their loss or accidental removal) to containers or equipment containing contaminated material. These labels will be burnt orange with lettering of a contrasting color and will display the universal biohazard symbol.

Signs will be posted at the entrance to any work area where potentially infectious material is located. The sign will include:

1. The word "Biohazard" and the universal biohazard symbol with the sign being orange red with letters of a contrasting color.
2. The name of the infectious agent.
3. Any special instructions for entering the area, and the name and telephone number of the supervisor of the area.



## **8.0 MEDICAL PROPHYLAXIS**

CAP will make Hepatitis B Virus vaccination available, within 10 working days of initial assignment, to all Responding Employees. Additionally, vaccinations will be offered within 24 hours as post-exposure medical follow-up for any CAP employee with an occupational exposure incident. This will include those employees listed in Attachment A, Sections A & B as well as any other employee wishing such treatment after a first-aid exposure incident.

**8.1 VACCINATION PROGRAM:** All Responding and Safety Sensitive Employees will state their intention of accepting or not accepting the Hepatitis B Vaccination by completing

the Employee Hepatitis B Vaccination Acceptance/Declination Form. Should an employee who initially declines the vaccination decide at a later date (while still covered under this policy) to receive the vaccination, it will be provided at that time. If booster doses are recommended at a later date, they will be provided upon the advice of a physician. A copy of CAP's Acceptance/Declination form is in Appendix B.

## **9.0 POST EXPOSURE EVALUATION AND MEDICAL FOLLOW-UP**

An exposure to blood or other potentially infectious materials include such things as needlesticks, splashes of blood or body fluids, and unprotected resuscitation attempts. Such incidences will be reported to the EH&S Department and recorded on the Exposure Incidence form in Attachment C of this program. Additionally, the Industrial Commission of Arizona form ICA 04-614-91, "Report of Significant Exposure to Bodily Fluids", must also be filled out within 10 calendar days after exposure and submitted to CAP Risk Management.

**9.1 POST EVALUATION EXPOSURES:** The post exposure evaluation will include at least:

- Documentation of the exposure route, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immune-Deficiency Virus (HIV) antibody status of the source individual (if known) and the circumstances of the exposure.
- If the alleged source individual knowingly and willingly consents in writing, the alleged source individual's blood will be tested to determine the presence of HIV and/or HBV and HCV infection.
- The alleged source person's test results will be made available to the exposed employee if the alleged source individual knowingly and willingly consents to release of this information.
- Blood collection from the exposed employee will be done as soon as feasible after the exposure incident, but not more than 10 days after exposure. This blood draw is to establish a baseline of viral infection. Actual testing of the sample may be done at that time or at a later date if the employee so requests. A written consent to this blood collection should be completed.

CAP will provide the following to the evaluating physician:

- A copy of this policy and the OSHA standard and its appendices.
- A description of the employee's occupational duties as they relate to occupational exposure.

**9.2 PHYSICIAN'S WRITTEN OPINION:** For each employee, CAP will obtain from the physician a copy of the physician's written opinion and provide a copy to the employee within 15 days of the completion of the evaluation. Each written opinion will be limited to the following information:

- The physician's recommendations on the ability of the employee to receive the HBV vaccination.



- A statement that the employee has been informed of the results of the medical evaluation and that the employee has been told about any medical conditions resulting from exposure which might require further evaluation or treatment.
- Those specific findings which are related to the employee's ability to receive Hepatitis B and/or Hepatitis A vaccinations. Any other findings will remain confidential and will not be included in the written report.

## **10.0 RECORDKEEPING**

Training and medical records will be maintained in the following manner:

**10.1 MEDICAL RECORDS:** An accurate record will be kept for each employee regarding his/her hepatitis B status and will include the following:

- Name and employee identification number.
- A copy of the employee's hepatitis B vaccination records relative to the ability to receive the vaccination and the circumstances of any exposure incidents.
- A copy of all results regarding the physician's examination, testing, and post exposure follow-up results.
- A copy of the physician's written opinions.
- A copy of the information that is required to be provided to the physician.

These records will be kept confidential and the information will not be reported to anyone except:

- Examination and copying by the employee.
- At the knowing and willing written consent of the employee.
- As required by law.

These records will be maintained during the duration of employment plus 30 years. They will be maintained by the EH&S Department.

**10.2 TRAINING RECORDS:** Records of training will include the following:

- A copy of the current training list of at-risk personnel with the current training status of each employee.
- The dates of the training sessions and the name of the instructor.
- A written summary of the contents of the sessions.
- Trainers name and qualifications.
- The names and job titles of all persons attending the sessions.
- These records will be maintained for three years.

The records will be made available only:

- Only to the employee for examination and copying (as detailed in OSHA 1910.1020).
- To anyone who has the written consent of the employee.
- As required by law.

**ATTACHMENT A**  
**EXPOSURE DETERMINATION AND PARTICIPATION LIST**

- A. The following CAP employee job titles have the potential to be occupationally exposed to blood and other infectious materials. They are identified in this program as Responding Employees.
1. Environmental, Health and Safety (EH&S) Department employees.
  2. Protective Services Department employees.
- B. The following CAP personal and their respective Supervisors are considered to be at the first-aid/CPR level exposure and are identified in this program as Safety Sensitive Employees.

Listing of all Safety Sensitive positions

Administrator - Technical	PMO Manager
Apprentice	Senior Electrician (Supervisor)
Assistant - Office & Clerical	Shop Mechanic
Electrician	Specialist - Materials Control
Engineer	Specialist - Officer & Clerical
Engineer, Senior	Specialist - Professional
Field Maintenance Engineer I	Specialist - Technical
Inspector	Specialist - Paraprofessional
Lead Maintenance Specialist	Supervisor
Maintenance Specialist	Supervisor - Construction Inspection
Maintenance Worker	Surveyor
Mechanic	Technician
Mechanic - Machinist	Universal Equipment Operator
Planner	Worker

**ATTACHMENT B**  
**EMPLOYEE HEPATITIS B VACCINATION ACCEPTANCE/DECLINATION FORM**

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**NAME (Please Print):** \_\_\_\_\_

**EMPLOYEE ID #:** \_\_\_\_\_

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**ACCEPTANCE FORM**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring a Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at not charge to myself. I choose to receive the Hepatitis B vaccination at this time. I also understand that the vaccination consists of a series of 3 shots over a given time period and a final injection to measure the effectiveness of the vaccines.

Physician: \_\_\_\_\_ Date: \_\_\_\_\_  
or Physician Assistant (Signature)

Employee: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

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**DECLINATION FORM**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring a Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at not 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 exposed to blood or other human body fluids. If in the future I continue to have occupational exposure to bloodborne pathogens and I decide to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Physician: \_\_\_\_\_ Date: \_\_\_\_\_  
or Physician Assistant (Signature)

Employee: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

APPENDIX C

Exposure Incident Report

PLEASE PRINT

Date: \_\_\_\_\_

Employee's Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Department: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date of Exposure: \_\_\_\_\_ Time of Exposure: \_\_\_\_\_

\_\_\_\_\_AM/PM

Hepatitis Vaccination Status: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Describe duties employee was performing when incident occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What body fluids was the employee exposed to: \_\_\_\_\_

Route of exposure (e.g. contact with non-intact skin, percutaneous, mucosal contact): \_\_\_\_\_

\_\_\_\_\_

PPE in use at time of Incident: \_\_\_\_\_

Did PPE Fail, if so, how: \_\_\_\_\_

Identification of source individual (s) (names): \_\_\_\_\_

Other pertinent information: \_\_\_\_\_

\_\_\_\_\_

Signatures/Date:

\_\_\_\_\_  
Safety and Health Department

\_\_\_\_\_  
Supervisor

Original: Safety and Health Department      Copies: Risk Management