

BLOODBORNE PATHOGENS

What Employers Must Know



Putting the Program Together

OSHA Bloodborne Pathogen Standard

EXAMPLE POLICY ONLY

To Begin:

1. The Bloodborne Pathogen Standard has many parts to it and the best way to deal with it is to work backwards. Once all the steps are in place then the Exposure Control Plan will be written.
2. Determine which of the employees have a potential exposure to blood (cleaning crew, supervisors) and which will have none (office staff, administration). Write down their job titles only (no names).
3. Determine which tasks have a higher risk of exposure to blood (restroom cleaners, first aid responders).
4. Place them according to the following category designations.

Category I: Tasks that may expose employees in Category I include:

- a. Needle sticks from contaminated needles and sharps.
- b. Exposure from open sores, cuts, abraded skin, which comes in contact with body fluids containing blood or OPIM.
- c. Membranes such as eyes, mouth or nares.
- d. May come in contact with blood when cleaning or rinsing equipment soiled with visible blood or OPIM.

Category II: Tasks that may expose employees in Category II include to overview of operations or they are not routinely involved in specific cleaning tasks that involve exposure to blood or OPIM.

Category III: All other personnel not listed in Category I or II. These employees do not perform direct cleaning. Good Samaritan Acts such as assisting a co-worker with nosebleed would not be considered a risk

5. Now decide if your employees are at risk of exposure to blood. If so, then you must proceed with the following steps. If not, then you must have a written statement that is signed by a representative of the organization that will be given to the assessor.

Second:

1. Review the disinfectant that is being used to decontaminate the area after you have cleaned the up the blood. What are needed are the first two groups of the EPA registration number (xxxx-xxx) which are the EPA registration number and the establishment number.
2. Compare that number to the lists (product needs to be on list B, D, or E) located at www.epa.gov/oppad001/chemregindex.htm.
3. The name of the chemical is not as important as the number, names may change but the formulation may remain the same.¹
4. If your disinfectant is not on any of those lists, then you must change what you use.²



Third:

1. There must be a written procedure for cleaning blood spills. Use this as a guide to make your procedure unique to your organization.
2. Keep in mind as you write the procedure that there are certain steps that must be kept in the same order.

Fourth:

1. Review, or if necessary, design a cleaning schedule for the work area. For instance, how many times restrooms are cleaned which may put your employees at risk for being exposed to Bloodborne Pathogens.
2. Review how your employees handle sharps. This will be included in the training and in the Exposure Control Plan.
3. Review employee records to see if the Hepatitis B vaccine has been offered to those employees at risk for exposure to Bloodborne Pathogens.
4. The documentation for the Hepatitis vaccine should be the employee acceptance or declination form.

Fifth:

1. Using the template and the information that you gathered in the first four steps, complete the Exposure Control Plan (ECP) found at the end of this policy.
2. This ECP should be unique to your facility and circumstances and should reflect what is being done.
3. Review, make changes, and update the ECP annually.
4. Make copies and place the ECP where your employees can easily find it (such as in the SDS books).

Finally:

1. Using the lesson plan found in this policy, arrange to have your training completed by a trainer familiar with Bloodborne Pathogens and the workplace.¹
2. Training must be in a format and language the employee can understand. Make it simple. Videos are not acceptable unless you have the trainer there to answer questions and the video relates to housekeeping/custodial tasks.
3. Document attendance and the date. Retrain annually.

NOTE: The EPA lists contain the primary registrants' products only. The same formulation is frequently repackaged and renamed and distributed by other companies. These renamed products will not appear on the list, but their EPA Registration number must appear on the label. Products cleared solely by the FDA will not have an EPA number (OSHA CPL 02-02-069)

NOTE: Fresh solutions of diluted household bleach made up daily (every 24 hours) are also considered appropriate for disinfection of environmental surfaces and for decontamination of sites following initial cleanup (i.e., wiping up) of spills of blood or other potentially infectious materials. Contact time for bleach is generally considered to be the time it takes the product to air dry. Solutions of bleach should not be stored in glass containers, but in material such as the plastic in which the bleach, the consumer product, is packaged in. Household bleach (5.25% sodium hypochlorite) diluted to the appropriate strength for the clean-up job at hand is also an effective disinfectant, although bleach may cause damage to some medical instruments and therefore cannot be used in all cases. In addition, gross contamination must be cleaned up first with a soap and water solution, to ensure the disinfectant is completely effective. (OSHA CPL 02-02-069)

NOTE: The person conducting the training is to be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address. In addition to demonstrating expertise in the area of the occupational hazard of bloodborne pathogens, the trainer must be familiar with the manner in which the elements in the training program relate to the particular workplace. (OSHA CPL 02-02-069)



Hepatitis Acceptance or Declination Form Example

I have been offered the hepatitis B vaccine, at no charge to myself, and I wish to get the vaccination.

Signature

Date

or

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

Signature

Date

insert company name.



Definitions:**Universal Precautions:**

All employees will utilize universal precautions. "All human blood and other potentially infectious material (OPIM), is to be treated as infectious for HIV, HBV, HCV or other bloodborne pathogens, regardless of the perceived low risk status..."

Blood:

Human blood, human blood components, and products made from human blood.

Bloodborne Pathogens:

Any pathogenic microorganism that is present in human blood or OPIM that can infect and cause disease in persons who are exposed to blood containing the pathogen. While hepatitis C virus is the most common chronic bloodborne infection in the United States other bloodborne diseases such as malaria, syphilis, hepatitis B and HIV can also be transmitted.

Contaminated Sharps:

Any contaminated object that can penetrate the skin including, but not limited to, needles and broken glass.

Exposure Incident:

A specific eye, mouth, or other mucous membrane, non-intact skin (skin with dermatitis, hangnails, cuts, abrasions, chafing, acne, etc.), or parenteral (human bites that break the skin, which are most likely to occur in violent situations, needle sticks, cuts and abrasions) contact with blood or other potentially infectious materials.

Occupational Exposure:

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.

Other Potentially Infectious Materials (OPIM):

1. The following human body fluids: semen, vaginal secretions, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is impossible to differentiate between body fluids.
2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

Regulated waste:

Is defined as "the following categories of waste which require special handling, at a minimum: liquid or semi-liquid blood or OPIM; items contaminated with blood or OPIM and which would release the substances in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; pathological and microbiological wastes containing blood or OPIM".



Company Name Exposure Control Plan (ECP)

Employees covered by the bloodborne pathogens standard receive an explanation of the ECP during their new employee orientation. The written plan will be available in the _____ where all employees have an opportunity to review this plan at any time during work shifts by contacting human resources. If requested, the employee will be provided with a copy of the ECP free of charge and within 15 days of the request.

Engineering Controls and Work Practice Controls

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below and are reviewed annually and as needed.

- For the safe collection of trash, staff will not compact trash with their hands, not pick-out trash with their hands from any trash container, and carry trash containers away from their body and not by the container's bottom.
- When picking up broken glass and/or sharp objects including needles, use a "no-hands method" by using a broom or dust pan and then placing the debris in a puncture proof container.
- Primary containers which may be punctured by their contents, must be placed in a puncture-resistant secondary container.
- Blood or other potentially infectious material cleanup example only.
 1. Place a wet floor sign over the spill.
 2. Bring the insert name disinfectant, regulated waste container, and personal protective equipment to the area.
 3. Put on the utility gloves, safety glasses, and if needed disposable protective gowns.
 4. Blot up the spill with a paper towel or cleaning rag.
 5. Place the paper towels or cleaning rags into a regulated waste container.
 6. Apply the insert name disinfectant to the spill area and leave the area wet.
 7. Wait 10 minutes and wipe up the spill area with a paper towel or cleaning rag.
 8. Place the paper towels or cleaning rags into a regulated waste container.
 9. Remove the utility gloves and place them into the regulated waste container.
 10. Tie off the regulated waste container.
 11. Wash your hands.
 12. Place your regulated waste container into the company provided regulated waste collection container.
 13. The waste container is to be emptied every shift if there are contaminants in the pail.
 14. Personal protective equipment will always be available (see "Personal Protective Equipment").

The operation identifies the need for changes in engineering controls and work practice controls through the insert job titles, committees, or positions. In addition, non-managerial staff is invited to make suggestions that would improve the work practices and/or engineering controls.

The insert job titles, committees, or positions will ensure effective implementation of these recommendations.



Personal Protective Equipment (PPE)

When there is a risk of occupational exposure, PPE's are provided at no cost to the employee in order to prevent blood or OPIM from passing through to, or contacting the employee's work or street clothes, undergarments, skin, eyes, mouth or other mucous membranes. insert job titles, committees, or positions provide training in the use of the appropriate PPE for the tasks or procedures employees will perform.

The types of PPE available to employees are as follows

1. _____
2. _____
3. _____
4. _____

PPE's may be obtained through any insert job titles.

All employees using PPE must observe the following precautions:

1. Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
2. Remove PPE after it becomes contaminated, and before leaving the work area.
3. Contaminated PPE shall be disposed in a regulated waste container.
4. Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
5. Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
6. Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface. This garment will be given to the supervisor for proper laundering or disposal.

The procedure for handling used PPE is as follows:

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure. (Note: Hand cream is not considered a "cosmetic" and is permitted.) Food and drink shall not be kept on restroom carts, chemical storage areas, in refrigerators, freezers, shelves, and cabinets or on countertops or benchtops where blood or OPIM are present.



Housekeeping

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels), and closed prior to removal to prevent spillage or protrusion of contents during handling.

Employees are not allowed to put their hands in or to open containers, once they have been closed.

Regulated waste will be double-bagged if the waste bag leaks blood or OPIM, if an employee with bloody gloves has handled the container or if the waste container has been splashed with blood or OPIM.

Broken glassware, which may be contaminated, is picked up using mechanical means, such as a brush and dustpan and placed in a puncture proof container.

Contaminated work surfaces shall 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 OPIM, and at the end of the work shift if surface has become contaminated since the last cleaning. Appropriate disinfectants include a diluted bleach solution, EPA (B List) registered tuberculocides, or products registered against HIV/HBV (D-List).

insert company name uses *disinfectant name*, a product on the ____-List, EPA registration # _____. Label instructions will be followed. Contamination will be removed before the disinfectant is applied and then discarded in a leak-proof, labeled container. The disinfectant will be allowed to remain wet on the surface for ____-minutes before being removed. Cleaning should be done in such a manner as to eliminate splashes, spray or droplets of blood or OPIM. If spattering of droplets is anticipated, use of eye protection and a mask or face shield is mandatory.

Mop buckets, pails, bins and other contaminated equipment are cleaned and decontaminated as soon as feasible after visible contamination.

Labels

The following labeling method(s) is used in this facility:

EQUIPMENT TO BE LABELED

LABEL TYPE

Insert job titles, committees, or positions will ensure biohazard warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify a *insert job titles, committees, or positions* if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

Cleaning Schedule

Area	Type of Surface	Soil	Frequency



Hepatitis Vaccination

insert company name will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration and availability.

The hepatitis B vaccination series is made available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless:

1. documentation exists that the employee has previously received the series,
2. antibody testing reveals that the employee is immune,
3. medical evaluation shows that the vaccination is contraindicated.

However, if an employee chooses to decline the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal is kept at human resources.

Vaccination will be provided by *insert company name*

Following hepatitis B vaccinations, the health professional's written opinion will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

Post-Exposure Evaluation and Follow-Up

Should an exposure incident occur, immediately contact the *job title* at the following number: *insert phone number*.

An immediately available confidential medical evaluation and follow-up will be conducted by the medical *insert medical provider's name* following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

1. Document the routes of exposure and how the exposure occurred.
2. Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
3. Obtain consent and plan to have the source individual tested as soon as possible to determine HIV, HBV, and HCV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
4. If the source individual is already known to be HIV, HBV, and/or HCV positive, new testing need not be performed.
5. Assure that the exposed employee is provided with the source individual's test results and with information is provided about applicable disclosure laws and regulations concerning identity and infectious status source individual (e.g., laws protecting confidentiality).
6. After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV, HCV and HIV serological status.
7. If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.



Administration of Post-Exposure Evaluation and Follow-Up

Insert job title ensures that those responsible for administering the employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's Bloodborne Pathogens Standard. Insert job title ensures that those evaluating an employee after an exposure incident receive the following:

1. a description of the employee's job duties relevant to the exposure incident,
2. circumstances of exposure,
3. if possible, results of the source individual's blood test,
4. relevant employee medical records, including vaccination status.

Insert job title provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

Insert job title will review and document the circumstance of all exposure incidents to determine: engineering controls in use at the time, work practices followed, a description of the device being used, protective equipment or clothing that was used at the time of the exposure incident, location of the incident, procedures being performed when the incident occurred, employee's training.

If it is determined that revisions need to be made, the Insert job title will ensure that appropriate changes are made to this ECP.

Employee Training

All employees who have occupational exposure to bloodborne pathogens receive training conducted by an ECP trainer. This person is qualified to conduct training because each will be required to complete special training to prepare them as an ECP trainer.

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers at a minimum, the following elements:

1. a copy and explanation of the standard,
2. an explanation of ECP and how to obtain a copy,
3. an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident,
4. an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE,
5. an explanation of the basis for PPE selection,
6. information of the hepatitis B vaccination, including information of its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge,
7. information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM,
8. an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available,
9. information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident,
10. an explanation of the signs and labels and/or coding required by the standard and used at this facility,
11. an opportunity for interactive questions and answers with the person conducting the training session.

Training materials for this facility are available at Insert job title.



ECP Recordkeeping

Training Records:

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at insert location. The training records include:

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

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 days. Such requests should be addressed to Human Resources.

Medical Records:

Medical records are maintained for each employee with occupational exposure in accordance with 29CFR 1910.20, "Access to Employee Exposure and Medical Records." Insert job title is responsible for maintenance of the required medical records. These confidential records are kept at Insert location for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 days. Such requests should be sent to Insert location

OSHA Recordkeeping:

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29CFR 1904). This determination and the recording activities are done by Insert job title. In addition, in compliance with the **Needle stick Safety and Prevention Act** any employee stuck by a needle will have the circumstances recorded on a separate confidential needle stick log.



Bloodborne Pathogen Training Lesson Plan

Purpose: The training objective is to review the current exposure control plan and its contents.

Supplies to Bring:

1. the steps to cleaning blood,
2. a copy of the exposure plan,
3. paper towels,
4. a bottle of disinfectant,
5. gloves and safety glasses.

Content:

1. Overview and reason for the OSHA standard
2. Current information on:
 - a. HBV, HIV, HCV, including symptoms and modes of transmission (both in the workplace and personal risk factors)
 - b. what work tasks could result in exposure of blood
 - c. how to clean up blood (hands-on)
 - d. how to handle found needles
 - e. information on the HBV vaccine including where and how to get it
 - f. what to do if exposed
 - g. information about disinfectant (hazards, use and PPE)
 - h. information on the exposure control plan and where to get a copy.

I have been trained how to clean up a blood spill, the hazards of blood, chemical safety, and how to handle found needles. I understand and will follow the procedures.

Employee Name (Print) _____

Employee Signature: _____

Date: _____

Instructor's Name (Print): _____

Instructor's Signature: _____

Date: _____



Step 1	<ul style="list-style-type: none"> a. Secure the area using floor signs, yellow caution tape and/or barricades. b. Take a picture of area for record keeping. c. No unauthorized persons should be allowed in the area.
Step 2	<ul style="list-style-type: none"> a. Put on approved personal protective gear. b. Assemble approved cleaning equipment and tools. c. Use a bloodborne pathogens kit when available. If a kit is not available, then use approved PPE equipment and approved tools from list. (See column on the right.)
Step 3	<ul style="list-style-type: none"> a. Enter area wearing PPE. b. Open BBP kit or suggested tools. c. Apply absorbent compound to surface of contamination. Use dull scraper to stir contents to solidify gross contents. d. Remove the contaminated debris in a small dust pan. Place contents in red sealable trash can liner or approved bag. e. Place a disposable towel/rag over the gross contaminant and clean the area. Place dirty towels/rags in an approved red biohazard bag. Continue cleaning until all blood and contamination has been removed. f. If sharp objects exist, use tongs to handle debris. Place in approved sharps container. DO NOT use hands. g. <i>If blood spill is large, you may want to use a wet/dry vacuum to recover solution on the floor.</i> h. Once soil has been completely removed, apply disinfectant to all surfaces. Allow disinfectant to sit wet for manufacturer's recommended contact time. i. Dry the area with a rag or use a mop j. Complete final inspection of the area k. Remove signage.
Step 4	<ul style="list-style-type: none"> a. Place all rags and disposable gloves in a sealable red or biohazard liner/bag. b. Wash hands. Put on new gloves before sealing the bag c. Seal bag and place in a leak proof container for transport. Follow company BBP policy for liner/bag disposal. d. Goggles and/or glasses may be reused after being disinfected. DO NOT reuse gloves. e. Place box in a secure area for transport to destruction site.
Step 5	<ul style="list-style-type: none"> a. All equipment and tools are to be completely disinfected. b. Allow disinfectant to sit wet for manufacturer's recommended contact time. c. Inspect all personal clothing for any splatter. d. If contaminated change clothes. e. Bag clothes in a liner/bag and notify your supervisor..
Step 6	Wash hands thoroughly.

Safety Tools

- Nitrile gloves 4-6 pairs
- Bloodborne Pathogen Kit (BBP Kit).
- Eye protection glasses w/side shield, goggles or face shield
- Foot covers
- Gown

Product Checklist

- Bloodborne Pathogen Kit (BBP Kit)
- Absorbent compound
- Appropriate disinfectant solution (properly diluted)
- Paper towels or clean rags
- Tongs
- Sharps container / leak proof box.
- Wet floor signs
- Barricade floor signs
- Yellow caution tape
- Trash can liner or approved biohazard bag
- Trigger sprayer
- Scraper
- Dust pan
- Mop bucket / wringer
- Mop handle / mop
- Wet/Dry vacuum (optional)



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Step 2	<ul style="list-style-type: none"> a. Put on approved personal protective gear. b. Assemble approved cleaning equipment and tools. c. Use a bloodborne pathogens kit when available. If a kit is not available, then use approved PPE equipment and approved tools from list. (See column on the right.)
Step 3	<ul style="list-style-type: none"> a. Enter area wearing PPE. b. Open BBP kit or suggested tools. c. Apply absorbent compound to surface of contamination. Use dull scraper to stir contents to solidify gross contents. d. Remove the contaminated debris in a small dust pan. Place contents in sealable trash can liner or approved bag. e. Place a disposable towel/rag over the gross contaminant and clean the area. Place dirty towels/rags in an approved red biohazard bag. Continue cleaning until all blood and contamination has been removed. f. If sharp objects exist, use tongs to handle debris. Place in approved sharps container. DO NOT use hands. g. Once soil has been completely removed, apply approved disinfectant to all surfaces. Allow disinfectant to sit wet for manufacturer's recommended contact time. h. Dry the area. i. Perform final inspection. Release area
Step 4	<ul style="list-style-type: none"> a. Place all rags and disposable gloves in a sealable red or biohazard liner/bag. b. Wash hands. Put on new gloves before sealing the bag c. Seal bag and place in a leak proof container for transport. Follow company BBP policy for liner/bag disposal. d. Goggles and/or glasses may be reused after being disinfected. DO NOT reuse gloves. e. Place box in a secure area for transport to destruction site.
Step 5	<ul style="list-style-type: none"> a. All equipment and tools are to be completely disinfected. b. Allow disinfectant to sit wet for manufacturer's recommended contact time. c. Inspect all personal clothing for any splatter. d. If contaminated change clothes. e. Bag clothes in a liner/bag and notify your supervisor.
Step 6	Wash hands thoroughly.

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- Trigger sprayer
- Scraper
- Dust pan
- Mop bucket / wringer
- Mop handle / mop
- Wet/Dry vacuum (optional)



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Step 2	<ul style="list-style-type: none"> a. Put on approved personal protective gear. b. Assemble approved cleaning equipment and tools. c. Use a bloodborne pathogens kit when available. If a kit is not available, then use approved PPE equipment and approved tools from list. (See column on the right.)
Step 3	<ul style="list-style-type: none"> a. Enter area wearing approved PPE. b. Open BBP kit or suggested tools. c. Apply absorbent compound to the area of the carpet that is contaminated. d. Use dull scraper or carpet spotter bone to stir contents to solidify gross contents. e. Remove the gross contaminated debris using a small dust pan. Place contents in a sealable liner or approved bag. f. If sharp objects exist, use tongs to handle debris. Place in approved sharps container. DO NOT use hands. g. Use a pump-up sprayer or trigger sprayer to apply the approved disinfectant to the contaminated surface. Allow disinfectant to sit wet for manufacturer's recommended contact time. h. Use carpet extractor with room temperature water. Extract carpet, working fibers in all directions. <i>If a carpet extractor is not available, then use a wet/dry vacuum.</i> i. Apply disinfectant a second time to the carpet and re-extract carpet. Allow disinfectant to sit wet for manufacturer's recommended contact time. j. Extract a final time with clean rinse water. k. Place air movers/fans to dry carpet. l. Inspect carpet when dry. m. Remove signs and release the area.
Step 4	<ul style="list-style-type: none"> a. Place all rags and disposable gloves in a sealable red or biohazard liner/bag. b. Wash hands. Put on new gloves before sealing the bag c. Seal bag and place in a leak proof container for transport. Follow company BBP policy for liner/bag disposal. d. Goggles and/or glasses may be reused after being disinfected. DO NOT reuse gloves. e. Place box in a secure area for transport to destruction site.
Step 5	<ul style="list-style-type: none"> a. All equipment and tools are to be completely disinfected. b. Hoses, solution tanks, floor tools all must be disinfected inside and out. Allow disinfectant to sit wet for manufacturer's recommended contact time. c. Inspect all personal clothing for any splatter. d. If contaminated change clothes. e. Bag clothes in a liner/bag and notify your supervisor.
Step 6	Wash hands thoroughly.

Safety Tools

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- Wet floor signs
- Barricade floor signs
- Yellow caution tape
- Trash can liner or approved biohazard bag
- Pump-up sprayer
- Trigger sprayer
- Scraper
- Dust pan
- Carpet spotter bone
- Carpet extractor
- Air movers/fans
- Wet/Dry vacuum

Note: Apply a small amount of disinfectant on an inconspicuous area of the carpet. Make sure the disinfectant does not remove the color from the carpet fiber.

Note: Careful consideration must be given to the amount of fluids that may have contaminated the carpet. Replacing / re-sectioning the area may be the best option.





Step 1	<ul style="list-style-type: none"> a. Secure the area using floor signs, yellow caution tape and/or barricades. b. Take a picture of area for record keeping. c. No unauthorized persons should be allowed in the area.
Step 2	<ul style="list-style-type: none"> a. Put on approved personal protective gear. b. Assemble approved cleaning equipment and tools. c. Use a bloodborne pathogens kit when available. If a kit is not available, then use approved PPE equipment and approved tools from list. (See column on the right.)
Step 3	<ul style="list-style-type: none"> a. Enter area wearing PPE. b. If activity is in the area, move the occupant event to another location. Control the affected area and keep all people away from the area. c. Open BBP kit or assembled tools from this list d. Using absorbent compound apply to surface of contamination. Use dull scrapper to stir contents to solidify gross contents. e. Remove the gross contaminated debris in a small dust pan. Place contents in red sealable trash can liner or approved bag. f. To avoid splatter or increasing the size of the affected area, place a disposable towel /rag over gross contaminant. g. If a sharp objects exist, use tongs to handle debris. Place in approved sharps container. DO NOT use hands. h. After proper dwell time has occurred a water hose or 5 gallon bucket may be used to flush the disinfected fluids. i. Let area dry. j. Final inspection. k. Remove signs and release the area.
Step 4	<ul style="list-style-type: none"> a. Place all rags and disposable gloves in a sealable red or biohazard liner/bag. b. Wash hands. Put on new gloves before sealing the bag c. Seal bag and place in a leak proof container for transport. Follow company BBP policy for liner/bag disposal. d. Goggles and/or glasses may be reused after being disinfected. DO NOT reuse gloves. e. Place box in a secure area for transport to destruction site.
Step 5	<ul style="list-style-type: none"> a. All equipment and tools are to be completely disinfected. b. Allow disinfectant to sit wet for manufacturer's recommended contact time. c. Inspect all personal clothing for any splatter. d. If contaminated change clothes. e. Bag clothes in a liner/bag and notify your supervisor.
Step 6	Wash hands thoroughly.

Safety Tools

- Nitrile gloves 4-6 pairs
- Bloodborne Pathogen Kit (BBP Kit).
- Eye protection glasses w/side shield, goggles or face shield
- Foot covers
- Gown

Product Checklist

- Bloodborne Pathogen Kit (BBP Kit).
- Absorbent compound
- Appropriate disinfectant solution (properly diluted)
- Paper towels or clean rags
- Tongs
- Sharps container / leak proof box.
- Wet floor signs
- Barricade floor signs
- Yellow caution tape
- Trash can liner or approved biohazard bag
- Trigger sprayer
- Scraper
- Dust pan
- 5-gallon bucket
- Hose and nozzle
- Wet / Dry vacuum (optional)

Note: Considerations should be given to runoff of the solution. Disinfect first before hosing the area. If runoff is not allowed, dam the affected area with absorbent towels Then wet vacuum the area instead of hosing.



Bloodborne Pathogens - Knowledge Check

Date: _____

Name: _____

Facility Name: _____

1. Bloodborne pathogens are infectious microorganisms present in blood that can cause disease in humans.
 True
 False
2. Bloodborne pathogens can enter the body through open cuts, nicks, skin abrasions and the mucous membranes of your mouth, nose, or eyes or through an accidental injury with contaminated sharps.
 True
 False
3. Allow disinfectant to sit wet for 20 minutes
 True
 False
4. You should always wear personal protective equipment when cleaning blood spills.
 True
 False
5. Take a picture of area for record keeping
 True
 False
6. You can use reusable gloves when cleaning a blood spill.
 True
 False
7. You can use a carpet extractor to remove blood from carpet
 True
 False
8. Goggles and/or glasses may be reused after being disinfected.
 True
 False
9. You do not need to secure an area prior to cleaning a blood spill.
 True
 False
10. Hand washing is the single most important hygienic practice you can use to minimize your risk of exposure.
 True
 False



Bloodborne Pathogens - Knowledge Check - Answers

Date: _____

Name: _____

Facility Name: _____

1. Bloodborne pathogens are infectious microorganisms present in blood that can cause disease in humans.
 True
 False
2. Bloodborne pathogens can enter the body through open cuts, nicks, skin abrasions and the mucous membranes of your mouth, nose, or eyes or through an accidental injury with contaminated sharps.
 True
 False
3. Allow disinfectant to sit wet for 20 minutes
 True
 False
4. You should always wear personal protective equipment when cleaning blood spills.
 True
 False
5. Take a picture of area for record keeping
 True
 False
6. You can use reusable gloves when cleaning a blood spill.
 True
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7. You can use a carpet extractor to remove blood from carpet
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8. Goggles and/or glasses may be reused after being disinfected.
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9. You do not need to secure an area prior to cleaning a blood spill.
 True
 False
10. Hand washing is the single most important hygienic practice you can use to minimize your risk of exposure.
 True
 False





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