BLOODBORNE PATHOGENS FOR DESIGNATED FIRST-AID RESPONDERS

Exposure Control, First Aid and Post-Exposure Response

POLICY STANDARD	Treat all human blood and other potentially infectious materials as infectious. Designated responders shall use universal precautions, barrier protection and safe cleanup practices, and shall report every exposure immediately for confidential medical evaluation and follow-up.

PHEIFER BROTHERS CONSTRUCTION CO., INC.

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USE OF THIS POLICY	This policy establishes minimum requirements and is not all-inclusive. The project emergency plan, medical direction, product instructions and any more protective requirement also apply.

Primary Regulatory References

- 29 CFR 1910.1030 - Bloodborne Pathogens
- 29 CFR 1926.50 - Medical services and first aid; 29 CFR 1926.51 - Sanitation
- 29 CFR 1910.1020 - Access to employee exposure and medical records
- OSHA CPL 02-02-069 - Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens Standard

1. Purpose, Scope and Exposure Determination

Purpose

- Protect employees designated to render first aid or CPR from occupational exposure to bloodborne pathogens, including hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).
- Provide a practical exposure-control program for heavy-highway and bridge projects, shops, yards and company vehicles.

Covered Employees

- Applies to employees whom the company designates, assigns or reasonably expects to render first aid, CPR, bleeding control or cleanup involving human blood or other potentially infectious materials (OPIM).
- Employees who are not designated responders should summon trained help, control the scene and avoid blood/OPIM contact unless immediate action is necessary to prevent death or serious harm.

Exposure Determination

- The program owner shall list covered job classifications and tasks based on reasonably anticipated exposure, without considering PPE. At minimum, evaluate designated first-aid/CPR responders and employees assigned to clean blood or handle contaminated sharps/waste.
- The determination shall identify job classifications in which all employees have exposure and classifications in which only specified tasks have exposure. Names may be kept on a controlled responder roster.
- Review after staffing, duty, equipment or incident changes and at least annually as part of the exposure-control-plan review.

Blood and OPIM

- OPIM includes semen; vaginal secretions; certain body fluids such as cerebrospinal, synovial, pleural, pericardial, peritoneal and amniotic fluid; saliva in dental procedures; any body fluid visibly contaminated with blood; and body fluids that cannot be differentiated.
- Sweat, tears, urine, feces, vomit, nasal secretions and saliva are not OPIM unless visibly contaminated with blood or differentiation is impossible; normal hygiene and appropriate PPE still apply.

2. Responsibilities and Exposure-Control Plan

Management / Program Owner

- Maintain and annually review the written exposure-control plan; make it accessible to covered employees during the work shift.
- Provide training, engineering controls, PPE, hepatitis B vaccination and post-exposure evaluation/follow-up at no cost and at a reasonable time and place.
- Maintain the designated-responder roster and arrange a qualified healthcare provider/occupational clinic before projects begin.
- Seek input from non-managerial exposed employees when identifying, evaluating and selecting safer sharps/medical devices, when applicable, and document that input.

Project Manager / Foreman

- Identify designated responders for each shift and post/communicate emergency contacts, project address/coordinates, access route and first-aid resources.
- Keep first-aid supplies, barrier PPE, handwashing method, disinfectant and waste containers accessible and serviceable.
- Ensure an exposure incident is reported immediately and the employee receives prompt confidential medical evaluation.

Designated Responders

- Follow universal precautions, training and this plan; inspect kits/PPE; and do not perform procedures beyond current training and authorization.
- Report needlesticks, cuts, splashes to eyes/mouth, or blood/OPIM contact with non-intact skin immediately - do not wait for symptoms or the end of shift.
- Maintain the injured person's privacy and share medical details only with those who need them for care or required reporting.

Exposure-Control Plan Review

- Review at least annually and whenever new or modified tasks affect exposure. Reflect changes in technology that eliminate or reduce exposure.
- Document annual consideration and implementation of appropriate commercially available, effective safer medical devices when such devices are used.
- Correct deficiencies identified through incidents, drills, employee input or field inspection.

3. Universal Precautions and Work-Practice Controls

Universal Precautions

- Treat all human blood and OPIM as infectious, regardless of the person's identity, appearance or reported medical history.
- Assess scene safety first. Stop traffic/equipment, control electrical/fire/structural hazards and summon EMS before approaching when needed.

Avoid Contact

- Use gloves and other barrier PPE before contact. Keep cuts, abrasions and dermatitis covered with a clean waterproof dressing.
- Use gauze, trauma pads or dressings to control bleeding; direct a conscious injured person to apply pressure to their own wound when practical.
- Use a pocket mask or bag-valve device with one-way valve for resuscitation. Do not provide unprotected mouth-to-mouth resuscitation.
- Do not eat, drink, smoke, apply cosmetics/lip balm or handle contact lenses in areas where occupational exposure may occur. Do not store food with blood-contaminated material.

Hand Hygiene

- Wash hands and exposed skin with soap and running water as soon as possible after glove/PPE removal and after contact.
- When running water is not immediately available, use antiseptic hand cleanser/towelettes, then wash with soap and water as soon as feasible.
- Gloves do not replace handwashing. Avoid touching phones, radios, vehicle controls, door handles and clean supplies with contaminated gloves.

Prohibited Practices

- Do not bend, recap, remove, shear or break contaminated needles unless a specific procedure requires it and no feasible alternative exists; then use a mechanical device or one-handed scoop.
- Do not pick up broken contaminated glass by hand; use tongs, brush/dustpan or other mechanical means.
- Do not compress bags, reach into waste containers, or use bare hands to search clothing/debris for sharps.

4. PPE, First-Aid Kits and Hygiene Facilities

PPE Selection

- Provide PPE in appropriate sizes based on the anticipated task and exposure route. PPE is considered appropriate only if it prevents blood/OPIM from reaching work clothes, street clothes, undergarments, skin, eyes, mouth or mucous membranes under expected conditions.
- Minimum first-aid barrier supplies: single-use medical exam gloves, eye/face protection, resuscitation barrier with one-way valve, absorbent material and disposal bags.
- Add fluid-resistant gown/coveralls, sleeve protection, shoe covers and puncture-resistant utility gloves for heavy bleeding, cleanup or splash potential.

Use and Removal

- Replace gloves when torn, punctured or contaminated and between injured persons. Never wash or disinfect disposable gloves for reuse.
- Remove contaminated PPE before leaving the work area. Avoid contacting skin or clean clothing; place it in designated containers for disposal or decontamination.
- If a garment is penetrated by blood/OPIM, remove it immediately or as soon as feasible and wash the affected skin.

First-Aid Kits

- Keep kits readily accessible, weatherproof and clearly identified. Inspect before mobilization and at least weekly on active jobs; replace used, damaged, expired or contaminated contents.
- Do not store medication or unprotected sharps loosely in first-aid kits. Only trained/authorized employees may use devices such as tourniquets, AEDs or advanced airway equipment.

Facilities and Supplies

- Provide readily accessible handwashing facilities or an approved interim method when field conditions prevent immediate running water.
- Keep an EPA-registered disinfectant effective for the target pathogens, absorbent materials, leak-resistant biohazard bags/containers and an approved sharps container available where reasonably needed.
- Maintain an eyewash method capable of immediate flushing where the hazard assessment identifies eye exposure potential; proceed to medical evaluation after a splash.

5. First-Aid Response Procedures

Before Contact

- Survey for live traffic, moving equipment, electrical, fire, collapse, water and violence hazards. Do not become another victim.
- Call 911/activate the project emergency plan for serious injury. Give the exact project location, coordinates/access point and assign someone to meet responders.
- Put on task-appropriate PPE before contact. Bring the first-aid kit, AED and cleanup supplies without placing clean supplies in blood.

Provide Care Within Training

- Control severe bleeding with direct pressure, wound packing or a tourniquet only as trained. Do not blindly probe a wound.
- Use a resuscitation barrier for rescue breathing/CPR; follow current first-aid/CPR/AED training and dispatcher/EMS direction.
- Minimize splashing, spraying and spattering. Use tools rather than fingers to handle contaminated items.
- Keep bystanders outside the care area and protect the injured person from traffic, weather and unnecessary movement.

Transfer to EMS

- Brief EMS on mechanism, care provided, tourniquet time and known hazards. Do not announce private medical information over an open radio unless needed for emergency care.
- Place contaminated dressings and disposable PPE in the designated container. Do not send loose contaminated items in company vehicles.
- After transfer, secure and disinfect the area, replenish the kit and document care/exposure as required.

Responder Safety

- If adequate PPE is unavailable, use distance, barriers and direction to the injured person while another employee retrieves supplies/EMS. Life-threatening circumstances may require judgment, but exposure must be reported.
- Stop and obtain additional help when the scene is unsafe, the number/severity of injuries exceeds capability, or a procedure is beyond training.

6. Sharps, Cleanup, Laundry and Regulated Waste

Sharps

- Place contaminated sharps immediately or as soon as feasible in a closable, puncture-resistant, leak-resistant, labeled/color-coded sharps container.
- Keep the container upright, accessible and close to the point of use; replace before overfilling. Close it before removal and place in a secondary container if leakage is possible.
- Never retrieve an item from a sharps container or force material through its opening.

Cleanup and Disinfection

- Restrict the area and wear cleanup PPE. Remove broken glass/sharps mechanically before wiping surfaces.
- Absorb bulk material, then clean and disinfect using an EPA-registered product and its label contact time, or another method meeting the exposure-control plan.
- Decontaminate reusable equipment after contact and before servicing/shipping. Place an identifying label on any portion that cannot be fully decontaminated and communicate the hazard.
- Do not use compressed air. Do not dry sweep material that may contain contaminated sharps.

Laundry

- Handle contaminated clothing as little as possible and without sorting/rinsing at the jobsite. Bag/containerize where used and label/color-code it.
- Do not take contaminated clothing home. Company-arranged laundering shall inform the laundry of required precautions and prevent employee contact with strike-through.

Regulated Waste

- Use closable, leak-resistant containers that prevent leakage during handling, storage, transport and shipping; use secondary containment when the outside is contaminated or leakage is possible.
- Affix the biohazard label or use red containers/bags as permitted. Dispose through an authorized method under applicable federal, state and local requirements.
- Not every blood-stained item is automatically regulated waste; the program owner determines classification based on liquid/semi-liquid blood, potential release when compressed, caked dried material capable of release, or contaminated sharps. Handle conservatively until classified.

7. Hepatitis B Vaccination

Company Requirement

- Pheifer Brothers will offer the hepatitis B vaccination series to all employees identified with occupational exposure after required training and within 10 working days of initial assignment, at no cost and at a reasonable time/place.
- The offer will use the U.S. Public Health Service-recommended schedule current at the time. A licensed healthcare professional will determine medical appropriateness.
- No prescreening is required as a condition of receiving the vaccine. If a routine booster is later recommended by the U.S. Public Health Service, it will be offered at no cost.

Declination

- An employee who declines shall sign OSHA's mandatory declination statement. The company will retain the statement in the confidential medical record.
- A covered employee who initially declines may later accept the vaccination while still covered, at no cost.
- The company will not rely on the limited OSHA enforcement exception for collateral-duty first-aid providers; designated responders covered by this policy will receive the pre-exposure offer.

Previously Vaccinated / Contraindicated

- Document through the healthcare professional when the series is complete, antibody testing shows immunity, or vaccination is medically contraindicated. Supervisors shall not receive diagnostic details.
- Vaccination records are confidential medical records. Participation or declination will not result in retaliation or loss of responder status except where medical restrictions require reassignment.

Training Before Decision

- Explain vaccine efficacy, safety, method of administration, benefits and that it is offered free. Allow employees to ask questions of the trainer/healthcare provider.
- The vaccine does not eliminate the need for universal precautions, PPE or immediate reporting of an exposure.

8. Exposure Incident and Immediate Actions

What Is an Exposure Incident?

- A specific eye, mouth, other mucous-membrane, non-intact-skin or parenteral contact with blood or OPIM that results from performing work duties.
- Examples: needlestick/cut with contaminated sharp; blood splash to eye or mouth; blood contact with a fresh cut, abrasion, dermatitis or chapped skin; human bite that breaks skin; or PPE failure allowing such contact.
- Blood on intact skin alone is not an exposure incident, but wash promptly and report uncertainty for evaluation.

Immediate First Aid

- Needlestick/cut: wash with soap and water. Do not squeeze aggressively, cut the site or apply bleach/caustics.
- Eyes/nose/mouth: flush immediately with clean water or saline for at least 15 minutes or as directed by the medical provider; remove contact lenses while flushing when feasible.
- Skin: wash promptly with soap and water; remove contaminated clothing and wash underlying skin.
- Obtain emergency care for serious injury while also initiating the exposure protocol.

Report and Preserve Information

- Notify the foreman/program owner immediately. The company shall arrange confidential medical evaluation without delay; HIV post-exposure prophylaxis is time-sensitive.
- Document route of exposure and circumstances, device/type of sharp, PPE worn, first aid performed, and identity of the source person when known and legally permissible.
- Do not test, question or disclose information about the source person outside the authorized medical/legal process. Do not delay employee care while seeking source information.

Do Not

- Do not continue working, wait for symptoms, donate blood, or attempt to self-treat with another person's medication.
- Do not blame the responder or injured person. Exposure reporting is required and protected from retaliation.

9. Post-Exposure Medical Evaluation and Follow-Up

Employer Actions

- Provide an immediate, confidential medical evaluation and follow-up at no cost and at a reasonable time/place, consistent with current U.S. Public Health Service recommendations.
- Give the healthcare professional: a copy of 29 CFR 1910.1030; the exposed employee's duties and exposure report; route/circumstances; available source-person blood results; and relevant vaccination/medical records.
- Make the source person's identity and blood available for HBV/HCV/HIV testing as soon as feasible after consent is obtained when required, unless consent is not required by applicable law. Document when legally required consent cannot be obtained.

Employee Testing and Care

- Collect and test the employee's blood as soon as feasible after consent for HBV/HCV/HIV status. If the employee consents to collection but not HIV testing, preserve the sample for at least 90 days so testing may be elected during that period.
- Offer indicated post-exposure prophylaxis, counseling, follow-up laboratory testing and medical evaluation of reported illness in accordance with current public-health guidance.
- Provide the employee the source testing results that may legally be disclosed and explain applicable confidentiality requirements.

Written Opinion

- Obtain the healthcare professional's written opinion and provide a copy to the employee within 15 days after completion of the evaluation.
- The opinion shall be limited to whether hepatitis B vaccination is indicated and received, and confirmation that the employee was informed of evaluation results and conditions needing further evaluation/treatment. Other findings remain confidential.

Incident Review

- Investigate promptly without delaying care. Evaluate PPE, device, work practice, staffing, scene conditions and training; implement corrective action.
- Record a contaminated-sharp injury on the sharps injury log and OSHA injury/illness records when applicable, protecting confidentiality.

10. Training, Communication and Records

Training

- Train covered employees at initial assignment and at least annually thereafter, during work hours and at no cost. Provide additional training when tasks/procedures affect exposure.
- Training must be appropriate to education/language and include interactive questions with a knowledgeable person available during the session.
- Cover the standard/plan location, epidemiology and symptoms, transmission, exposure determination, controls/PPE, hepatitis B vaccine, emergency actions, exposure reporting, post-exposure follow-up, signs/labels and contact for questions.
- First-aid/CPR certification and toolbox talks supplement but do not replace bloodborne-pathogens training.

Labels and Communication

- Use the biohazard symbol and fluorescent orange/orange-red labels with contrasting lettering on regulated-waste, sharps, specimen and contaminated-equipment containers unless an allowed red-container alternative applies.
- Communicate hazards to cleaning, laundry, medical, waste and servicing providers without disclosing protected employee information.

Training Records

- Keep training dates, session content/summary, trainer names/qualifications and names/job titles of attendees for 3 years from the training date.

Medical Records

- Keep confidential medical records for duration of employment plus 30 years. Include employee identifier, vaccination status/dates, examination/testing results supplied to employer, healthcare opinions and information provided to the provider.
- Keep medical records separate from routine personnel files and release only as authorized or required by law/29 CFR 1910.1020.

Sharps Injury Log

- For each percutaneous injury from a contaminated sharp, record device type/brand, work area and brief explanation while protecting employee confidentiality. Retain for the period required for the OSHA 300 Log - 5 years after the calendar year covered.

11. Emergency, Stop-Work and Program Review

Stop-Work Triggers

- No trained designated responder is available when one is required by the project plan and medical services are not reasonably accessible.
- Barrier PPE, resuscitation device, first-aid supplies, hand-hygiene supplies or safe waste/sharps container are unavailable or contaminated.
- The scene has uncontrolled traffic, equipment, electrical, fire, structural, water, violence or chemical hazards.
- Blood/OPIM cleanup exceeds employee training/equipment, or an exposure incident has occurred and has not been reported/medically addressed.

Emergency Actions

- Call 911 for life-threatening injury or an unsafe/uncontrolled scene. Provide location, access and hazards; assign a guide for responders.
- Protect yourself first, use barriers, control access and provide care only within training. Technical rescue requires trained, equipped and assigned responders.
- After an exposure, perform immediate washing/flushing, notify supervision and go promptly to the designated medical provider/emergency department.

Inspection and Restocking

- Foreman verifies designated responders and accessible kits at the start of each project/shift arrangement. First-aid kits are checked at least weekly and after each use.
- Inspect gloves/packaging, eye/face protection, resuscitation barriers, disinfectant expiration, spill supplies, sharps containers and biohazard bags/labels.
- Remove expired, damaged, opened or contaminated supplies. Keep inspection/restocking documentation.

Program Review

- Program owner reviews this policy/exposure-control plan at least annually and after any exposure, procedure change, new safer device or regulatory/public-health update.
- Printed copies are uncontrolled unless formally issued. Use job titles rather than personal names in controlled documents and maintain revision/approval history.

Enforcement

- Failure to use required PPE, improper handling of sharps, unauthorized disclosure of medical information or failure to report an exposure is a safety violation subject to corrective action. Good-faith reporting and stop-work are protected from retaliation.

12. Responder Readiness and Exposure Checklist

Before the Shift / Project

- Designated responders identified for each shift; training and CPR/first-aid status current.
- 911 access, exact address/coordinates, gate/access point, clinic/hospital and person meeting EMS confirmed.
- First-aid kit/AED accessible; inspection current; supplies protected from weather and contamination.
- Medical gloves in multiple sizes, eye/face protection, CPR barrier and added splash-protection PPE available.
- Handwashing or interim antiseptic supplies available; eyewash/flushing method ready where indicated.
- EPA-registered disinfectant, absorbent materials, biohazard bags/containers and sharps container available as needed.
- Exposure-reporting contact and designated medical provider known to employees.

After Any Blood/OPIM Event

- Scene controlled; EMS called when needed; care provided within training.
- Contaminated sharps secured mechanically and placed in approved container.
- PPE removed safely; hands/skin washed; eye/mucous membrane flushed immediately when exposed.
- Exposure incident reported immediately and employee sent for confidential medical evaluation without delay.
- Area/equipment disinfected; waste/laundry containerized and labeled; kit restocked.
- Exposure circumstances documented; sharps log/OSHA records evaluated; confidentiality protected.
- Program controls reviewed and corrective actions assigned/completed.

EXPOSURE HOTLINE / CLINIC	Project-specific posting shall list the company contact, occupational clinic/emergency department, address, phone number and after-hours instructions. Do not leave these fields blank when issuing the project plan.

PROJECT FIELD	ENTER CURRENT INFORMATION
Company exposure contact	
Occupational clinic / after-hours provider	
Clinic phone / address	
Nearest emergency department	
Project location / access point	

13. Test Your Knowledge

Circle the best answer. Review missed questions with your foreman before serving as a designated responder.

1. What materials are treated as infectious? A. Only known HIV-positive blood B. All human blood and OPIM C. Only dried blood	2. When is hepatitis B vaccine offered? A. Within 10 working days of initial covered assignment B. Only after an exposure C. Only upon retirement
3. What follows a blood splash to the eye? A. Finish the shift B. Wipe with a dry towel C. Flush immediately, report and obtain medical evaluation	4. May disposable gloves be washed for reuse? A. Yes, once B. No C. Only with bleach
5. How are contaminated sharps handled? A. Picked up by hand B. Put in a trash bag C. Mechanically handled and placed in an approved sharps container	6. What is the first priority at an injury scene? A. Scene safety B. Paperwork C. Taking a photograph
7. How long are training records retained? A. 30 days B. 3 years C. Employment plus 30 years	8. What does intact-skin blood contact require? A. Ignore it B. Immediate amputation C. Prompt washing and reporting uncertainty
9. What do gloves replace? A. Nothing; handwashing remains required B. Eye protection C. Training	10. When may work resume after missing controls? A. When production is delayed B. After controls are restored and conditions reassessed C. When no supervisor is present

EMPLOYEE: _____ DATE: _____

ANSWER KEY: 1-B | 2-A | 3-C | 4-B | 5-C | 6-A | 7-B | 8-C | 9-A | 10-B