**Health & Safety SOP:**

**Bloodborne Pathogens Exposure Control**

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| **Owner** | Senior Vice President Security & Safety Solutions |  |
| **Department** | Health & Safety |  |
| **Effective Date** | 02/2022 |  |  |
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# Purpose

The purpose of this procedure is to protect employees and others from exposure to human blood and other infectious materials (OPIM).

# Definition of BBP and OPIM

Bloodborne pathogens (BBP) are pathogenic microorganisms that are present in human blood. OPIM can cause disease with exposure. Some examples include hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV).

OPIM includes all of the following:

* Human cells, tissue or organ cultures
* Human cell culture supernatant
* Any solutions containing HIV, HBV, HCV or other BBPs
* Any bodily fluid visibly contaminated with blood or OPIM
* Cerebrospinal, pericardial, synovial, pleural and peritoneal fluids
* Vaginal secretions
* Amniotic fluid
* Semen
* Blood, organs or tissues from animals infected with HIV, HCV, HBV or other BBPs
* Saliva during dental procedures
* Any fluid where it is difficult to identify the presence or absence of blood

OPIM does NOT include the following:

* Urine
* Feces
* Vomit
* Sweat
* Tears
* Saliva

The above are not considered to be a risk for BBP transmission unless there is visible blood in them.

# Response to Exposure or Needlestick/Sharps Injury

Any employee or contractor who experiences a needlestick or sharps injury, or who has been exposed to the blood or other bodily fluid of another person during the course of their work, must follow the following steps:

1. Remove all contaminated clothing, PPE or workwear
2. Immediately wash needlesticks and cuts with soap and water and seek first aid as soon as possible.
3. Notify supervisor
4. Contact the Command Center at 212-216-2222, available 24/7
5. Report the incident before the end of the workday to Public Safety at 212-216-2222 and complete a Javits Center Incident Report

# Functional Roles

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| **Person/Group** | **Responsibilities** |
| Public Safety  | Responsibilities include first response to all emergencies and oversight of employee health services including contract medical services |
| Plumbing | Maintains, installs, and repairs valves, fittings, and drainage systems |
| Cleaning and Set Up | Responsible for all aspects of building and show cleaning including all restrooms, high and low surfaces and the cleaning of furniture |
| Operations  | Includes electricians, engineers and carpenters or any trade that has reasonable exposure to other potential infectious materials |

# Responsible Staff

# Health & Safety personnel are responsible for overseeing the implementation of this policy.

Kenneth Dixon, Senior Vice President of Security & Safety Solutions

Office: 212.216.2379

Main: 646.847.6896

kdixon@javitscenter.com

# Procedure

1. Determination of Risk by Job Classification:

The following job classifications have been identified as staff having occupational exposure to OPIM:
* First responders, which can be Public Safety Officers (PSOs) or medics
* Cleaning staff that will be called to clean blood or other bodily fluids

 The following staff may have direct occupational exposure to OPIM:

1. Plumbers
2. Set up staff
3. Public Safety Staff
4. House and show trade staff
5. Risk exposure by job task in which employees may have job related exposure to OPIM:
	1. Removal of trash, both inside and outside of the building, show floor and meeting spaces
	2. Unclogging toilets, repairing, and replacing drain lines or use of any snake line
	3. Clean up of bodily fluids with or without blood
	4. Cleaning of restrooms
	5. Medical response by qualified public safety staff or medical providers
	6. Treating and stirring sewage tanks
	7. General repair and/or maintenance work
6. Compliance Method: General Administrative Control (Universal Precautions)

Universal Precautions are referred to as the practice of avoiding contact with OPIM. Further clarification of Universal Precautions is when there is a potential to become exposed to or come into contact with any bodily fluid, which may be potentially infectious.

1. Engineering Controls and Work Practices:

The following engineering and work practices are to be used to eliminate or minimize employee exposure regardless of the job classification.
	1. Employees will wash or sanitize their hands immediately after the removal of gloves or other PPE.
	2. Hand washing stations will be readily available for staff. In the absence of hand washing stations or if the location is not feasible in the area of assignment, employees will be supplied with hand sanitizers or hand sanitizing wipes.
	3. Equipment that may become contaminated with blood or any other potentially infectious materials shall be assessed for the purpose of decontamination. This equipment will not be reused unless it can be decontaminated. This includes equipment by all job classifications.
	4. All work that is being performed that involves blood or any other potentially infectious materials will be performed in such a way as to reasonably minimize the splashing, spraying, spattering and droplets.
	5. If a needle (syringe) is found, regardless of the location, the following is to be used to remove: pliers, tongs or the equivalent of, which eliminates direct contract with the needle or syringe. The needle or syringe must be transported in a rigid, puncture resistant container which is leak proof and does not require the employee placing their hand in the container. The container will be labeled hazardous waste and will be taken to the safety office for the appropriate pick up and disposal.
	6. Job classifications assigned to use snake lines or any other equipment for the purpose of cleaning or unclogging debris from toilets, sewer lines, or storm drains will not touch the snake line ends used to unclog or clean as there is the potential of OPIM.
2. Personal Protective Equipment (PPE):
	1. PPE will be provided which will include gloves, eye protection and face masks. At minimum, an N-95 respirator will be provided based on the respiratory risk assessment. Only staff that are fit tested will be authorized to use an N-95 respirator or greater to ensure the mask provides maximum protection. Nitrile, yellow or latex work gloves will be provided based on the job task and the level of contaminants that may be encountered. Operations may distribute leather or other suitable work gloves based on the task to be performed to protect leak proof gloves from damage. All single use gloves are to be disposed of once they become worn, soiled, torn or the barrier protection is compromised. Work gloves that can be reasonably decontaminated will be or else replaced.
	2. Tyvek body coveralls will be provided as required based on the job task. The Tyvek body suit is single use and must be replaced when it is soiled, torn or loses the barrier protection.
	3. All PPE must be removed prior to leaving the work area and disposed of in accordance with established procedures.
3. Cleaning and Decontamination of the Work Areas:
	1. It is the responsibility of the departmental managers and/or foreman to ensure that the work areas are maintained and cleaned.
	2. The departmental manger shall provide documentation that includes a cleaning schedule as well as decontamination based on the location, type of surfaces, type of soiling including OPIM and the tasks and procedures to be performed in the area.
	3. Contaminated work surfaces shall be cleaned followed by disinfecting with the appropriate chemical and dwell time if the surfaces have become contaminated since the last cleaning and disinfecting process. Contaminated surfaces will include all equipment used in the cleaning process. This includes all waste receptacles as well as reusable equipment. This should be done prior to the end of the work shift.
	4. Removal of broken glass which shall be considered OPIM is not to be picked up directly regardless of location or type of glass. Glass will be removed and cleaned up using a broom and dustpan or any other equivalent tools.
4. Communication of Hazards to Employees:
	1. Biohazard labels properly identify Regulated Medical Waste (RMV) defined for the purposes of this procedure as having (OPIM). This includes materials saturated with bodily fluids and sharps. The key element being that it is potentially dangerous or harmful to humans or the environment.
	2. Labels are to be affixed on containers and bags of biohazardous waste.
	3. Labels are to be fluorescent and must have the biohazard symbol.
	4. Labels are to be affixed so that they are visible, stand out, and easily recognized.
5. Training and Information:

	1. All staff who have occupational exposure will receive training. This training will be included in the initial orientation and thereafter annually. The training will be conducted by the Health and Safety Department.
	2. Each department manager will ensure that training is refreshed and reinforced prior to assigning tasks where occupational exposure may be a risk or when modifications or changes of tasks have an impact on employees’ occupational exposure.
	3. When training or reinforcing training, it is essential that the training addresses the individual employee. This may include the use of visuals, one-on-one demonstrations of procedures, and reading the written material with the employee. It is imperative that the content is understood for compliance.
	4. The BBP training must include:
		* A copy of the procedure in both Spanish and English.
		* An explanation of the department’s exposure plan along with how to obtain a copy of the plan
		* General explanation of the modes BBPs are transmitted to reinforce the use of PPE
		* An explanation of risk assessment: how to recognize work tasks and other activities that may involve exposure to OPIM
		* Methods of the use and limitations of methods that will prevent or minimize exposure which include work practices and engineering controls
		* Information of the types, use, location, donning, doffing and disposal of contaminated PPE and equipment used
		* Information on the hepatitis B vaccination programs, including the efficacy, safety, administration and benefits. The Hep B vaccine is provided upon demand through the Javits Center medical team in First Aid. Approval from the safety team is required for oversight and record retention purposes.
		* Information on the actions to take and the persons to be contacted in an emergency involving blood or any other OPIM
		* A complete explanation on the procedure to follow if an exposure incident occurs. This will include the method of reporting the incident, method of reporting and the medical follow up that will be available to the employee. All pertinent documentation will be recorded and kept on file with the health and safety department.

K. Allocate time for a Q & A at the end of the session.

1. Definitions:
2. **Blood Borne Pathogens**: microorganisms that are found 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).

1. **Contaminated**: the presence of blood or other bodily fluids or materials that are potentially infectious. Contamination may be present on materials as well as surfaces.
2. **Decontamination**: the use of chemicals that are EPA approved to remove, inactivate, or destroy bloodborne surfaces or items where there is no threat of transmission rendering the item or surface safe for handling, use or proper disposal.
3. **Other Potentially Infectious Material (OPIM)**: all bodily fluids which include semen, vaginal secretions, cerebrospinal fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva from the mouth, any bodily fluids that are visibly contaminated with blood, and all bodily fluids in situations where it is difficult or impossible to differentiate between bodily fluids.
4. **Universal Precautions**: an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if know to be infectious for HIB, HBV and other bloodborne pathogens.
5. **Engineering Controls**: controls such as sharp disposal containers, or further defined as controls that isolate or remove the bloodborne pathogen from the workplace.
6. **Personal Protective Equipment (PPE)**: specialized clothing or equipment worn by employees for protection against a hazard. Work clothes or uniforms are not considered PPE.
7. **Workplace Practice Controls**: controls that reduce the possibility of exposure by implementing and practicing how a task is performed.
8. **Exposure Incident**: when contact is made with OPIM through the performance of work duties. Contact can be made with the eye, mouth, or other mucus membrane. Contact also includes the skin.
9. **Regulated Waste**: blood-soaked items that would release blood if squeezed, liquid or semi-liquid blood, or contaminated items that are caked with blood.