

**PROCEDURE 33 - Bloodborne Pathogens**

<u>Table of Contents</u>	<u>Page</u>
Synopsis .....	33-ii
Bloodborne Pathogens Checklist .....	33-iii
33 Bloodborne Pathogens .....	33-1
33.1 Purpose and Scope .....	33-1
33.2 Definitions .....	33-1
33.3 Procedure .....	33-4
33.4 Quality Control .....	33-9
33.5 Responsibilities .....	33-10
33.6 References .....	33-10
33.7 Attachments.....	33-10
ATTACHMENT A .....	33-A-1
Sample Exposure Control Plan .....	33-A-1
APPENDIX A-1 .....	33-A-8
Exposure Incident Report .....	33-A-8
APPENDIX A-2 .....	33-A-9
NOAA Accident Reporting .....	33-A-9
APPENDIX B .....	33-A-10
Bloodborne Pathogens Spill Clean-Up and Waste Disposal Procedures ...	33-A-10
APPENDIX C-1 .....	33-A-12
Sample Consent Form Hepatitis B Vaccination.....	33-A-12
APPENDIX C-2 .....	33-A-13
Sample Declination Form Hepatitis B Vaccination.....	33-A-13
APPENDIX D .....	33-A-14
Sample Consent for Testing of Source Individual’s Blood .....	33-A-14

## **Synopsis**

The purpose of this procedure is to establish requirements relative to the potential hazards which could result from exposure to Bloodborne Pathogens. This procedure applies to all National Weather Service (NWS) facilities, work locations, and employees where potential for exposure to Bloodborne Pathogens is present.

### **Initial Implementation Requirements:**

- **Analyze Site Operations versus Requirements of the Procedure**
  - Identify operations that present a risk of exposure to Bloodborne Pathogens. (31.3.1).
- **Develop/Obtain Documentation/Information required for Site**
  - Develop an Exposure Control Program. (31.3.1), if applicable.
- **Designate Person to Administer the Bloodborne Pathogens Safety Procedure Requirements, (if required).**
- **Provide Local Training of Site Personnel, (if required).**

### **Recurring and Annual Task Requirements:**

- **Review/Update Documentation/Information required for Site**
  - Maintain Exposure Control Plan (33.4.2), if applicable.
- **Provide Refresher Training of Site Personnel, (if required).**

**Bloodborne Pathogens Checklist**

<b>Requirements</b>	<b>Reference</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>Comments</b>
Is annual review of this procedure conducted and documented?	33.4.2				
Has Exposure Control Plan been prepared for the site where potential for exposure to Bloodborne Pathogens exists (e.g., safety observers are trained in First Aid/CPR)?	33.3.1				
Is Exposure Control Plan accessible to employees?	33.3.1f				
Is Exposure Control Plan being reviewed and updated at least annually?	33.3.1f				
Are employees trained in reporting procedures for first aid incidents involving the presence of blood or Other Potentially Infectious Materials (OPIM)?	33.3.1b 33.3.6				
Are all first aid incidents being reported by the supervisor via NOAA web-based Accident/Illness Reporting System within the required timeframe?	33.3.1g				
Have procedures for the post-exposure evaluation been established as part of the Exposure Control Plan?	33.3.2a				
Have all employees impacted by this procedure reviewed its content?	33.5.4b				
Are Bloodborne Pathogenes spill clean-up kits readily available?	33.3.5				
Have all employees responsible for spill clean-up received training?	33.3.6 Appendix B				

### 33 Bloodborne Pathogens

#### 33.1 Purpose and Scope

As part of its goal to provide a safe and healthful workplace, the NWS is promulgating this procedure related to the potential hazards that could result from exposure to Bloodborne Pathogens (BBP). This procedure applies to all NWS facilities, work locations, and operations where there is a potential for exposure to BBP.

#### 33.2 Definitions

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

Bloodborne Pathogens. Pathogenic microorganisms that are present in human blood and can cause diseases in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

Collateral Duty Safety Observer. The NWS employee assigned to be a safety observer and responsible for providing assistance to another employee who is performing a task which involves risk of serious injury and it is conducted at the location where medical emergency services are not readily available.

Contaminated Material. The presence or reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Sharps. Any contaminated object that can penetrate the skin including, but not limited to needles, knives, broken glass, exposed ends of electrical wires, wood or metal splinters, etc.

Decontamination. The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Engineering Controls. Controls (e.g., sharps disposal containers) that isolate or remove the BBP hazard from the workplace.

Exposure Incident. Specific eye, mouth, other mucus membrane, non-intact skin, or parenteral contact (a route of administration that involves piercing the skin or mucous membrane) with blood or Other Potentially Infectious Materials (OPIM) resulting from an employees' collateral first aid duties or while rendering voluntary assistance during a medical emergency.

Exposed Individual. Any individual who provided First Aid/CPR (rescuer) and has experienced an exposure incident as described above.

Field Office. A Field Office may include the following: Weather Forecast Office (WFO), River Forecast Center (RFC), Weather Service Office (WSO), and a Data Collection Office (DCO).

Good Samaritan. A NWS employee who renders aid during an emergency to an injured employee on a voluntary basis.

Handwashing Facilities. A facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

HBV. Hepatitis B Virus.

HIV. Human Immunodeficiency Virus.

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

Operating Unit. For the purpose of this procedure, Operating Unit includes the National Centers for Environmental Prediction (NCEP), National Data Buoy Center (NDBC), NWS Training Center (NWSTC), National Reconditioning Center (NRC), National Logistics Support Center (NLSC), Radar Operations Center (ROC), and Sterling Field Support Center (SFSC).

Other Potentially Infectious Materials (OPIM) means:

1. The human body fluids such as 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).
3. Blood, organs, or other tissues from humans suspected or known to be infected with HIV or HBV.

Parenteral. Piercing mucous membranes or the skin barrier through events such as needle sticks, cuts, and abrasions.

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. All regulated waste must be decontaminated or removed by a licensed outside vendor.

Sharps. Any needles, scalpels, syringes/blood sampling devices used by diabetics, or other articles that could cause wounds or punctures to personnel handling them.

Source Individual. Any individual living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure and may come in contact with a rescuer providing First Aid/CPR assistance.

Spill Clean-Up. The use of an approved BBP Spill Clean-Up Kit or other chemical means to remove, inactivate, or destroy BBP on a surface or item, to the point where they are no longer capable of transmitting infectious particles and the surface or item are rendered safe for handling.

Station Manager. For the purpose of this procedure, the Station Manager will be either the NWS Regional Director; NWS NCEP Director; and Directors of Centers under NCEP (Aviation Weather Center, NP6; Storm Prediction Center, NP7; Tropical Prediction Center, NP8; and Space Weather Prediction Center, NP9); Directors of the NDBC, NWSTC; Chiefs of NRC, NLSC, and ROC; Site Manager of SFSC; or Meteorologist in Charge (MIC), Hydrologist in Charge (HIC), or Official in Charge (OIC).

Universal Precautions (UP). An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls. Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique, use of Personal Protective Equipment (PPE), etc).

**33.3 Procedure**

33.3.1 Exposure Control Plan. The Occupational Safety and Health Administration (OSHA) General Industry standard [29 CFR 1910.1030](#) applies to occupational exposures to blood or OPIM. Each NWS Field Office or Operating Unit where NWS employees (e.g., safety observers who render first aid assistance) can be involved in work-related duties with potential for exposure to BBP will establish a written Exposure Control Plan (a template is located in Attachment A) designed to eliminate or minimize employee exposure. The Plan will identify job classifications of employees with potential for occupational exposure to BBP and a list of tasks in which occupational exposure may occur.

The Exposure Control Plan, located in Attachment A, must include the following:

- a. The provision for a reporting procedure that ensures that first aid incidents involving the presence of blood or OPIM, will be reported to the Station Manager/Supervisor before the end of work shift during which the incident occurred (see report template in Appendix A-1, Exposure Incident Report). The report must include:
  - (1) Names of first aid providers/on scene volunteers who rendered assistance.
  - (2) Detailed description of accident/incident/near misses, including time and date, etc.
  - (3) Determination, if in addition of presence of blood or OPIM, an exposure incident has occurred. This determination is important to ensure that the post-exposure evaluation and follow up procedures required by OSHA (see paragraph 33.3.2) are available immediately.

NOTE: "Privacy Case" instead of name shall be entered in the web based Accident/Illness Reporting System. Exposure Incident reports must be kept as confidential files (under lock and key). Web based report number should be referenced on the paper Exposure Report. Additionally, employee's name shall not be entered on the OSHA 300 Log.

The list of all first aid incidents should be readily available upon request to all employees.

**Note:** An employee is considered potentially exposed while he/she is wearing personal protective equipment (PPE), if the PPE is damaged and the skin is non-intact. First Aid kits include PPE items used to reduce exposure to bloodborne pathogens.

- b. The provision for the bloodborne pathogens training for designated First Aid, Cardiopulmonary Resuscitation (CPR), Automated External Defibrillator (AED) collateral duty providers. Training presentation slides and quiz are available on the Office of Operational Systems, Operations Division (OPS1) web site: [https://www.ops1.nws.noaa.gov/Secure/env\\_new.htm](https://www.ops1.nws.noaa.gov/Secure/env_new.htm)

**Note:** Training should also be offered for general awareness to site employees, other than designated collateral duty First Aid/CPR/AED providers.

- c. The provision for the bloodborne pathogens or OPIM spill clean-up that includes roping off spill area with caution tape until decontamination and cleanup have been completed. This will prevent exposure to potentially infectious spills and will reduce employee exposure to infectious waste and cross-contamination of co-workers (See Appendix B, Bloodborne Pathogens Spill Cleanup and Waste Disposal Procedures).
- d. The provision for the full Hepatitis B vaccination series, to be made available as soon as possible, but no event later than 24 hours, to all unvaccinated collateral duty First Aid/CPR/AED providers who rendered assistance in any situation involving the presence of blood and/or OPIM.

**Note:** OSHA allows for an exception to offering an initial hepatitis B vaccine to First Aid/CPR/AED providers after exposure incident occurred when:

- (1) The primary job assignment of the First Aid/CPR/AED provider is not the rendering of first aid or other medical assistance, and
- (2) Any first aid rendered is rendered only as a collateral duty responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred (OSHA Compliance Directive CP 2-2.69, Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens, Section XIII, F.8.).

(The NWS does not have any employees whose primary job function is to render first aid or medical assistance).

**Note:** Per Department of Labor Publication CA-810, Station Manager/Supervisor will not be able to submit Forms CA-1 (Federal Employee Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation) and CA-16 (Authorization for Examination and/or Treatment to Office of Worker's Compensation) for HBV shots and diagnostic testing, unless rescuer experienced traumatic injury while providing first aid to another employee who is known to be infected with HIV and/or HBV. An alternative method of payment (e.g., government credit card) should be available for diagnostic blood testing and HBV immunizations to fulfill OSHA requirement. Per OSHA CPL 02-02-69-CPL 2-2.69 (Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens), the rescuer's health insurance cannot be used unless the employer pays all of the cost of health insurance and there is no cost to the employee in the form of deductibles, copayments, or other expenses.

Good Samaritans (Federal employees who render first aid in an emergency to an injured person on a voluntary basis) are not covered by provisions of 29 CFR 1910.1030 and CPL 2-2.69. They will be informed by the Station Manager/Supervisor about OSHA requirements for HBV immunizations and diagnostic blood testing. Health insurance can be used to cover these expenses.

If an illness resulting from a documented BBP exposure is diagnosed later for either collateral duty First Aid/CPR/AED providers or Good Samaritans, Form CA-2 (Notice of Occupational Disease, United States Department of Labor and Claim for Compensation) will have to be filed. All first aid incidents will be reported by the supervisor via the NOAA web-based Accident/Illness Reporting System ([NOAA Incident Reporting System](#)). An incident involving the potential exposure to blood and/OPIM should be considered “serious” and reported within 8 hours of the incident. In order to create a record that will support a future compensation claim - e.g., should a collateral duty or Good Samaritan employee illness occur from a previous rescue exposure - Exposure Incident Reports documenting each potential occurrence/incident should be filed by the Station Manager as part of employee records.

- e. The provision for the post exposure evaluation of collateral duty First Aid/CPR/AED providers who experienced the exposure incident.

A copy of the Exposure Control Plan will be accessible to all NWS employees. The Plan must be reviewed and updated annually. All incident reports and records should be maintained on site by the Station Manager as part of employee’s files.

33.3.2 Post-Exposure Evaluation and Hepatitis B Vaccinations

- a. The post-exposure evaluation will be performed by or under supervision of a licensed medical professional. Hepatitis B vaccinations will be made available to all unvaccinated collateral First Aid/CPR/AED providers free of charge (see Note above), as soon as possible, but no later than 24 hours after the potential exposure.
- b. All initial required laboratory tests will be performed by an accredited laboratory at no cost to the employee (See Note Above). Follow up laboratory tests will be handled in accordance with the initial testing results.
- c. The medical evaluation will include the following:
  - (1) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred.
  - (2) Identification and documentation of the source individual, unless the Station Manager/Supervisor can establish that identification is not feasible or prohibited by state or local law:
    - i. The source individual's blood will be tested as soon as feasible and after consent (using form in Appendix D) is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the Station Manager/Supervisor will establish that legally required consent cannot be obtained by indicating declination on the form in Appendix D.
    - ii. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
    - iii. Results of the source individual's testing will be made available to the exposed employee, and the employee will be informed of

applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

**Note:** A third party physician or Health Clinic where the source individual has voluntarily provided his/her blood for testing, will handle informing the exposed employee's (rescuer's) medical provider about the results of blood testing from the source individual. The rescuer knows who the source individual is, and if the source individual refuses to be tested, the rescuer will be tested. Result of this testing will be used as a baseline. The rescuer is then tested every six months for an additional 12 to 18 months after initial exposure.

- (3) Collection and testing of rescuer blood: The exposed employee's blood will be collected and tested as soon as feasible.
- (4) Post-exposure prophylaxis (measures to preserve health and prevent spread of disease), when medically indicated and as recommended by the [U.S. Public Health Service](#).
- (5) The employee will be given appropriate counseling concerning precautions to take after the exposure incident and will be informed of possible symptoms that may result from exposure.

#### 33.3.3 Information Provided to Healthcare Professional

- a. The Station Manager/Supervisor will ensure the healthcare professional evaluating an employee, after an exposure incident, is provided the following information:
  - (1) A copy of the Exposure Incident Report (Appendix A-1) which contains:
    - i. A description of the exposed employee's duties as they relate to the exposure incident;
    - ii. Documentation of the route(s) of exposure and circumstances under which exposure occurred;
  - (2) Results of the source individual's blood testing, if available.

**Note:** All medical records relevant to the appropriate treatment of the exposed employee, including vaccination status will be maintained by the Station Manager. The Station Manager will maintain a file on all of his/her employees with copies of the return to work slip and duty status, for both lost time and non-lost time. This information is also used to update (issue a supplemental report) the initial accident/illness report online, and will be held as confidential In-Accordance-With (IAW) [Health Insurance Portability and Accountability Act \(HIPAA\)](#) of 1996 (P.L.104-191).

#### 33.3.4 Healthcare Professional's Written Opinion

- a. The Station Manager will obtain and provide the exposed person (rescuer) with a copy of the healthcare professional's written opinion within 15 days of the completion of the evaluation.
- b. The healthcare professional's written opinion for Hepatitis B vaccination will be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

- c. The healthcare professional's written opinion for post-exposure evaluation and follow-up will state that the employee has been informed of the results of the evaluation; and that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials requiring further evaluation or treatment.
- d. All other findings or diagnoses will remain confidential and will not be included in the written report. A copy of the written report will be retained by the Station Manager as part of the confidential filing system maintained for all Station employees.

33.3.5 Spill Clean-Up and Biohazard Waste Disposal

- a. BBP spill clean-up and waste disposal procedures will be followed in accordance with Appendix B.
- b. NWS personnel will only handle manageable spills. Clean-up efforts that cannot be managed by employees will be handled by a licensed medical spill clean-up contractor.
- c. Any infectious waste placed in a biohazard "red bag" or sharps container must be transported by a licensed medical waste transporter.
- d. Material which were treated/decontaminated with bleach solution, expendable PPE, etc., can be placed into on site trash bins or dumpsters for removal by municipal, contract trash disposal services, or by other means of disposal.
- e. Spill kits will be available and replenished at NWS facilities where the Exposure Control Plan is developed and implemented.

33.3.6 Training

- a. Training for collateral duty First Aid/CPR/AED providers who are at risk of occupational exposure to bloodborne pathogens will include the following:
  - (1) Epidemiology and symptomatology of bloodborne diseases;
  - (2) Modes of transmission of BBP;
  - (3) Methods of protection from exposure;
  - (4) Procedures to follow after the exposure incident has occurred, including the method of reporting the incident, the medical post exposure evaluation, and Hepatitis B vaccinations; and
  - (5) BBP spill clean-up, decontamination and biohazard waste disposal procedures.
- b. The training records will be kept at the facility by the Station Manager or designated personnel (e.g., site environmental/safety or safety focal point) for at least five years. The records will include:
  - (1) Dates of training sessions;
  - (2) Name of personnel conducting the training (if applicable); and
  - (3) Name and job title for every person attending the training session.

**Note:** Some of the topics listed above are covered in First Aid/CPR/AED training courses. The Power Point presentation and Quiz posted on OPS1 web site can be used to aid the training of personnel ([https://www.ops1.nws.noaa.gov/Secure/env\\_new.htm](https://www.ops1.nws.noaa.gov/Secure/env_new.htm)).

### 33.3.7 Medical Records

- a. Medical records will be maintained for each employee with an occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."
- b. The Station Manager will be responsible for the confidential maintenance of medical record for the duration of employee employment plus 30 years.

## 33.4 **Responsibilities**

### 33.4.1 Regional and Operating Unit Environmental/Safety Coordinators

- a. Will monitor and promote compliance with the requirements of this procedure at field offices or Operating Unit facilities.
- b. Will ensure that applicable procedures are implemented at regional headquarters or Operating Unit facilities.

### 33.4.2 Station Manager

- a. Will have oversight over the implementation of this procedure, and ensure that the requirements of this procedure are followed by individuals at the NWS facility.
- b. Will ensure the employee(s) covered by the Exposure Control Plan receive initial training, annual refresher training, understands their rights and responsibilities, and has the appropriate personal protective equipment available.
- c. Will ensure, if exposure occurred, required vaccination is offered to employee and that the post-exposure evaluation is conducted.
- d. Will review this procedure and the site specific Exposure Control Plan on an annual basis to ensure the facility is complying with its requirements. A written record of this review will be forwarded to the Regional or Operating Unit Environmental/Safety Coordinator.

### 33.4.3 NWS Headquarters (NWSH)

- a. The NWSH Safety Office will provide assistance to Regional Headquarters, Operating Units, and field personnel to ensure that NWS facilities comply with requirements of this procedure.
- b. NWSH will coordinate with NOAA SECO, as necessary, regarding compliance issues related to this procedure.

### 33.4.4 Safety or Environmental/Safety Focal Point

Will ensure any responsibilities delegated to them by the Station Manager are implemented in accordance with the requirements of this procedure.

33.4.5 Employees

- a. Employees affected by this procedure are required to read, understand, and comply with the requirements and will report any and all unsafe or unhealthful conditions and practices to their supervisor or safety focal point.

**NOTE:** Reference NWS PD 50-11 for complete list of responsibilities  
<http://www.nws.noaa.gov/directives/050/pd05011a.pdf>

**33.5 References**

Incorporated References. The following list of references is incorporated as a whole or in part into this procedure. These references provide additional explanation and guidance for the implementation of this procedure.

- 33.5.1 United States Department of Labor, Occupational Safety and Health Administration, 29 CFR 1910.1030, Bloodborne Pathogens.
- 33.5.2 United States Department of Labor, Occupational Safety and Health Administration, Compliance Directive (CPL 2-2.69), *Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens*.

**33.6 Attachments**

Attachment A: Sample Exposure Control Plan

Appendix A-1: Exposure Incident Report

Appendix A-2: NOAA Accident Reporting

Appendix B: Spill Cleanup and Waste Disposal Procedures

Appendix C-1: Sample Consent Form for Hepatitis B Vaccination

Appendix C-2: Sample Declination Form for Hepatitis B Vaccination

Appendix D: Sample Consent for Testing of Source Individual's Blood

**ATTACHMENT A**  
**SAMPLE EXPOSURE CONTROL PLAN**

**EXPOSURE CONTROL PLAN**

Facility Name: \_\_\_\_\_

Facility Location: \_\_\_\_\_

Date of Plan Preparation: \_\_\_\_\_

**Purpose:**

This Exposure Control Plan (ECP) provides written procedures for the implementation of the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens (BPP) Standard as set forth in [29 CFR 1910.1030](#). The Plan is developed to eliminate or minimize occupational exposure of employees to BBP or other potentially infectious materials (OPIM).

**Exposure Determination:**

OSHA requires employers to perform an exposure determination to decide which employees may incur occupational exposure to blood OPIM. The exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to be exposed, even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. At this facility the following duty assignment is in this category: collateral duty First Aid/CPR/AED providers/responders.

**Personal Protective Equipment (PPE):**

First Aid Kits will include PPE items to protect collateral duty employees from exposure to BBP and OPIM. Typical items include disposable gloves, protective eye wear, disposable aprons, shield mask, resuscitation devices, antiseptic wipes, etc. The kits will be readily available for use in the office or at remote locations (e.g., stored in work vans, Radar Data Acquisition (RDA) and Upper Air Inflation buildings). Rescuers involved in rendering first aid will observe the following precautions:

- a. 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.
- b. Wear appropriate gloves when you:
  - (1) Can reasonably anticipate hand contact with blood or OPIM
  - (2) Handle or touch contaminated items or surfaces
- c. Replace gloves if torn, punctured, contaminated, or otherwise damaged.
- d. Never wash or decontaminate disposable gloves for reuse.
- e. Wash hands with waterless soap immediately or as soon as feasible after removal of gloves or other PPE, follow-up with soap and water as soon as you are able to.
- f. Remove PPE after it becomes contaminated, and properly dispose of it prior to leaving the work area.
- g. Remove blood or OPIM contaminated garments immediately, or as soon as feasible, in a manner that avoids contact with the contaminated garments surface and prevents further contamination of surrounding non contaminated objects.

- h. Use antibacterial wipes (included in BBP spill clean-up kit) to clean exposed skin.
- i. Employees who provide first aid are responsible to request that the facility manager replenish the first aid kits, and BBP spill clean-up kits after an incident, so that the kit is ready for the next event.

### **Spill Clean-Up and Biohazard Waste Disposal**

- a. BBP spill clean-up and waste disposal procedures will be followed in accordance with Appendix B of this ECP.
- b. NWS personnel will only handle manageable spills. Clean-up efforts that cannot be managed by employees will be handled by a licensed medical spill clean-up contractor.
- c. Any infectious waste placed in a biohazard “red bag” or sharps container must be transported by a licensed medical waste transporter or by local Emergency Medical Services (EMS) staff called to assist injured person.
- d. Material which were treated/decontaminated with bleach solution, expendable PPE, etc., can be placed into on site trash bins or dumpsters for removal by municipal, contract trash disposal service, or transported off site by normal means.
- e. Spill clean-up kits will be available and replenished when necessary.

### **Housekeeping**

Decontamination of areas, which have been contaminated with blood or OPIM, will be accomplished by utilizing the following materials: fresh bleach solutions or EPA registered germicides. All contaminated surfaces will be decontaminated as soon as feasible. Barriers should be put in place to prevent access to the contaminated area until all contaminated areas have been decontaminated.

### **Hepatitis B Virus (HBV) Vaccinations**

An initial HBV vaccination series (prior to initial job assignment) are not required because NWS personnel rendering first aid are collateral duty First Aid/CPR/AED providers/responders. However, should an actual or suspected exposure occur, vaccinations will be made available as soon as possible, but no later than 24 hours to any unvaccinated collateral duty First Aid/CPR/AED providers/responders who rendered assistance in any situation involving the presence of blood or OPIM. The medical follow up will also be offered to these employees. The Consent Form for HBV is found in Appendix C-1 of this Plan. Exposed employees who decline HBV vaccinations will sign a waiver found in Appendix C-2. Employees who decline the vaccine, but later wish to have it, will be vaccinated at no cost. Documentation of refusal of the vaccination will be retained as part of personnel records held by Station Manager.

### **Reporting of Exposure Incidents**

When the NWS employee incurs an exposure incident, it will be reported to his/her immediate supervisor before the end of the work shift during which the incident has occurred. The report must include, as a minimum, the name of the first aid responder who rendered assistance, a description of the incident, and the time and date of the incident. The supervisor will submit an incident report via the NOAA web based Accident/Illness Reporting system (link: [NOAA](#)

[Incident Reporting](#)) in accordance with Chapter 18 of NWSM 50-1115, Occupational Safety and Health. In addition, the supervisor will fill an Exposure Incident Report. A sample of Exposure Incident Report is included in Appendix A-1 of this Plan.

NOTE: "Privacy Case" instead of name shall be entered in the web based Accident/Illness Reporting System. Exposure Incident reports must be kept as confidential files (under lock and key). Web based report number should be referenced on the paper Exposure Report. Additionally, employee's name shall not be entered on the OSHA 300 Log.

### **Post-Exposure Evaluation**

All employees who incur an exposure incident will be offered a post-exposure evaluation and follow-up in accordance with the OSHA standard [29 CFR 1910.1030](#).

- a. The post-exposure evaluation will be performed by or under supervision of a licensed medical professional. Hepatitis B vaccinations will be available to all unvaccinated collateral duty first aid providers free of charge, as soon as possible, but no later than 24 hours after the potential exposure.
- b. All initial required laboratory tests will be performed by an accredited laboratory at no cost to the employee. Follow up laboratory tests, etc., will be handled in accordance with the results of initial testing and direction received from a licensed medical professional.

**Note:** Per [Department of Labor Publication CA-810](#), Station Manager/Supervisor will not be able to submit Forms CA-1 (Federal Employee Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation) and CA-16 (Authorization for Examination and/or Treatment to Office of Worker's Compensation) for HBV shots and diagnostic testing, unless the rescuer experienced traumatic injury while providing first aid to another employee who is known to be infected with HIV and/or HBV. An alternative method of payment (e.g., government credit card) should be available for diagnostic blood testing and HBV immunizations to fulfill the OSHA requirement. Per OSHA CPL 02-02-69-CPL 2-2.69 (Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens), the rescuer's health insurance cannot be used unless the employer pays all of the costs of health insurance and there is no cost to the employee in the form of deductibles, copayments, or other expenses.

Good Samaritans (Federal employees who render aid in an emergency to an injured person on a voluntary basis) are not covered by provisions of 29 CFR 1910.1030 and CPL 2-2.69. They will be informed by the Station Manager/Supervisor about the OSHA requirements for HBV immunizations and diagnostic blood testing. Health insurance can be used to cover these expenses.

If illness resulting from a documented BBP exposure is diagnosed later for either collateral duty First Aid/CPR/AED provider/rescuers or Good Samaritans, Form CA-2 (Notice of Occupational Disease United States Department of Labor and Claim for Compensation) will have to be filed. In order to create a record that will support a future compensation claim - e.g., should a collateral duty or Good Samaritan employee illness occur from a previous rescue exposure - Exposure Incident Reports documenting each potential occurrence/incident should be filed by the Station Manager as part of the employees records.

- c. The medical evaluation will include the following:
- (1) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
  - (2) Identification and documentation of the source individual, unless the Station Manager/Supervisor can establish that identification is not feasible or prohibited by state or local law:
    - i. The source individual's blood will be tested as soon as feasible and after consent (using the form in Appendix D) is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the Station Manager/Supervisor will establish that legally required consent cannot be obtained by indicating declination on the form in Appendix D.
    - ii. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
    - iii. Results of the source individual's testing will be made available to the exposed (rescuer) employee, and the rescuer will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

**Note:** A third party physician or Health Clinic where the source individual has voluntarily provided his/her blood for testing will handle informing the exposed employee's (rescuer's) medical provider about the results of blood testing from the source individual. The rescuer knows who the source individual is, and if the source individual refuses to be tested, the rescuer will be tested. Results of this testing will be used as a baseline. The rescuer is then tested every six months for an additional 12 to 18 months after initial exposure.

- (3) The exposed (rescuer) employee's blood will be collected, and tested as soon as feasible.
- (4) Post-exposure prophylaxis (measures to preserve health and prevent spread of disease), when medically indicated and as recommended by the [U.S. Public Health Service](#).
- (5) The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident and will be informed of possible symptoms that may result from exposure.

### **Interaction with Health Care Professional**

- a. The Station Manager will ensure the healthcare professional evaluating an employee after an exposure incident is provided the following information:
- (1) A copy of the Incident Report (Appendix A-1) which contains:
    - i. A description of the exposed employee's duties as they relate to the exposure incident;
    - ii. Documentation of the route(s) of exposure and circumstances

under which exposure occurred;

- (2) Results of the source individual's blood testing, if available; and

**Note:** All medical records relevant to the appropriate treatment of the exposed employee, including vaccination status will be maintained by the Station Manager. The Station Manager will maintain a file on all of his/her employees with copies of the return to work slip and duty status, for both loss time and non-loss time. This information is also used to update initial accident/illness reporting online, and will be held as confidential In-Accordance-With (IAW) [Health Insurance Portability and Accountability Act \(HIPAA\)](#) of 1996 (P.L.104-191).

### **Healthcare Professional's Written Opinion**

- a. The Station Manager will obtain and provide the exposed person (rescuer) with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.
- b. The healthcare professional's written opinion for Hepatitis B vaccination will be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received a vaccination.
- c. The healthcare professional's written opinion for post-exposure evaluation and follow-up will state that the employee has been informed of the results of the evaluation; and that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials requiring further evaluation or treatment.
- d. All other findings or diagnoses will remain confidential and will not be included in the written report. A copy of the written report will be retained by the Station Manager as part of the confidential filing system maintained for all Station employees.

### **Employee Training**

- a. Training for collateral duty First Aid/CPR/AED providers/responders that have potential for occupational exposure to BBP will include the following:
  - (1) Epidemiology and symptomatology of bloodborne diseases;
  - (2) Modes of transmission of bloodborne pathogens;
  - (3) Methods of protection from exposure;
  - (4) Procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical post exposure evaluation, and Hepatitis B vaccinations; and
  - (5) Bloodborne pathogens spill clean-up, decontamination and biohazard waste disposal procedures.
- b. The training records will be kept at the facility by site management or designated personnel (e.g., site environmental/safety or safety focal point) for at least five years. The records will include:
  - (1) Dates of training sessions;

- (2) Names of personnel conducting the training (if applicable); and
- (3) Names and job title of all persons attending training sessions.

**Note:** Some of the topics listed above are covered in First Aid/CPR training courses. Power Point presentation and Quiz posted on Office of Operational Systems, Operations Division (OPS1) web site can be used to aid the training of personnel ([https://www.ops1.nws.noaa.gov/Secure/env\\_new.htm](https://www.ops1.nws.noaa.gov/Secure/env_new.htm)).

**Medical Records**

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

\_\_\_\_\_ (*Name of responsible person at NWS facility*) is responsible for maintenance of the required medical records. These confidential records are kept at \_\_\_\_\_ for at least the duration of employment plus 30 years.

**Exposure Control Plan Review**

The Exposure Control Plan will be reviewed annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**APPENDIX A-1  
Exposure Incident Report**

Important: To be prepared and submitted prior to end of shift during which incident occurs.

NWS Office Name and Location: \_\_\_\_\_

Employee Name	Job Title	PPE Used? (Y/N)	Exposure Incident (Y/N)	Hepatitis B Vaccinations (If received – specify when)

Supervisor of Effectuated (Exposed) Employee: \_\_\_\_\_

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

Incident Time: \_\_\_\_\_

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

Exposure Incident and Injury Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What body fluid(s) was employee exposed to? \_\_\_\_\_

What was the route of exposure (e.g., mucosal contact, contact with non-intact skin, etc.) \_\_\_\_\_

What PPE was used during the incident? \_\_\_\_\_

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

Other Relevant Information: \_\_\_\_\_

**IMPORTANT:** Within 24 hours of this incident, all of the employees listed above must be offered the opportunity to receive the Hepatitis B vaccination. Employees who have experienced an Exposure Incident will be offered, in addition to the vaccination, post-exposure evaluation by qualified medical personnel. Refer to the site's Exposure Control Plan for specific guidance.

Preparer's Signature: \_\_\_\_\_

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

## APPENDIX A-2 NOAA Accident Reporting

NOAA is responsible for providing a safe and healthful working environment for all personnel. The prompt reporting and investigation of any incident involving NOAA employees or property will provide information necessary for the systematic identification and correction of safety and health hazards.

All incidents will be reported by supervisors within 24 hours of the incident occurrence through the NOAA web-based Accident/Illness Reporting System. Any incident deemed to be “serious” in nature (see the definition on the reporting form) will be reported as soon as possible, but no later than eight (8) working hours of occurrence.

**Note:** Any incident involving a potential exposure to bloodborne pathogens will be considered “serious.” It should be reported before the end of the shift during which exposure has occurred. “Privacy Case” instead of name shall be entered in the web based Accident/Illness Reporting System. Exposure Incident reports must be kept as confidential files (under lock and key). Web based report number should be referenced on the paper Exposure Report. Additionally, employee’s name shall not be entered on the OSHA 300 Log.

[NOAA Web-based Accident/Illness Reporting System](#)

(Internet Explorer 5.5 or higher required)

## **APPENDIX B**

### **Bloodborne Pathogens Spill Clean-Up and Waste Disposal Procedures**

#### **Spill Clean-Up**

- Put on gloves and appropriate Personal Protective Equipment (PPE). Appropriate PPE may include safety glasses or splash goggles, masks, and face shields. If disposable gloves are used, it is suggested that two pair of gloves be donned. The outer glove can then be readily removed if soiled with hand protection still provided by inner glove.
- Remove any broken glass or sharp objects from the spill using mechanical means – forceps, hemostats, needle-nose pliers, broom and dust pan. Never remove sharps/broken glass by hand. Contain the spill by covering with paper towels and carefully pour appropriate disinfectant solution around and on the spill using instructions on the disinfectant bottle. Take care not to splash disinfectant solution by pouring it slowly. Avoid scrubbing the surfaces as it can create aerosols.
- Bleach solutions must be freshly prepared (within 24 hours) to provide acceptable disinfection. (Note: Use 1:10 dilution for rough surfaces and 1:100 for smooth surfaces for freshly prepared dilution of household bleach).
- Remove paper towels and repeat the process until all visual soilage is removed.
- Re-wet cleaned area with disinfectant and air dry or let stand for 10 minutes before wiping dry.
- Remove PPE except gloves, after spill clean-up has been completed.
- Reusable PPE and any other items/tools that are not disposable (e.g. needle-nose pliers, dust pans, etc.) must be decontaminated in sodium hypochlorite (household bleach) solution (1:9) prior to soaping, washing, and rinsing. Allow to air dry after washing is done.
- After removing gloves, and/or after contact with blood and OPIM, hands and other skin surfaces must be washed thoroughly and immediately with soap or other disinfectant in hot water.

<p><b>Note:</b> NWS personnel will only handle manageable spills. Clean-up efforts that cannot be managed by employees will be handled by a licensed medical spill clean-up contractor.</p>
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#### **Waste Disposal**

Medical/Infectious waste, except for sharps (e.g. razor blades, broken glass, copper wire, needles, etc.) capable of puncturing or cutting must be contained in double, disposable, red bags conspicuously labeled with the words, "INFECTIOUS WASTE – BIO HAZARD."

- Infectious sharps must be contained for disposal in leak proof, rigid, puncture resistant containers.
- Liquid biohazard waste may be disposed of in the sewage system following chemical decontamination.
- All contaminated paper towels used for spill cleanup must be placed in a biohazard “red bag” (part of the spill kit) for appropriate disposal.
- Biohazard waste “red bags” and sharps containers should be given to EMS or transported

by a licensed medical waste handler.

- Treated/decontaminated with bleach solution materials, expendable PPE, etc, can be placed into regular trash and transported off site by normal means.

### **Sample Content of Infection Control/Spill Kit**

The kit combines personal protection and clean-up items to assist in the clean up and disposal of infectious blood or body fluid spills and to contain potentially infectious spills in order to reduce employee exposure to infectious waste and prevent cross-contamination of co-workers.



Kit includes:

- a) 1 pair shoe covers,
- b) 2 pair large vinyl gloves,
- c) 1 large impervious gown,
- d) 1 fluid shield mask,
- e) 4 antimicrobial skin wipes,
- f) 4 biohazard labels,
- g) 1 x 1-liter spill powder,
- h) 2 x 10-15 gallon red biohazard waste bags,
- i) 1 shovel/scrapper,
- j) 4 sani-cloth wipes,
- k) 1 plastic cabinet, 8 1/4" x 5 1/4" x 3 1/8"

**APPENDIX C-1**  
**Sample Consent Form**  
**Hepatitis B Vaccination**

I, \_\_\_\_\_, give a consent to being administered the hepatitis B vaccination for the purpose of immunization against hepatitis B infection. I have been informed and I understand the benefits as well as the side effects of the vaccine and to the best of my knowledge, I have no known allergies to yeast.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
LAST 4 DIGITS SS#

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

**APPENDIX C-2**  
**Sample Declination Form**  
**Hepatitis B Vaccination**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the Hepatitis B Virus (HBV). I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no 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 in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
LAST 4 DIGITS SS#

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

**APPENDIX D**  
**Sample Consent for Testing of Source Individual's Blood**

I have been advised of the need to collect a sample of my blood as the result of an exposure incident that occurred in this facility. Permission to have my blood drawn and have it tested for the Hepatitis B Virus (HBV) and the Human Immunodeficiency Virus (HIV), as well as other blood borne diseases, is hereby given.

I understand this testing will be done in a confidential manner and will be made available only to the person who was exposed. I also understand this person was informed of applicable laws and regulations concerning the disclosure of my identity and my infectious status.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
LAST 4 DIGITS SS#

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE