

**FOB-EHS-001**

**Bloodborne Pathogens & Exposure Control Program**

Function of Beauty  
5570 Snyderstown Rd.  
Paxoins, PA 17824

**BLOODBORNE PATHOGENS**

**EXPOSURE CONTROL PLAN**

**29 CFR 1910.1030**

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**Bloodborne Pathogens & Exposure Control Program**

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### **Bloodborne Pathogens & Exposure Control Program**

#### **1. PURPOSE**

- 1.1. Function, Inc's Bloodborne Pathogen & Exposure Control Program is designed to eliminate or minimize employee occupational exposure to blood or other potentially infectious material (OPIM) and to comply with the OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030.

#### **2. EXPOSURE DETERMINATION**

- 2.1. All job classifications have been reviewed to determine which job classifications may incur an occupational exposure to Bloodborne Pathogens. This exposure determination was made without regard to frequency or the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment).
- 2.2. The following job classification may be expected to incur an occupational exposure regardless of frequency:
  - 2.2.1. Designated Emergency Responders
    - 2.2.1.1. CPR / First Aid
  - 2.2.2. Lab Technicians
    - 2.2.2.1. Lab Exposure Clean Up
  - 2.2.3. Facilities Personnel
    - 2.2.3.1. Exposure Clean Up
    - 2.2.3.2. Building Maintenance Personnel
      - 2.2.3.2.1. Waste water plumbing servicing response, repair, and clean up

#### **3. IMPLEMENTATION METHODOLOGY**

- 3.1. Compliance Schedule
  - 3.1.1. The following practices have been implemented at all Function Inc. facilities and are reviewed and revised as necessary and each calendar year prior to the month last revised.
- 3.2. Compliance Methods
  - 3.2.1. Universal precautions will be observed at this facility in order to prevent contact with blood or other potentially infectious material (OPIM). All blood & OPIM will be considered infectious regardless of the perceived status of the source individual.
  - 3.2.2. Barrier techniques will be used at all times to prevent exposure to all employees-

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- 3.2.2.1. Gloves, eye protection, aprons, masks, lab jackets, etc. will be used to prevent contact with blood and / or OPIM.
- 3.2.2.2. Tools will be used to prevent contact with sharps such as broken glass or needles.
  - 3.2.2.2.1. At no time will any employee or worker pick up sharps with an unprotected hand or other body part.
- 3.2.2.3. Breathing barriers will be readily available to appropriately trained and designated staff and used to prevent contact during CPR.
- 3.2.3. Any workers who have open lesions or weeping dermatitis shall refrain from providing medical care, including emergency response, or handling medical equipment until the condition resolves.
- 3.2.4. Hands and other skin surfaces will be washed immediately if contact is made with OPIM's and after removal of gloves.
- 3.2.5. Engineering and work practice controls will be utilized to eliminate or minimize potential exposures.
- 3.2.6. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized.
  - 3.2.6.1. The following engineering and work practice controls will be utilized in the form of:
    - 3.2.6.1.1. sharps containers
    - 3.2.6.1.2. biohazard trash receptacles
    - 3.2.6.1.3. bloodborne protection kits/ spill kits
    - 3.2.6.1.4. Hand washing facilities shall be made available to employees who incur exposure to blood or other potentially infectious materials.
    - 3.2.6.1.5. Supervisors shall ensure that, after removal of personal protective equipment, employees are provided the time to wash hands and any other potentially contaminated skin area immediately, or as soon as feasible, with soap and water.
- 3.3. Contaminated Needles and Sharps
  - 3.3.1. Subcutaneous needles or other personal medical devices on which a sharp edge, needle, or other device remains after use must be

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- immediately disposed of into an approved and appropriately designed and labeled medical sharps container after use.
- 3.3.2. The EHS Department will be responsible for determining the type, amount, and locations of medical sharps containers at Function Inc. Facilities and will also be responsible for their disposal and replacement when filled.
- 3.4. **Work Area Restrictions**
- 3.4.1. In all areas, where there is the likelihood of exposure to blood or other potentially infectious materials is heightened, the following restrictions are enforced:
- 3.4.1.1.1. No eating
  - 3.4.1.1.2. No drinking
  - 3.4.1.1.3. No storage of food
  - 3.4.1.1.4. No storage of beverages
  - 3.4.1.1.5. No make-up or lip balm is to be applied
  - 3.4.1.1.6. No smoking
  - 3.4.1.1.7. No handling of contact lenses or
- 3.4.2. Restricted areas may included, but are not limited to:
- 3.4.2.1. Laboratory environments
  - 3.4.2.2. First Aid rooms.
  - 3.4.2.3. Areas in which an injury has occurred, but has not yet been cleaned up by authorized personnel.
- 3.4.3. All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.
- 3.5. **Specimens**
- 3.5.1. If necessary, specimens of blood or OPIM will be placed in containers which prevent leakage during the collection, handling, processing, storage, transport or shipping of the specimens.
- 3.5.2. The containers used for this purpose will be properly labeled and closed prior to storage, transport or shipping.
- 3.5.3. Labeling shall include the word "BIOHAZARD" on a fluorescent orange or orange-red background.
- 3.5.3.1. Labeling and color-coding will be consistent with all applicable OSHA & other regulatory agency's standards and regulations..
- 3.6. **Contaminated Equipment**
- 3.6.1. The site EHS Specialist is responsible for ensuring that the equipment which has become contaminated with blood or other

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potentially infectious material is examined prior to servicing or shipping and shall be decontaminated as necessary, unless the decontamination of the equipment is not feasible.

- 3.6.1.1. If decontamination is not feasible, a readily observable Biohazard label shall be attached to the equipment stating which portions remain contaminated.
- 3.6.1.2. This information will be conveyed to all affected employees, the servicing representative, and/or the manufacturer prior to handling, servicing, or shipping.

**3.7. Personal Protective Equipment (PPE) for Bloodborne Pathogens**

**3.7.1. PPE Provision**

- 3.7.1.1. The site Safety Specialist is responsible for ensuring that the following provisions are met:
  - 3.7.1.1.1. All PPE used throughout all Function Inc. locations for protection of bloodborne pathogens will be provided without cost to employees.
  - 3.7.1.1.2. PPE will be chosen based on the anticipated exposure to blood or other potentially infectious materials.
  - 3.7.1.1.3. PPE will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes.
  - 3.7.1.1.4. Bloodborne Spill Clean up kits are placed throughout the facility for use in first aid treatment. Each kit shall contain the following:
    - 3.7.1.1.4.1. Gloves – PVC, or other suitable non-latex material
    - 3.7.1.1.4.2. Face shield
    - 3.7.1.1.4.3. Micro shield type resuscitation mask
    - 3.7.1.1.4.4. Disposable gown
    - 3.7.1.1.4.5. Antiseptic towelettes
    - 3.7.1.1.4.6. Eye protection with wrap around solid side shields
    - 3.7.1.1.4.7. Healthcare grade germicidal/disinfectant
    - 3.7.1.1.4.8. Paper towels
    - 3.7.1.1.4.9. Biohazard bag

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3.7.1.1.4.10. fluid solidifier

**3.8. PPE Use**

3.8.1. All managers, supervisors, and leads shall ensure that the employee uses appropriate PPE when handling & cleaning surfaces and items that may contain blood or OPIM and when treating or providing first aid care, in which, there is a potential for contact with blood and OPIM.

**3.8.1.1. Affected employees may not decline to wear prescribed and appropriate PPE in relation to this Program**

**3.9. PPE Accessibility**

3.9.1. The site Safety Specialist shall ensure that appropriate PPE in the appropriate sizes are readily accessible at the work site and issued without cost to employees. PPE is available in the Bloodborne Protection Kits and where first aid / emergency response equipment is located.

**3.10. PPE Cleaning, Laundering and Disposal**

3.10.1. All personal protective equipment will be cleaned, laundered, and/or disposed of at no cost to employees.

3.10.2. All necessary repairs and replacements will be made by the employer at no cost to employees.

3.10.3. All garments which are penetrated by blood shall be removed immediately or as soon as feasible.

3.10.4. All PPE will be removed prior to leaving the contamination area.

3.10.5. When contaminated disposable PPE is removed, it shall be placed in a red biohazard bag.

3.10.6. When contaminated, non-disposable PPE is removed, it shall be immediately cleaned by trained personnel utilizing all appropriate disposable PPE.

**3.11. Gloves**

3.11.1. Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, or OPIM.

3.11.2. Used disposable gloves are not to be washed or decontaminated for re-use.

3.11.3. Disposable gloves are to be replaced when they become contaminated, or if they are torn, punctured, or when their ability to function as a barrier is compromised.

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**3.12. Eye and Face Protection**

3.12.1. Eye protection devices, such as goggles or glasses with solid side shield, and/or mask or chin length face shields, are required to be worn when it is reasonably anticipated that employees will have contact with blood, or OPIM.

3.12.2.

**3.13. Other Protective Body Clothing**

3.13.1. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

**3.14. Housekeeping**

3.14.1. Decontamination of spill areas will be conducted in accordance with the cleaning procedures recommended by the original equipment manufacturer.

3.14.2. All contaminated work surfaces will be decontaminated after completion of procedures and immediately after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.

3.14.3. Protective coverings, such as plastic wrap, aluminum foil, or backed with impervious absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

3.14.4. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regular basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

3.14.5. Any broken glassware which may be contaminated will not be picked up directly with the hands; a mechanical means (brush, dust pan, tongs or forceps) shall be used.

**3.15. Regulated Waste Disposal (RMW)**



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- 3.15.1. RMW will be disposed of in accordance with FOB-EHS-022 - Spill Prevention Control, & Countermeasure Program.
  - 3.15.1.1. RMW will be handled in accordance with this Program and the procedures specific to the FOB site.
- 3.16. **Laundry Procedures**
  - 3.16.1. Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible and with a minimum of agitation.
  - 3.16.2. Such laundry will be placed in an appropriately labeled, laundry ready, biohazard bag bag and stored in accordance with FOB-EHS-002 until sanitary laundry service can be completed.
    - 3.16.2.1. Under no circumstances will employees be permitted to take contaminated laundry off-site to be laundered without the expressed consent of the EHS Department.
  - 3.16.3. Employees who have contact with contaminated laundry shall wear all appropriate personal protective equipment.
- 3.17. **Hepatitis B Vaccine and Post-Exposure Evaluation and Follow-up**
  - 3.17.1. General
    - 3.17.1.1. Function, Inc will make available the Hepatitis B vaccine and vaccination series to all employees that potentially have a demonstrated occupational exposure.
    - 3.17.1.2. Function, Inc will ensure that all medical evaluations and procedures, including the Hepatitis B vaccine, and post exposure follow-up will be offered at:
      - 3.17.1.2.1. No cost to the employee
      - 3.17.1.2.2. A reasonable place and in a time manner
      - 3.17.1.2.3. A licenced clinic or under the supervision of a licensed physician
    - 3.17.1.3. Vaccinations and post exposure follow up will be provided according to the recommendations of the U.S. Public Health Service and as prescribed by OSHA.
    - 3.17.1.4. All laboratory tests shall be conducted by an accredited laboratory at no cost to the employee.
  - 3.17.2. **Hepatitis B Vaccination**

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- 3.17.2.1. The EHS Director is responsible for the Hepatitis B vaccination program. Service is provided by a clinic chosen by each site.
- 3.17.2.2. Hepatitis B vaccination shall be made available after the employee has received the training in occupational exposure (see information and training, Section 3.14) and within 10 working days of initial assignment to all employees who have occupational exposure.
  - 3.17.2.2.1. The vaccine may be declined by the employee, in writing, on FOB-EHS-001-0-A.
    - 3.17.2.2.1.1. All employees having an occupational exposure must complete FOB-EHS-001-0-A.
    - 3.17.2.2.1.2. Completed forms will be maintained by the Human Resources Department.
- 3.17.2.3. If an employee initially declines Hepatitis B vaccination but, at a later date, decides to accept the vaccination, while working in a position covered by this Program, the vaccination shall then be made available.
- 3.17.3. **Post Exposure Evaluation and Follow-up**
  - 3.17.3.1. All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, it shall be reported to the:
    - 3.17.3.1.1. EHS Department
    - 3.17.3.1.2. Human Resources Department
    - 3.17.3.1.3. On Duty Operations Manager
  - 3.17.3.2. Following a report of an exposure incident, the exposed employee shall immediately receive a confidential medical evaluation and follow-up, including at least the following elements:
    - 3.17.3.2.1. Documentation of the route of exposure, and the circumstances under which the exposure incident occurred.
    - 3.17.3.2.2. Identification and documentation of the source individual, unless it can be established that the identification is infeasible or prohibited by Federal, State, or local law.

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- 3.17.3.2.3. With consent, the source individual's blood shall be tested as soon as feasible after consent is obtained in order to determine Bloodborne Pathogens infectivity.
  - 3.17.3.2.3.1. When a 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.
- 3.17.3.3. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- 3.17.3.4. Collection and testing of blood for HBV and HIV serological status will comply with the following:
  - 3.17.3.4.1. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained by a licenced medical facility.
  - 3.17.3.4.2. The exposed employee will be offered the option of having their blood collected for testing for HIV/HBV serological status.
  - 3.17.3.4.3. All employees who have an exposure incident will be offered post-exposure evaluation and follow-up in accordance with applicable OSHA standards.
  - 3.17.3.4.4. All post-exposure follow-up will be performed by a licenced Occupational Health Clinic.
- 3.17.4. **Information Provided to the Healthcare Professional**
  - 3.17.4.1. The EHS Department & Human Resources Department shall ensure that the healthcare professional responsible for evaluating an employee after an exposure incident is provided the following additional information:
    - 3.17.4.1.1. A copy of [29 CFR 1910.1030 \(Bloodborne Pathogens Standards\)](#)
    - 3.17.4.1.2. A written description of the exposed employee's duties as they relate to the exposure incident
    - 3.17.4.1.3. Written documentation of the route of exposure and circumstances under which exposure occurred

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- 3.17.4.1.4. Results of the source individuals blood testing, if available
  - 3.17.4.1.5. All medical records relevant to the appropriate treatment of the employee, including vaccination status.
  - 3.17.4.2. **Healthcare Professional's Written Opinion**
    - 3.17.4.2.1. The EHS Department shall obtain a copy of the evaluating healthcare professional's written opinion and make this report available to the employee within 15 days of the completion of the evaluation.
    - 3.17.4.2.2. The healthcare professional's written opinion for HBV vaccination and post exposure follow-up shall be limited to the following information:
      - 3.17.4.2.2.1. Whether vaccination is indicated for employee and if employee has received such vaccination
      - 3.17.4.2.2.2. A statement that the employee has been informed of the results of the evaluation
      - 3.17.4.2.2.3. A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
    - 3.17.4.2.3. All other findings or diagnosis shall remain confidential and be available for peer review only.
4. **Information and Training**
- 4.1. The EHS Specialist shall ensure that training is provided to the employees at the time of initial assignment to tasks where occupational exposure may occur.
  - 4.2. Training shall be provided at no cost to the employee and at a reasonable time and place.
  - 4.3. Training shall be tailored to the education and language level of the employee, and offered during the normal work shift.
  - 4.4. The training will be interactive and cover the following elements:
    - 4.4.1. An accessible copy of the standard and an explanation of its contents

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- 4.4.2. A discussion of the epidemiology and symptoms of bloodborne diseases
- 4.4.3. An explanation of the modes of transmission of bloodborne pathogens
- 4.4.4. An explanation of the Function Inc. Bloodborne Pathogen Exposure Control Plan, and a method for obtaining a copy
- 4.4.5. The recognition of tasks that may involve exposure
- 4.4.6. An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices and personal protective equipment (PPE)
- 4.4.7. Information on the types, use, location, removal, handling, decontamination, and disposal of PPE
- 4.4.8. An explanation of the basis of selection of PPE
- 4.4.9. Information on the Hepatitis B vaccination and that it will be offered free of charge
- 4.4.10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- 4.4.11. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up
- 4.4.12. Information on the evaluation and follow-up required after an employee exposure incident
- 4.4.13. An explanation of the signs, labels, and color coding systems associated with bloodborne pathogens
- 4.5. Training will be provided by the site EHS Specialist or other knowledgeable designee
- 4.6. Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.
- 5. **Recordkeeping**
  - 5.1. **Medical Records**
    - 5.1.1. Medical records shall be maintained in accordance with 29 CFR Section 1910.1030. These records shall be kept confidential and not disclosed without the employee's written consent and must be maintained for at least the duration of employment plus 30 years.
    - 5.1.2. The Human Resources Department is responsible for maintaining medical records related to occupational exposure. These records

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will be kept in the secured Employee files and will not be available to unauthorized persons.

- 5.2. The records shall include the following:
  - 5.2.1. The name and social security number of the employee
  - 5.2.2. A copy of the employee's HBV vaccination status; including the dates of vaccination and ability to receive vaccination.
  - 5.2.3. A copy of all results of examinations, medical testing, and follow-up procedures.
  - 5.2.4. A copy of the information provided to the healthcare professional; including a description of the employee's duties as they relate to the exposure incident, and documentation of the route of exposure and circumstances of the exposure.
  - 5.2.5. A confidential copy of the healthcare professional's opinion.
- 5.3. **Training Records**
  - 5.3.1. These records will be maintained as part of the employee's training file for the duration of the employee's employment plus 30 years and shall include:
    - 5.3.1.1. The dates of the training session(s)
    - 5.3.1.2. An outline describing the material presented
    - 5.3.1.3. The names and qualifications of persons conducting the training;
    - 5.3.1.4. The names and job titles if possible of all persons attending the training sessions.
  - 5.3.2. Availability
    - 5.3.2.1. The employee's training records shall be made available to the employee or, with written permission, to the employee's designated representative for examination and copying upon request in accordance with 29 CFR 1910.1020.
  - 5.3.3. Transfer of Records
    - 5.3.3.1. If the employee is transferred to another company site within Function, Inc. the employee's medical records shall be Federal Expressed to the site's HR Department along with relevant training records.
    - 5.3.3.2. If this plant is closed or there is no successor employer to receive and retain the records for the prescribed period, the

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Chief of DOSH shall be contacted for final disposition in accordance with the 29 CFR 1910.1030.

**5.4. Sharps Injury Log**

- 5.4.1. The employer shall establish and maintain a Sharps Injury Log for the recording of percutaneous injuries from contaminated sharps in the event an incident occurs.
- 5.4.2. The information in the Sharps Injury Log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee.
- 5.4.3. The Sharps Injury Log shall contain, at a minimum:
  - 5.4.3.1. The type and brand of device involved in the incident
  - 5.4.3.2. The department or work area where the exposure incident occurred
  - 5.4.3.3. An explanation of how the incident occurred.
  - 5.4.3.4. The requirement to establish and maintain a Sharps Injury Log of occupational injuries and illnesses under 29 CFR 1904.
  - 5.4.3.5. The Sharps Injury Log shall be maintained for the period required by 29 CFR 1904.6.

**5.5. Evaluation and Review**

- 5.5.1. The EHS Director is responsible for reviewing this program annually for its effectiveness and is responsible to ensure updates are made as needed.
- 5.5.2. Evaluation and Review – The Bloodborne Pathogen Exposure Control Plan shall be reviewed at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update of such plans shall also:
  - 5.5.2.1. Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens
  - 5.5.2.2. Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

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5.5.3. The responsibility for updating the Exposure Control Plan lies with the EHS Director.

5.5.4. The responsibility for documenting the requirements of sections 3.16.1, 3.16.2, and 3.16.3 shall be that of the on site EHS Specialist.

#### **6. Appendices**

6.1. FOB-EHS-001-0-A

#### **7. Document Review and Approval**

7.1. **Date Devised:** 3-18-19

7.2. **Reviewed Date:** 07-21

7.3. **Date Approved:** 07-21

7.4. **Approved By:** Ed Noter, Director, EHS