**GBI Insulation** *Safety Program*

GBI Insulation trains new employees and on an annual basis the occupational exposure to bloodborne pathogens. The employee is made aware of the labels and signs that serve as warning of infectious materials. Gloves and other protective equipment is available and should be worn for each assignment.

Each employee is provided with access to a copy of the exposure control plan listed below and is to be reported to the First Aid person at the location that is listed in job trailer. Human Resource will keep an accurate record for each employee with occupational exposure and are available per request.

**Bloodborne Pathogens**

Means of Transmission

Bloodborne pathogens are transmitted when contaminated blood or body fluids enter the body of another person. This can occur through a number of pathways, such as:

 **An accidental puncture by a sharp object contaminated with the pathogen. "Sharps" include objects such as:**

o **needles**

o **scalpels**

o **broken glass**

o **razor blades**

 **Open cuts or skin abrasions coming in contact with contaminated blood or body fluids**

 **Sexual contact**

 **Indirect transmission (a person touches dried or caked on blood and then touches the eyes, mouth, nose or an open cut) (HBV only)**

There are also many ways that these diseases are **not** transmitted. For instance bloodborne pathogens are not transmitted by touching an infected person, through coughing or sneezing or by using the same equipment, materials, toilets, water fountains or showers as an infected person. It is important that people are educated as to which ways are viable means of transmission of these dangerous diseases, and which are not.

**Exposure Control Plan**

Each work area where employees may be exposed to blood or body fluids must formulate an Exposure Control Plan. This plan attempts to minimize the risks of infection by bloodborne pathogens. It covers:

 identification of employees who are covered by the plan and the tasks where there is a potential for exposure to blood

 train employees who are at risk

 specific measures the employer will take to minimize the risk of exposure; these will include:

o adhere to "Universal Precautions"

o engineering and work practice controls

o personal protective equipment

o housekeeping issues

o hepatitis B vaccine

 procedures to follow if there is an exposure

If you are an "affected" employee or student, that is, if there is a potential for you to be exposed to human blood or body fluids, check with your supervisor and determine your and your supervisor's responsibilities and make certain that you understand those responsibilities.

**Identifying Dangerous Tasks**

Some tasks are by their nature more apt to involve potential exposure to blood or body fluids. In the academic environment, these may include any tasks requiring the use of sharp implements (needles, razor blades, saws, glass), tasks working directly with blood (research, education), tasks that require a staff member to handle contaminated waste or trash, or tasks that have someone acting in the role of a first-aid responder. All these, as well as a myriad of other tasks which could result in exposure, would be covered under the Bloodborne Pathogens Standard.

**Sooo ... who is at risk?**

If a survey of Texas A&M University departments was performed to determine which employees were at risk to exposure to bloodborne pathogens, those at greatest risk would likely be those with the following job titles and task descriptions:

 Lab Research Personnel

 Health Care Workers

 Physicians

 Blood Bank Workers

 Campus Police Officers

 Fire & Rescue Personnel

 Janitors & Waste Handlers

 Craftsmen

**ANYONE WORKING WITH HUMAN BLOOD IS AT RISK!**

**Educating At-Risk Personnel**

GBI provides training to all personnel who may be exposed to infectious materials. The following subjects must be considered:

 what are bloodborne pathogens and how are they spread

 the Exposure Control Plan that has been implemented

 appropriate engineering and work practice controls

 what to do in case of accidental exposure

 signs and labels that will be used to alert other personnel of danger involving infectious material

**Occupation Exposure to Blood or other potentially infectious materials.**

1. **OSHA requires that all employers that can “reasonably anticipate exposure” have a control plan. GBI** **Inspection Scheduling, and Scope**.
   1. Inspection scheduling should be conducted in accordance with the procedures outlined in the FIRM (CPL 2.103), Chapter II, Inspection Procedures.
   2. All inspections, programmed or unprogrammed, should include, if appropriate, a review of the employer's exposure control plan and employee interviews to assess compliance with the standard.
   3. Expansion of an inspection to areas involving the hazard of occupational exposure to blood or other potentially infectious materials (including on site healthcare units and emergency response or first aid personnel) should be performed when:
      1. The exposure control plan or employee interviews indicate deficiencies in complying with OSHA requirements, as set forth in 29 CFR 1910.1030 or this instruction.
      2. Relevant formal employee complaints are received which are specifically related to occupational exposure to blood or OPIM.
      3. A fatality/catastrophe inspection is conducted as the result of occupational exposure to blood or OPIM.
2. **General Inspection Procedures**. The procedures given in the FIRM, Chapter II, should be followed except as modified in the following sections:
   1. Where appropriate, the GBI administrator, as well as the directors of infection control, employee (occupational) health, training and education, and environmental services (housekeeping) will be included in the opening conference or interviewed early in the inspection.
   2. The facility's sharps injury log and any other file of "incident reports" that document the circumstances of exposure incidents in accordance with the provisions in the exposure control plan, and any first aid log of injuries, should be reviewed. The compliance officer should ask for any other additional records that track bloodborne incidents. The compliance officer should review the most recent Part 1904 - Recording and Reporting Occupational Injuries and Illnesses regulations prior to citing recordkeeping violations. See Paragraph X below.
   3. Compliance officers should take necessary precautions to avoid direct contact with blood or OPIM and should not participate in activities that will require them to come into contact with blood or OPIM. The CSHO should avoid direct contact with needles or other sharp instruments potentially contaminated with blood or OPIM. To evaluate such activities, compliance officers normally should establish the existence of hazards and adequacy of work practices through employee interviews and should observe them at a safe distance.
   4. On occasions when entry into potentially hazardous areas is judged necessary, the compliance officer should be properly equipped as required by the facility as well as by his/her own professional judgment, after consultation with the supervisor, who should refer to OSHA's exposure control plan for further guidance.
   5. Compliance officers should use appropriate caution when entering patient care areas of the facility. When such visits are judged necessary for determining actual conditions in the facility, the privacy of patients must be respected. Photos or videos are normally not necessary and in no event should identifiable photos be taken without the patient's consent.
   6. GBI has a qualified first aid person for each job site that is trained in FirstAid and are expected to provide emergency care if needed.
   7. GBI employees are to determine exposure and shall be made regards to the use of personal protective equipment.
   8. Work Practice controls are to be followed and used to eliminate or minimize employee exposure. Procedures are to notify supervisor and proceed to first aid to be documented and or treated for any exposure.
   9. Hand washing facilities will be identified at all work location or GBI will ensure antiseptic solutions/towelettes will be available for use.
   10. All injuries that would have blood soaked bandages, ect are to be placed in leak proof bags/containers for handing, storage and transport.
   11. If there is any occupation exposure present GBI will provide PPE at no cost to employee such as gloves, gowns, ect. PPE shall be used unless the GBI employee temporarily declined to use PPE under rare circumstances. PPE is available in the appropriate sizes and is readily available to the employee from foreman or first aid station and should be cleaned, laundered and properly disposed. GBI shall repair & replace PPE as needed to maintain its effectiveness.
   12. If a GBI employee is exposed GBI will make available Hepatitis B Vaccine to all employees at no cost to employee.
   13. GBI will keep all employee medical records for each employee with occupational exposure for the duration of employment and for not less than 3o years after employment. These records will be made available upon request of employee, Assistant Secretary & Director for examination o& copying. All medical records will have written consent of employee before released. GBI will comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020(h0.
   14. GBI’s Policy on cleaning of equipment or surfaces after contact with blood or other infectious material. All equipment or environmental surfaces shall be cleaned & decontaminated after contact with blood or other infectious materials.