

# Management Instruction

## Bloodborne Disease Exposure Control Plans

This instruction provides policy guidance on compliance with 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens. The Occupational Safety and Health Administration (OSHA) has promulgated this regulation to protect workers who are reasonably anticipated to come in contact with blood and/or other potentially infectious materials.

### Scope

It is the policy of the Postal Service to protect the safety and health of all its employees and comply with OSHA regulations. Employees who are occupationally exposed to bloodborne pathogens, however, require special identification and protection under this OSHA standard. This instruction includes procedures to assist safety and health personnel in identifying such employees.

A small number of employees, such as medical personnel, routinely perform tasks that may involve exposure to blood or infectious materials, for example during first aid treatment. These employees are clearly within the scope of the standard.

Also within the scope of the standard are other employees “reasonably anticipated to come in contact with blood or infectious materials.” They must be identified as “occupationally exposed” if an exposure determination finds that occupational exposure is likely.


### Definitions

#### OSHA Definitions

The following OSHA definitions apply:

1. *Blood* — human blood, human blood components, and products made from human blood.
2. *Bloodborne pathogen* — pathogenic organisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

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Gail Sonnenberg  
Vice President  
Human Resources

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3. *Contaminated* — the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
4. *Contaminated sharps* — any contaminated object that can penetrate the skin, such as needles, scalpels, or broken glass.
5. *Engineering controls* — controls such as containerization or mechanical handling that isolate or remove the bloodborne pathogens hazard from the workplace.
6. *Exposure incident* — a specific eye, mouth, other mucous membrane, nonintact skin, or parenteral (i.e., needlestick) contact with blood or other potentially infectious materials.
7. *Occupational exposure* — reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other infectious materials.
8. *Other potentially infectious materials* — :
  - a. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
  - b. Unfixed tissues or organs from humans.
  - c. HIV or HBV cultures and blood, organs, and other tissues from experimental animals infected with HIV or HBV.
9. *Regulated waste* — contaminated sharps, liquid or semi-liquid blood or other potentially infectious materials, contaminated items that would release liquids or semi-liquids if compressed, items caked with dried blood, or other potentially infectious materials that may release them during handling, and pathological or microbiological wastes containing blood or other potentially infectious materials.

## Other Definitions

Additional definitions are contained in the standard, paragraph (b) (1910.1030). Persons responsible for administering this instruction should also be familiar with definitions for *etiologic agent*, *clinical specimen*, and *biological product* contained in DMM CO23, and Publication 52, *Acceptance of Hazardous, Restricted, or Perishable Matter*, and proposed definitions for customers in connection with the preparation, packaging, labeling (marking), and mailing of these types of items. Definitions contained in postal mailing regulations may differ somewhat from the definitions used by OSHA.

# Responsibilities

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## Headquarters

### ***Human Resources***

Human Resources establishes policy and procedure on compliance with the bloodborne pathogen (BBP) standard and, through Safety and Risk Management and Employee Health and Services, provides oversight and technical assistance.

## Areas

### ***Area Human Resources Managers***

The area Human Resources manager is responsible for monitoring and evaluating BBP programs and, through the area medical director, providing expert guidance.

## Districts and Plants

### ***Facility Managers***

Facility managers are responsible for compliance with this policy.

### ***Nurse Administrators and Contracted Medical Providers***

Nurse administrators and contracted medical providers are responsible for elements of the exposure control plan, methods of compliance, post exposure evaluation and follow-up, training, and record keeping as delineated in this instruction.

### ***Safety Staff and Health Professionals***

Safety staff and health professionals are responsible for developing exposure control plans, identifying employees who are occupationally exposed, and implementing methods of compliance as described in this instruction.

# Exposure Control Plan

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## Administrative Requirements

### ***Written Plan***

Safety and health professionals prepare a written exposure control plan that covers plants, bulk mail centers (BMCs), and large offices with exposed employees. Smaller facilities with exposed employees and/or a significant flow of biological materials (e.g. specimens mailed to a nearby lab) may also require a written plan.

### ***Plan Review***

The plans must be reviewed and updated annually. This must be accomplished at the beginning of each calendar year.

## Employee Accessibility

The plan must be accessible to employees and their representatives in accordance with 29 CFR 1910.20, Access to Employee Exposure and Medical Records.

## Exposure Determination

### ***Lists of Employees Potentially Exposed***

The exposure control plan must establish procedures and responsibilities for exposure determination. This process is a critical element of the plan. Omitting individuals who are occupationally exposed to BBPs may reduce their protection, while falsely identifying employees as exposed results in unnecessary costs and administrative burdens. All persons reasonably anticipated to be occupationally exposed, even if they are not listed as examples, must be included on one of the two lists described below. *During annual reviews these lists should be adjusted as necessary.* List A includes all employees in job classifications covered by the standard, and no further analysis is necessary. List B is used to determine which employees with some potential exposure may need to be included in the plan. (See attachments for sample worksheets for both lists.) Lists should be prepared as follows:

**List A** — This list includes job classifications in which all employees are assumed to have occupational exposure (based on OSHA's definitions):

1. All medical personnel and trained first aid persons.
2. All inspectors, security personnel, and crime laboratory personnel (including administrative support).
3. All persons designated and trained to clean up spills and leaks of mailed hazardous materials that include blood and other infectious materials.

**List B** — This list includes all job classifications in which some employees may have occupational exposure. The list must be further broken down to tasks and procedures that cause occupational exposure to the classifications listed. Some employees in these occupation codes or job classifications could be exposed, and they must be individually identified. Additionally, the frequency of that exposure (handling of mailed medical wastes, biological specimens) must be estimated (based on mail flow or history of leaks or exposure) for each individual in the classification who performs the listed tasks or procedures. A facility and employee survey is a useful tool for identifying potentially exposed employees. This frequency of exposure is used to determine if these employees should be included in the program. Job classifications must be determined locally, but may include:

1. Mail handlers, clerks, and other personnel who routinely handle mailed blood specimens or other items potentially containing blood or other body fluids containing BBPs.
2. Mail handlers, clerks, and other personnel who routinely handle mailed, or internally generated, medical wastes (sharps).

### ***Exposure Determination***

All list A personnel are to be included in the plan. List B personnel with frequent exposure are also to be included. Job classifications and tasks on list B with less frequent exposure must continue to be identified and listed to document the process and to allow for possible inclusion in the program in the future.

## **Methods of Compliance**

The exposure control plan must include the following methods of compliance:

### ***Universal Precautions***

All leakage from mailed biological materials, until further identified, must be treated as potentially infectious materials.

### ***Local Precautions***

Local handling procedures must be established to minimize hands-on contact with mailed medical wastes and similar items. Training (see Information and Training) must stress awareness and proper handling of these materials.

### ***Personal Protective Equipment***

Gloves, aprons, and other personal protective equipment as appropriate must be supplied to personnel frequently handling potentially infectious mailed materials. Personnel assigned to the cleanup of leaking items must be provided full protection, e.g. gloves, aprons, splash shields.

The spill and leak SOP must be updated as necessary to ensure that these personnel use the latest safe cleanup and decontamination procedures.

### ***Hand Washing Facilities***

Hand washing must be stressed and hand washing facilities made available for persons frequently handling mailed potentially infectious materials.

### ***Medical Precautions***

Nurse administrators, staff nurses, and/or contracted medical providers must ensure that procedures and precautions required in the standard for health care personnel are implemented. Additionally, medical personnel must ensure that first aid supplies include gloves, CPR mouthpieces and other equipment as appropriate. Medical wastes generated in medical or health units (sharps, bandages, etc.) must be properly managed within the facility and disposed of in accordance with local, state, and federal regulations.

### ***Local Contingency Plans***

Certain facilities in urban areas may experience problems with loose syringes dropped in collection boxes and elsewhere. Where this is determined to be an ongoing situation, local contingency plans should be developed to minimize the hazard to employees who may come in contact with loose syringes during the course of duty.

## **Vaccination Program**

All employees on List A and those employees on List B who are considered occupationally exposed must be offered HBV vaccination. The nurse administrator, staff nurse, and/or servicing medical personnel must develop a program that meets the requirements of the standard and ensures that employees are offered vaccination after receiving the required training and within 10 days of initial assignment. Employees who decline must complete the form in appendix A of the OSHA standard.

## **Exposure Incident Evaluation**

### ***Incident Report***

Form 1770, *Hazardous Materials Incident Report*, must be used to document incidents involving potentially infectious materials in the mails. Installation heads must follow up with the mailer to prevent future incidents.

## ***Investigation***

Form 1769, *Accident Report*, must be completed if an injury or exposure (e.g. needlestick, laceration, or splash) related to potentially infectious materials occurs. For reporting purposes, OSHA considers such exposures occupational injuries if the incident results in the recommendation of medical treatment beyond first aid. Each exposure incident must be evaluated (regardless of reporting status) and steps must be taken to prevent future occurrences where possible. All exposure information must be transmitted to the health care professional treating the individual.

## **Medical Procedures**

### ***Post-Exposure Evaluation and Follow-Up***

Procedures must be established in the written exposure control plan that ensure required medical post-exposure evaluation and follow-up. They must include:

1. Documenting the route of exposure.
2. Identifying and documenting the source of the potential BBP (individual if possible).
3. Testing of the employees blood for HBV and HIV.
4. Providing post-exposure prophylaxis as recommended by the Public Health Service.
5. Counseling.
6. Evaluating reported illnesses.

### ***Professional Information***

All medical personnel responsible for implementing this instruction (having occupationally exposed employees) must have on hand a copy of the OSHA standard.

### ***Written Opinion on Exposure***

Medical personnel must ensure that the treating physician provides a written opinion to the Postal Service and that the employee receives a copy within 15 days that includes whether HBV vaccination is indicated, whether it was given, and other elements required in the standard.

### ***Medical Records***

Nurse administrators must maintain records on all occupationally exposed employees (see Record Keeping).

## REFERENCES

1. 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens," Federal Register Vol. 56, No. 235, Friday, December 6, 1991.
2. NIOSH Publication No. 89-108, A Curriculum Guide for Public Safety and Emergency-Response Workers, USHHS, Public Health Service, Centers for Disease Control. Available from:  
  
NIOSH PUBLICATIONS  
4676 COLUMBIA PARKWAY  
CINCINNATI OH 45226
3. OSHA Instruction CPL 2.244C, Enforcement Guidelines for the Bloodborne Pathogen Standard, March 6, 1992. Available from OSHA regional offices:  
  
Boston (617) 565-7164  
Dallas (214) 767-4731  
  
New York (212) 337-2378  
Kansas City (816) 426-5861  
Philadelphia (215) 596-1201  
Denver (303) 844-3061  
  
Atlanta (404) 347-3573  
San Francisco (415) 744-6670  
Chicago (312) 353-2220  
Seattle (206) 533-5930
4. OSHA Technical Note #3, Bloodborne Fact Sheets, "Reporting Exposure Incidents; Protect Yourself When Handling Sharps; Hepatitis B Vaccination—Protection for You, Personal Protective Equipment Cuts Risk; Holding the Line on Contamination." Available from OSHA regional offices.
5. OSHA Publication 3127, Occupational Exposure to Bloodborne Pathogens, 1992. Available from OSHA regional offices or publications office at (202) 523-9667.
6. OSHA Publication 3130, Bloodborne Pathogens and Emergency Responders, 1992. Available from OSHA regional offices or publications office at (202) 523-9677.
7. Summit Training Video, USPS Bloodborne Pathogen Awareness, Available from:  
  
SUMMIT TRAINING SOURCE INC  
2660 HORIZON DRIVE SE  
GRAND RAPIDS MI 49546  
  
Phone: 1-(800)-842-0466,  
Fax: (616)-949-5720

## Hazard Communication

### *Medical Personnel*

Medical personnel must ensure that applicable portions of paragraph (g) of the standard are implemented as necessary; e.g., warning labels are put on regulated medical wastes generated in the medical unit.

### *Management*

Management at all levels must stress the importance of awareness during acceptance and handling of biological materials. Acceptance employees must be familiar with labeling and packaging requirements.

## Information and Training

### *All Postal Employees*

The Postal Service is committed to providing periodic "awareness" training to all postal employees as part of governmentwide efforts to protect the public. Safety talks, bloodborne pathogen awareness videos (see references) sponsored by the Postal Service, and other methods may be used.

### *Occupationally Exposed Employees*

Training of occupationally exposed employees is required upon initial assignment and annually thereafter. The BBP training disseminated by the Postal Service in 1992 (21511-09) meets the subject matter requirements below.

The training must be given by a knowledgeable person. This could be a trained physician, nurse, or safety and health professional familiar with the subject matter:

1. The text of the standard.
2. Methods of bloodborne disease transmission.
3. Overview of the exposure control plan.
4. Methods of compliance.
5. Use of personal protective equipment.
6. Vaccinations and employee rights.
7. Spill and leak response plans.
8. Exposure incident procedures — first aid, hand washing, and evaluations.
9. Medical follow-up procedures and counseling.



## **Record Keeping**

### ***Medical***

Each employee considered occupationally exposed to BBPs must have a section in the employee medical folder dedicated to the records required by paragraph (h) of the standard, including:

1. HBV vaccination status and dates of vaccinations.
2. Copies of all follow-up examination reports.
3. Health care professionals' written opinions, if needed.
4. All exposure incident information as required.

### ***Training***

The nurse administrator must keep all required training records for occupationally exposed employees. Training records must be retained for 3 years. Other provisions of the standard regarding availability, records transfer, and confidentiality must be followed.

Records must include:

1. Dates of sessions.
2. Summary of the content.
3. Names and qualifications of trainers.
4. Names and job titles of all employees attending.

**Exposure Determination Worksheet**  
**List A: Job Classifications Covered by the Standard**

**Job Classification**

**Name**

I. Medical Personnel

Doctors

Dr. McCoy

Nurses

Nurse Ratchett

First Aid/CPR Personnel

Harriett Franklin

II. Inspectors

Inspector J.W. Smith

III. Security Personnel

Michael O'Sullivan

IV. Crime Laboratory Personnel (including  
administrative support)

Robert S. Martin

V. Other (i.e. lifeguards, fitness center personnel)

Carolyn Jacobs

**Sample Exposure Determination Worksheet, List B**

**Exposure Determination Worksheet**  
**List B: Job Classifications With Some Employees**  
**Covered by the Standard**

<b>Job Classification</b>	<b>Task or Procedures<sup>1</sup></b>	<b>Name</b>	<b>Exposure Frequency<sup>2</sup></b>
Mail Handler	Sorts parcels containing specimens	John Doe	Daily
Mail Handler	Loads mailed sharps into vans	Mark Allen	Daily
Rewrap Clerk	Rewraps parcels that leak BBPs	Carla Gately	Weekly
Supervisor	Assigned to pick up leaking specimens	Dennis Collins	Monthly
Carrier	Delivers specimens to laboratory	Steve Robinson	Daily
Carrier	Collects sharps containers	O. Ned Banks, Jr.	Occasionally

<sup>1</sup> Tell what the employee does in plain English.

<sup>2</sup> Use the following frequency units: daily, weekly, monthly, occasionally (once in 6 months), infrequently (once in 6 months or longer, once or twice a year). Employees exposed less frequently than once a year should not be listed. **Note:** If the employee handles even one specimen or has one exposure per time unit, e.g., once a day, use that unit, e.g., daily.