

Sample exposure control plan for biological agents for occupational first aid attendants (OFAAs)

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Introduction

Section 6.34 of the Occupational Health and Safety Regulation requires an employer to develop and implement an exposure control plan if a worker has or may have occupational exposure to a biological agent. Workplaces where occupational exposure to a biological agent may be reasonably anticipated to occur include worksites with occupational first aid attendants (OFAAs).

The following exposure control plan is meant to assist employers (whose only exposed worker is an OFAA) in developing a plan that meets the requirements of the OHS Regulation. The sample of an acceptable exposure control plan is included in these materials so OFAAs can share the information with their employers.

This sample plan may be used as is, but employers must consider the plan, ensure that it suits their workplace, and ensure that the plan is actually implemented at the worksite.

The sample plan may be modified to suit the specific circumstances at the employer's particular worksite. The final exposure control plan, however, still requires all seven elements identified in this sample plan.

If you have any questions or need further assistance, contact a WorkSafeBC occupational hygiene officer at your nearest WorkSafeBC office.

Exposure control plan for biological agents for occupational first aid attendants (OFAAs)

(Company name)

(Date)

Policy and scope

The policy of _____ (*company name*) is to ensure that our occupational first aid attendants (OFAAs) are protected from occupational exposure¹ to biological agents² in a manner that complies with the B.C. *Workers Compensation Act* and Occupational Health and Safety Regulation, as well as human rights legislation.

This exposure control plan covers all OFAAs, as it is reasonably anticipated that they may have harmful contact³ with blood or other potentially infectious materials (OPIMs)⁴ as a result of performing their normal job duties.

1. Purpose and responsibilities

The purpose of this exposure control plan is to eliminate or minimize the OFAAs' risk of occupational exposure to biological agents in blood and OPIMs, as well as to reduce the risk of infection should exposure occur.

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- 1 Occupational exposure: Reasonably anticipated harmful contact with blood or other potentially infectious materials (OPIMs) that may result from the performance of a worker's duties.
 - 2 Biological agents: Pathogenic microorganisms present in human blood and OPIMs that can cause disease in humans. These pathogens include but are not limited to the hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).
 - 3 Harmful contact: An exposure incident to blood or OPIMs through:
 - Percutaneous injury (injury through the skin from a contaminated sharp item such as a needle)
 - Contact with the mucous membranes of the eyes, nose, or mouth
 - Contact with non-intact skin (healing wound less than three days old or lesion causing disruption of outer skin layer)
 - Bites
 - 4 Other potentially infectious materials (OPIMs): Other materials (besides blood) that can be sources of blood-borne pathogens. Examples of OPIMs include semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, any body fluid visibly contaminated with blood, all body fluids in situations where it is difficult to differentiate between body fluids, and tissues.

The company will:

- Conduct a risk identification and assessment of the OFAAs' potential occupational exposure to biological agents.
- Implement engineering controls, safe work practices, and written work procedures to eliminate or reduce the OFAAs' potential exposure to biological agents.
- Provide OFAAs with appropriate personal protective equipment.
- Ensure OFAAs are provided with education and training on biological agents and the exposure control plan (see section 4, "Education and training," below).
- Provide OFAAs with the hepatitis B vaccination at no cost (upon request).
- Ensure that all pertinent records are maintained.
- Set up a check system to ensure that OFAAs who have had an exposure incident to blood or OPIMs are medically evaluated, then seen by a physician for follow-up if deemed necessary by the medical evaluation.
- Ensure that investigations of OFAAs' exposure incidents to blood or OPIMs are conducted and corrective actions are taken to prevent similar incidents from occurring.
- Review the exposure control plan annually and update it as necessary.

The OFAAs' supervisor, _____ (*name*), will:

- Supervise OFAAs with respect to biological agent hazards.
- Ensure that OFAAs use engineering controls and follow safe work practices and written work procedures.
- Ensure that OFAAs wear appropriate personal protective equipment.
- Ensure that OFAAs receive education and training on biological agents and the exposure control plan initially and biannually (at the time of occupational first aid certification and renewal).
- Ensure that the post-exposure health management procedure is followed for OFAAs' exposure incidents to blood or OPIMs.
- Initiate investigations of exposure incidents to blood or OPIMs.

The OFAAs will:

- Use the provided engineering controls.
- Follow safe work practices and written work procedures.
- Wear the appropriate personal protective equipment provided.
- Attend education and training (occupational first aid training courses and additional company training sessions).
- Follow the post-exposure health management procedure in the event of an exposure incident to blood or OPIMs.
- Participate in investigations of exposure incidents to blood or OPIMs.

2. Risk identification and assessment

All OFAAs have the potential for occupational exposure to biological agents. OFAAs may have harmful contact with blood or OPIMs via the following:

- Percutaneous injury
- Mucous membrane contact
- Non-intact skin contact

It is reasonably anticipated that such contact may occur when attendants are providing occupational first aid to co-workers, including rendering first aid and performing post-treatment and accident scene cleanup.

3. Control procedures

Engineering and safe work practice controls are the preferred means to eliminate or minimize OFAAs' exposure to biological agents at this worksite. If such controls are unavailable or impracticable, or do not completely eliminate exposure, OFAAs will wear the appropriate personal protective equipment provided.

Engineering controls

Although first aid kits and equipment contain only a few items that could break through the skin, OFAAs must always watch out for other sharp objects that may be encountered and pose a risk of percutaneous injury (e.g., contaminated broken glass at an accident site).

Sharps disposal containers are located in the _____ (state location, e.g., first aid room and first aid kit) for discarding disposable, contaminated⁵ sharp items.

Pocket masks with one-way valves are available in the _____ (state location, e.g., first aid kits) for OFAAs to use when ventilating patients. These masks should not be shared before they have been washed and disinfected. If there is insufficient time to do this between uses by different individuals, the valves should be changed.

Work practice controls and written work procedures

As specified in the WorkSafeBC publications, *Occupational First Aid: A Reference and Training Manual* and occupational first aid training guides, OFAAs will do the following:

- Follow infection-control precautions.
- Use pocket masks with one-way valves when ventilating patients.
- Follow safe sharps handling procedures, such as discarding any disposable, contaminated sharp items in sharps disposal containers as soon as possible.
- Wear waterproof, disposable medical examination gloves when assessing and treating patients (if there is potential contact with patients' blood, body fluids, secretions, excretions, mucous membranes, or non-intact skin), and when touching contaminated items or surfaces.

5 Contaminated: The presence or the reasonably anticipated presence of blood or OPIMs on an item or surface.

Also wear such gloves if they have non-intact skin on their hands, after first covering the affected skin with a waterproof dressing.

- Replace gloves as soon as practical if they are torn, cut, punctured, or leaking, and when they become contaminated or damaged such that their ability to function as a barrier is in question.
- Use disposable gloves only once.
- Follow the procedures for glove removal and handwashing.
- Follow the cleanup procedures for spills of blood and OPIMs that minimize splashing.
- Ensure food or drinks are not stored or consumed in first aid facilities.
- Follow the post-exposure health management procedure, if they have an exposure incident to blood or OPIMs.

Personal protective equipment

All personal protective equipment for biological agents used at this worksite will be provided by the company at no cost to our OFAAs.

Waterproof, disposable medical examination gloves are available in the _____ (state location, e.g., first aid room and first aid kits). They will be worn and used as specified in the manual and training guides, and the safe work practices and written work procedures outlined above.

Eye and/or face protection in the form of _____ (specify type, e.g., safety goggles and face shield) is available in the _____ (specify location, e.g., first aid room). They will be worn by OFAAs when it can be reasonably anticipated that the mucous membranes of the eyes, nose, or mouth may be splashed or sprayed with blood or OPIMs (e.g., relieving subungual hematomas).

Gowns and protective footwear in the form of _____ (specify type, e.g., washable cloth or disposable paper gowns, rubber boots) are available in the _____ (specify location, e.g., first aid room). They will be worn by OFAAs when it can be reasonably anticipated that their skin or clothing may come in contact with blood or OPIMs (e.g., during blood spill cleanup).

Housekeeping, laundry, and waste

All reusable first aid equipment _____ (specify, e.g., metal instruments, pocket masks) and environmental working surfaces _____ (specify, e.g., counters in the first aid room) will be decontaminated as soon as possible after contamination with blood or OPIMs, as well as on a routine basis, as specified in the manual and training guides.

Laundry soiled with blood or OPIMs will be treated as specified in the manual and training guides.

Sharps disposal containers will be securely closed and replaced when they are two-thirds full. They will then be sent to _____ (specify) for disposal.

First aid waste items (e.g., disposable gloves, pads, and dressings) that are not dripping, saturated, or grossly contaminated with blood or OPIMs are considered general waste. They will be discarded in waterproof waste bags for disposal at a landfill.

Items that are dripping, saturated, or grossly contaminated with blood or OPIMs are considered biomedical waste. They must be appropriately bagged and disposed of in accordance with provincial and local environmental regulatory agencies _____ (specify provincial and local disposal requirements).

Universal precautions

OFAAs will treat all blood and OPIMs as though they are known to be infected with biological agents, and will follow infection-control precautions and procedures as specified in the manual and training guides. This includes the following:

- Following precautions to prevent sharps injuries
- Using resuscitation devices
- Wearing personal protective equipment
- Following handwashing procedures

4. Education and training

All OFAAs will be educated and trained regarding biological agents before their initial assignment to work as an OFAA. The different levels of OFA training have different degrees of education and training. Some of the education and training will have been provided by the occupational first aid training course and materials _____ (specify first aid school, course, and materials). OFA courses provide a basic foundation and cover items such as the following:

- An explanation of blood-borne diseases and modes of transmission
- An explanation of the appropriate methods of recognizing tasks and activities that may involve exposure to blood and OPIMs
- An explanation of engineering and safe work practice controls that will prevent or reduce exposure to biological agents, including their use and limitations
- Information on personal protective equipment, including appropriate selection, use, removal, handling, cleaning, decontamination, inspection, maintenance, storage, disposal, and limitations
- An explanation of the post-exposure health management procedure for an OFAA to follow if an exposure incident to blood or OPIMs occurs

Additional worksite-specific orientation, education, and training will be provided by _____ (specify individual within the company) and will include the following:

- Applicable sections of the Occupational Health and Safety Regulation
- An explanation of this company's exposure control plan regarding biological agents and where to access it

- Control procedures specific to the worksite (e.g., location of sharps disposal containers, pocket masks, and wash facilities; types and location of personal protective equipment)
- Information on the hepatitis B vaccine, including information on its benefits, effectiveness, safety, method of administration, and availability

All OFAAs will receive biannual refresher training regarding biological agents and the exposure control plan at the time of renewal of their occupational first aid certificate.

5. Hygiene facilities and decontamination procedures

Handwashing facilities are located in the _____ (specify, e.g., restrooms and first aid room) and are available to OFAAs for handwashing. OFAAs will follow handwashing procedures as specified in the manual and training guides.

Waterless hand cleansers or towelettes (specify which) are also provided for use if handwashing facilities are not immediately available. They are located in the _____ (specify, e.g., first aid room and first aid kits). OFAAs will wash their hands with mild soap and running water as soon as possible after the use of the cleanser or towelette (specify which).

If an OFAA has an exposure incident to blood or OPIMs, the post-exposure health management procedure will be followed for decontamination.

6. Health monitoring

a. Hepatitis B vaccination (pre-exposure health management)

OFAAs will be offered the hepatitis B vaccination at no cost to them, upon request. The vaccination (a series of shots given at 0, 1, and 6 months) will be started within 10 working days of their initial assignment as an OFAA. It will be administered by _____ (specify, e.g., travel clinic, workers' family doctors).

OFAAs may decline the hepatitis B vaccination. This refusal will be recorded. If they later change their mind and wish to have the vaccination, it will be provided to them at no cost.

b. Health protection (post-exposure health management procedure)

For the initial management of an exposure incident to blood or OPIMs, the OFAA will do the following:

1. Immediately self-administer first aid.
2. Report the incident to _____ (specify the supervisor).
3. Go to _____ (specify nearest hospital emergency department) within two hours of the incident for a medical evaluation. (The reporting must not cause delay in seeking medical attention.)

The follow-up management after an exposure incident to blood or OPIMs will include the following:

- OFAA referral to a physician for follow-up, if deemed necessary by the medical evaluation

- Appropriate documentation of the exposure incident (first aid records, incident reports, and WorkSafeBC claim forms)
- An investigation to prevent similar exposure incidents to blood or OPIMs from occurring

7. Record keeping

Occupational exposure records will be kept that identify all OFAAs as having potential occupational exposure to biological agents in providing occupational first aid to co-workers.

Exposure incident records (such as first aid records, accident reports, incident investigation reports, WorkSafeBC claim forms, and health records) will be kept for all specific OFAA exposure incidents to blood or OPIMs.

Records will be kept documenting OFAA education and training on biological agents and the exposure control plan (i.e., dates, type of session and contents or summary, names of attendees, names and qualifications of trainers).