
Gulfof**Mexico**



Operations: Health

Bloodborne Pathogens Safe Work Practice

AMENDMENT RECORD

Amendment Date	Revision Number	Amender Initials	Amendment
19-Aug-15	4	DH	<p>Reformatted and reordered entire document. Deleted abbreviations table. Updated and added additional roles and responsibilities in</p> <p>Section 2. Added Section 3 General Requirements to align with regulatory requirements. In Sect. 4.3 removed all references to latex gloves and replaced with nitrile or vinyl. Added post-exposure incident procedures for Hepatitis B and HIV and provided examples of prophylaxis treatment as part of the physician's written report in Section 4.7. Added first aid and CPR training to Section 4.9. Added.4.10.3, "Offshore injury and Illness Log" information. Added Exposure Category Determination and PPE recommendations in Appendix 7.1. Combined Hepatitis B Vaccination Administration Record with Hepatitis B Administration Plan in Appendix 7.3. Added Appendix 7.6 - Sharps Injury Log.</p> <p>per approved MoC AMOC-GOMDW-15-0009</p>
15-Aug-12	3		<p>Replaced HSSE Representative with H&S Site Lead. Revised Section 4 to include assurance responsibilities for the GoM Health Team.</p>
27-Feb-09	2		<p>Added Attachment 3 and 7 regarding Hepatitis B vaccination SWP. Added definitions related to Hepatitis B to Section 2.0 and a confidentiality statement to Section 19.0.</p>
31-Oct-08	1		<p>Removed references to BP Medical Coordinator and replaced with Appropriate Medical Authority. Revised 3 authorities and 1 custodian. Changed CD # from 10006 to UPS-US-SW-GOM-HSE-DOC-00095-2. Removed reference to Industrial Hygiene Management Manual in section 3.0.</p>
16-Jan-02	0	RB	<p>Initial issue as controlled document. Prior revision history located in hard-copy consolidated manual.</p>

TABLE OF CONTENTS

1	Purpose / Scope	5
2	Key Responsibilities	5
2.1	Offshore Installation Manager (OIM), Person In Charge (PIC) or designate.....	5
2.2	Offshore Facility Medic.....	5
2.3	Team Lead or Supervisor.....	5
2.4	Health and Safety (H&S) Site Lead.....	5
2.5	GoM Occupational Health Nurse.....	6
3	General Requirements	6
4	Process	7
4.1	Exposure Determination.....	7
4.2	Engineering and Work Practice Controls.....	7
4.3	Personal Protective Equipment (PPE).....	8
4.4	Housekeeping.....	8
4.5	Waste Handling.....	9
4.6	Hepatitis B Vaccination.....	9
4.7	Post-Exposure Procedures, Evaluation, and Follow-Up.....	10
4.7.1	Exposure Incident.....	
4.7.2	Hepatitis B.....	
4.7.3	Human Immunodeficiency Virus (HIV).....	
4.7.4	Documentation.....	
4.7.5	Confidential Medical Evaluation.....	
4.7.6	Collection and Testing of Blood as part of Medical Evaluations.....	
4.7.7	Licensed Physician or Healthcare Professional Written Report.....	
4.7.8	Contractor Followup.....	
4.8	Labels.....	12
4.9	Information and Training.....	12
4.10	Record Keeping.....	13
4.10.1	Medical Records.....	
4.10.2	Sharps Injury Log.....	
4.10.3	Offshore Facilities Injury and Illness Log.....	
5	Definitions	13
6	Key Documents, Tools, References	15
7	Appendices	15
7.1	GoM Site-Specific Bloodborne Pathogens Plan.....	15
7.2	Cleaning and Disinfecting.....	15
7.2.1	Intermediate Level Disinfection.....	
7.2.2	Low Level Disinfection.....	

7.3	Hepatitis B Administration Plan for Fire Team and First Responders	16
7.3.1	Procedure / Process.....	
7.3.2	Contraindications	
7.3.3	Adverse Reactions	
7.4	Hepatitis B Vaccine Declination (Mandatory).....	16
7.5	Checklists	16
7.5.1	Checklist of Information to be Provided to Licensed Physician or Healthcare Professional Performing Post-Exposure Evaluations	
7.5.2	Checklist of Information to be Provided to BP Occupational Health Nurse from Licensed Physician or Healthcare Professional	
7.6	Sharps Injury Log.....	16

1 Purpose / Scope

The GoM Region Bloodborne Pathogens (BBP) Safe Work Practice (SWP) provides control measures and procedures to be followed at GoM locations to prevent and respond to occupational exposure to bloodborne pathogens and other potentially infectious materials (OPIM). This SWP covers GoM personnel (employees and contractors) who may come in contact with blood, internal body fluids and/or render medical assistance as part of their job duties. This primarily includes the Medic and personnel responsible for rendering first aid at GoM locations. The SWP complies with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard (29CFR1910.1030).

2 Key Responsibilities

2.1 Offshore Installation Manager (OIM), Person In Charge (PIC) or designate

- A. Implement this SWP including a site-specific written exposure control plan.
- B. Assure that First Aid Reports relating to exposure incidents are documented in Tr@ction and work-related bloodborne pathogens exposure incidents involving blood or OPIM, such as needle sticks and lacerations, are recorded on the OSHA 300 Log as an injury.

2.2 Offshore Facility Medic

- A. Oversee, maintain, and annually update the site-specific written exposure control plan and have it reviewed by the GoM Occupational Health Nurse
- B. Consult with the Appropriate Medical Authority for exposure incidents
- C. Administer Hepatitis B Program
- D. Maintain OSHA Sharps Injury Log
- E. Notify GoM Health Team of exposure incidents
- F. Provide for appropriate clean up and disposal of bloodborne pathogens found on the facility

2.3 Team Lead or Supervisor

- A. Notify Medic and/or Health & Safety Site Lead when there are new tasks/positions with potential for occupational exposure to bloodborne pathogens
- B. Notify Medic and H&S Site Lead when exposure incidents occur
- C. Verify that first aid reports relating to exposure incidents are documented in Tr@ction

2.4 Health and Safety (H&S) Site Lead

- A. Verify that the annual site-specific exposure control plan is maintained and updated.
- B. Assist with exposure incident investigations
- C. Verify occupational bloodborne pathogens exposure incidents that are work-related and involve contamination with another person's blood or potentially infectious material, such

as needlesticks and lacerations, are recorded on the OSHA 300 Log as an injury. To protect an employee's privacy, do not enter the name on the Log

2.5 GoM Occupational Health Nurse

- A. Develop and revise the GoM Region BBP SWP every 5 years or as regulations change
- B. Act as technical resource on GoM Region BBP SWP
- C. Consult with the Medic annually on the review of the site-specific exposure control plan
- D. Complete self-verification of facility site-specific exposure control plan

3 General Requirements

OSHA requires employers to identify situations and job classifications in which personnel may be exposed to blood or OPIM. The standard requires:

- A. Development of a site specific exposure control plan by facility
- B. Complete exposure determination by job category
- C. Use of universal precautions
- D. Engineering and work practice controls
- E. Use of personal protective equipment (PPE)
- F. General housekeeping and waste storage and disposal
- G. Provision of hepatitis B vaccine at no cost to the employee
- H. Post-Exposure Evaluation and Follow-Up
- I. Communication of hazards, training and record keeping

A Site-Specific Written Exposure Control Plan (ECP) shall be developed for each facility using Appendix 7.1.

The ECP shall be reviewed and updated annually by the Medic and approved by the OIM or designee. The Plan shall be maintained in the facility document control management system. The Plan shall be made available to onsite personnel and contractors on request.

Personnel shall report exposure incidents to their supervisor and to the Medic.

Personnel shall follow universal precautions with blood and OPIM and assume they are potentially infectious.

If an employee provides first aid or CPR as a "Good Samaritan," the requirements of this SWP and the OSHA Bloodborne Pathogens Standard do not apply. If source testing is available the results will be provided to the exposed individual. However, medical assistance will be provided as appropriate to the "Good Samaritan."

4 Process

4.1 Exposure Determination

As part of the ECP, personnel who are anticipated to have occupational exposure to blood or OPIM when performing their duties shall be identified. The following shall be considered as criteria for the exposure determination:

1. Probability of exposure
2. Potential routes of exposure (eye, needle stick, etc.)

The OIM or designee shall develop a list of job titles with occupational exposures and include a list of tasks in which occupational exposure could be possible for each job title (see Appendix 7.1).

Once employee and contractor job titles are identified, their job tasks shall be analyzed and classified into exposure categories without regard to the use of PPE by the Medic and/or H&S Site Lead. The personnel in categories 1 and 2 shall comply with this SWP. New job tasks shall be evaluated as part of the exposure determination process.

- A. Category 1 – Job tasks that routinely involve exposure to blood or OPIM (i.e., Medic)
- B. Category 2 – Job tasks that normally do not involve exposure to blood or OPIM, but employment may require performing unplanned tasks consistent with Category 1 (i.e., Housekeeping, Fire Team, Rapid Response and designative first aid personnel).
- C. Category 3 – Job tasks that do not involve exposure to blood or OPIM, but who may be trained in first aid to enhance company and personal safety.

Contractors shall identify their personnel who are potentially exposed to BBP and comply with OSHA requirements.

4.2 Engineering and Work Practice Controls

Engineering and work practice controls shall be used to eliminate or minimize exposure to personnel. Procedures involving blood and OPIM shall be done with minimum splashing, spraying, and spread of fluids. Non-management personnel potentially at risk to bloodborne pathogen exposure shall assist in the annual identification, evaluation, and selection of engineering and work practice controls. This process shall be documented.

4.2.1 Engineering Controls

- A. Personnel shall not bend, re-cap, remove, shear or break needles or sharps.
- B. Reusable sharps that are contaminated with blood or OPIM shall not be stored in containers that would require personnel to reach into the container.
- C. Rigid, color-coded containers with a biohazard label used for disposal of needles, self-sheathing needles and disposable needles shall be located in the Offshore Facility Clinic.

4.2.2 Work Practice Controls

- A. Personnel shall notify the Medic immediately of any required injectable medicines. The Medic is responsible for proper sharps disposal.

-
- B. Hand washing is a primary work practice control. The company shall provide hand washing facilities for personnel to use following exposure to blood or OPIM. If facilities are not available, then alternative methods, such as antiseptic hand cleaners, in conjunction with clean cloths, paper towels, or antiseptic towelettes, will be provided. When these alternative methods are used, personnel shall wash their hands or other affected areas with soap and running water as soon as feasible after exposure.
 - C. Eating, drinking, smoking, applying cosmetics, handling contact lenses, etc. is prohibited in treatment areas of possible exposure to blood and OPIM, such as the Offshore Facility Clinic.
 - D. Methods for cleaning, disinfecting, and sterilization of non-disposable equipment are defined in Appendix 7.2.
 - D. Personnel who work in Offshore Facility Clinics containing refrigerators shall not place food or drinks inside the refrigerators that are used for medical purposes.
 - E. Contaminated sharp items (such as broken glass) shall not be picked up by hand, but should be cleaned using a brush and dust pan, tongs, etc.

4.3 Personal Protective Equipment (PPE)

- A. Nitrile or vinyl gloves shall be worn when first aid or medical treatment begins and until treatment stops. Wear a new pair of gloves before handling another person. The use of torn or punctured gloves is prohibited.
- B. Appropriate gloves, mouth shields, surgical masks, eyewear, face shields, and protective clothing (impervious to blood or OPIM) shall be made available and shall be worn whenever there is a reasonable probability for blood splashes or contact with contaminated body fluids.
- C. All used PPE shall be removed and discarded . Used PPE shall be removed prior to leaving the work area and placed in biohazard bags or containers that are designated for disposal.
- D. Recommendations for wearing PPE are outlined in Appendix 7.1.

4.4 Housekeeping

- A. Offshore Facility Clinic shall be clean and sanitary.
- B. Exposed surfaces in the Offshore Facility Clinic, reusable emergency equipment or facility equipment and locations where an exposure incident has occurred shall be cleaned of gross material and fluids and then wiped with an appropriate disinfectant/germicide (See Appendix 7.2).
- C. Contaminated laundry and reusable PPE shall be handled properly to minimize the spread of blood and OPIM. Gloves shall be worn by personnel who work with contaminated laundry.
 - Minimally contaminated laundry, such as from shaving, shall be bleached and washed per laundering procedures.
 - If laundry is saturated with blood or OPIM, personnel shall wear eye protection, protective clothing, and a face shield. The saturated laundry shall be placed in biohazard bags and disposed of as appropriate.

-
- If laundry services are provided by contractors, documentation verifying that the contractors' personnel have had the required training per OSHA's Bloodborne Pathogen Standard (29 CFR 1910.1030) shall be available.
- D. Bins, receptacles and trash cans, etc. throughout the facility (especially in the Clinic) that will be reused shall be visually inspected periodically for signs of contamination and decontaminated or disposed of as needed.

4.5 Waste Handling

- A. Medical wastes, blood specimens, and other OPIM shall be placed in color-coded containers and labeled with the biohazard symbol. Medical wastes include, but are not limited to, needles, disposable equipment and items such as soiled dressings, sponges and used gloves.
- B. Disposable containers shall be constructed so that they are closable, leak-proof and puncture-resistant. They shall be fluorescent orange, orange-red, or red in color, and shall display the biohazard symbol.
- C. While in use, sharps containers shall be close to the area of use, placed upright, replaced routinely and closed when not in use.
- D. Filled biohazard containers shall be stored and locked in a designated area until sent to the disposal facility. Disposal of waste, including a list of approved disposal facilities, shall be under the guidance of the H&S Site Lead. The disposal facility approved by BP GoM is Stericycle @ 866-783-7422.
- E. Contaminated equipment shall be decontaminated, using guidance in Appendix 7.2. If decontamination is not feasible and the equipment will be shipped, pack and clearly label what portion of the equipment is contaminated. The label shall be fluorescent orange or orange-red, and shall include the words "Biohazard" and the biohazard symbol. The individuals receiving the equipment shall be notified of the potential hazards of the contamination.
- F. Documentation of waste disposal shipments shall be maintained indefinitely by the Medic.
- G. PPE and masks (in combination with eye protection devices, such as goggles or glasses with solid side shields or chin-length face shields) shall be worn when appropriate.

4.6 Hepatitis B Vaccination

- A. The Hepatitis B vaccination series shall be made available to Category 1 and Category 2 personnel to prevent acute and chronic Hepatitis B virus. The Medic shall follow the Hepatitis B Administration Plan in Appendix 7.3. It shall be offered after the worker has received the required training and within 10 working days of assignment at no cost, at a reasonable time and place, and under the supervision of a Licensed Physician or Licensed Healthcare Professional (i.e. appropriate medical authority).
- B. Personnel that choose not to be vaccinated shall sign a declination form (see Appendix 7.4) that will become part of their medical record maintained by the GoM Occupational Health Nurse as well as in the Medic's medical database. The person may later choose to receive the vaccine, again at no cost.
- C. The Licensed Healthcare Professional responsible for the Hepatitis B vaccination shall be provided a copy of the OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030).

-
- D. If booster doses are recommended by the United States Public Health Service (USPHS), then they will be provided at no cost.
 - E. Documentation of vaccinations shall be part of the BP employee's medical record maintained by the GoM Occupational Health Nurse and Medic.

4.7 Post-Exposure Procedures, Evaluation, and Follow-Up

4.7.1 Exposure Incident

Personnel that render first-aid or have occupational exposure involving the presence of blood or OPIM, shall complete the following steps:

- A. Report the incident to your supervisor and Medic immediately and as soon as possible:
 - o Rinse the area of contact thoroughly with water.
 - o Scrub exposed area with an anti-microbial soap (except eyes); Use saline or eye wash to rinse eyes.
 - o Remove any clothing or jewelry that has had potential contact and treat as contaminated material.
 - o Place the items in a biohazard bag for decontamination or disposal.
- B. The Medic will consult with the Appropriate Medical Authority promptly. After consultation with the Appropriate Medical Authority, the Medic initiates the post-exposure evaluation process.

4.7.2 Hepatitis B

- A. The Hepatitis B vaccine and consideration of Hepatitis B immune globulin (only available from hospital or pharmacy) shall be offered to un-vaccinated personnel who have been involved in a potential occupational exposure incident, as soon as possible but within 72 hours of the incident. An accelerated vaccine course may be appropriate. An investigation of the exposure incident shall be conducted and a written report shall be made part of the person's medical record.
- B. For Health Care Workers such as the Medic, a Hepatitis B blood test (titer) should be obtained to confirm immunity. If non immune or no prior evidence of immunity, a second series of vaccinations should be administered if there are no contraindications. If the Health Care Worker remains non-immune, blood (serology) should be checked to determine if Health Care Worker has chronic hepatitis as a reason for non-response to the vaccination.

4.7.3 Human Immunodeficiency Virus (HIV)

The offshore facility clinic should carry a 3 day supply of post exposure antiretrovirals should an exposure occur. HIV antiretrovirals should be administered within 2 hours of risk of potential exposure or as soon as possible.

4.7.4 Documentation

The exposure incident shall be documented in Tr@ction and include the following elements:

-
- A. A description of the incident, including the time and date.
 - B. A determination of whether or not, in addition to the presence of blood or OPIM, an "exposure incident" has occurred. The determination is necessary in order to ensure that the proper post-exposure evaluation, prophylaxis, and follow-up procedures are made available as soon as necessary.
 - C. Documentation of the route(s) of exposure and the circumstances under which the exposure occurred.
 - D. Identification and documentation of the source individual, unless this is not feasible or prohibited by state or local law. A source individual is an individual (living or dead) whose blood or OPIM may be a source of occupational exposure to the employee. The source individual's blood shall be tested after obtaining his/her consent. If consent is not obtained, the lack of consent shall be documented.
 - E. The results of the source individual's testing shall be disclosed to the exposed employee. The exposed employee shall be informed about confidentiality requirements and applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

There are specific reporting requirements (see 4.7.4 A- E) when personnel render first aid assistance in any situation involving the presence of blood or OPIM, regardless of whether or not an exposure occurred, these shall be documented in Tr@ction.

4.7.5 Confidential Medical Evaluation

BP will provide BP employees a free, confidential medical evaluation and follow-up subsequent to an exposure incident. The evaluation shall be performed by or under the supervision of a Licensed Physician or Healthcare Professional and be conducted according to the recommendation of the USPHS. Appendix E contains information that shall be provided to the Licensed Physician or Healthcare Professional.

4.7.6 Collection and Testing of Blood as part of Medical Evaluations

Collection and testing of blood for HBV, HCV and HIV serological status as well as other tests as deemed necessary by the Appropriate Medical Authority will be provided to the exposed BP employee and the source individual at no cost and at a reasonable time and place. Only accredited laboratories shall be used for testing. Consent shall be obtained for testing both individuals. If the exposed employee permits blood sample collection but does not consent to serological or laboratory testing, the sample shall be preserved for at least 90 days, in the event that within that time, the individual consents to testing.

4.7.7 Licensed Physician or Healthcare Professional Written Report

Following any medical evaluation, the GoM Occupational Health Nurse shall obtain and provide the employee with a copy of the evaluating Licensed Physician or Healthcare Professional's written opinion within 15 days of completion of the evaluation. Refer to Appendix 7.5 for requirements of the written report. The written report will be retained as a medical record.

If the medical evaluation determines a positive exposure, the Tr@ction report shall be amended and the exposed individual shall be offered prophylaxis treatment which may include Tetanus vaccination, HIV antiretrovirals, accelerated Hepatitis B Vaccine, Hepatitis immune globulin and/or antibiotics for specific risks. Counseling and an evaluation of the reported illnesses shall be provided to the exposed individual when medically indicated.

4.7.8 Contractor Followup

Unless previously arranged, this policy will take precedence over other blood borne pathogen policies or exposure control plans as it is deemed sufficiently protective for exposed workers. Contractors will be referred back to their employer for follow up testing and treatment after initial care is provided.

4.8 Labels

Warning labels shall be affixed to containers of blood, OPIM wastes, medical wastes, specimens, samples and to Offshore Facility Clinic refrigerators and freezers containing blood or OPIM. The label shall:

- A. Include the biohazard symbol
- B. Be fluorescent orange or orange-red with lettering or symbols in a contrasting color
- C. Red bags or red containers may be substituted for labels

Note: Individual containers of blood or OPIM placed in a labeled container during storage, transport, shipment or disposal do not need to be labeled.

4.9 Information and Training

BP shall provide training to personnel who have potential occupational exposure blood or OPIM, including an interactive question and answer session. Training shall be provided at initial assignment, annually or when work duties and exposure potential change and maintained in VTA.

This SWP shall be provided to contractors (especially laundry and housekeeping personnel) so that they understand BP's expectation that they develop an exposure control plan, follow universal precautions, report exposure events, and properly handle wastes to protect their personnel from bloodborne pathogens.

BP trains personnel in first aid and CPR as part of the company's ongoing health and safety program. When emergency situations occur, the company wants personnel to have the skills necessary to handle the situation, but under no circumstances will any person be forced to perform first aid or CPR. Personnel designated to render lifesaving actions include Fire Team members and Rapid Response and those who voluntarily accept first aid responsibilities and who are available during normal work shifts.

4.10 Record Keeping

4.10.1 Medical Records

Medical records for each employee and contractor with an occupational exposure shall be maintained.

- A. The records shall be kept confidential and secure during the worker's employment, plus 30 years.
- B. A copy of the worker's records may be released by the worker's written consent to any person within or outside of the workplace. BP employees may contact the Occupational Health Nurse to request the release of medical records (Reference GoM Access to Employee Exposure and Medical Records Safe Work Practice UPS-US-SW-GOM-HSE-DOC-00090-2).
- C. Contractors shall maintain their own training and medical records. The records shall be available to BP on request.

4.10.2 Sharps Injury Log

A Sharps Injury Log (Appendix 7.6) shall be maintained to record injuries that break the skin (percutaneous injuries) from contaminated sharps. The log shall contain the type and brand of the device/sharps, the area where the incident occurred, and an explanation of the incident. The confidentiality of the worker injured shall be maintained.

4.10.3 Offshore Facilities Injury and Illness Log

Work related exposure incidents, including contact with another person's blood or OPIM by needlestick or laceration or to non-intact skin or mucous membranes (eyes, nose, mouth) shall be recorded on the OSHA 300 log as an injury.

5 Definitions

Table 3 : Definitions

Term	Definition
Acute hepatitis B virus infection	A short-term illness that occurs within the first 6 months after someone is exposed to the hepatitis B virus. Acute infection can lead to chronic infection in some cases.
Appropriate Medical Authority	GoM Occupational Health Nurse or Medical Director who assists the Offshore Facility Medic.
Bloodborne Pathogens	Bloodborne pathogens include any pathogenic microorganism present in human blood.

Term	Definition
Chronic hepatitis B virus infection	A long-term illness that occurs when the hepatitis B virus remains in a person's body. Chronic hepatitis B is a serious disease that can result in long-term health problems and even death.
Exposure Incident	Exposure incident means a specific eye, mouth, mucous membrane, non-intact skin or parenteral contact (such as piercing with needles, cuts, abrasions or human bites) with blood or other potentially infectious materials that result from the performance of an employee's duties.
Hepatitis B	A contagious liver disease that results from infection with the hepatitis B virus (HBV). It can range in severity from a mild illness lasting a few weeks to a serious, lifelong illness. Hepatitis B is usually spread when blood, semen, or another body fluid from a person infected with the hepatitis B virus enters the body of someone who is not infected. Hepatitis B can be either acute or chronic.
Hepatitis B Vaccine	A vaccine series that gives long-term, possibly lifelong protection from HBV infection. The hepatitis B vaccine is safe and effective and is usually given as 3 shots over a 6-month period.
Hepatitis C	An infectious disease affecting primarily the liver, caused by the hepatitis C virus (HCV). The infection is often asymptomatic, but chronic infection can lead to scarring of the liver and ultimately to cirrhosis, which is generally apparent after many years. In some cases, those with cirrhosis will go on to develop liver failure, liver cancer, or life-threatening esophageal and gastric varices.
Human Immunodeficiency Virus (HIV)	A condition in humans in which progressive failure of the immune system allows life-threatening opportunistic infections and cancers to thrive. Also called Acquired Immunodeficiency Syndrome (AIDS).
Occupational Exposure	Any reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or OPIM that may result from the performance of an employee's duties.
Other Potentially Infectious Materials (OPIM)	Other potentially infectious materials are human body fluids such as semen, vaginal secretions, cerebrospinal fluid, saliva and any body fluid that is visibly contaminated with blood.
Post-exposure prophylaxis	Treatment administered following exposure to Hepatitis B or HIV which attempts to block or reduce injury or infection.
Universal precautions	Precautions taken with the assumption that all blood and OPIM are contaminated with pathogens regardless of the perceived status of the source individual. Instruction in universal precautions shall take place during initial and annual training as well as at other times when deemed necessary.

6 Key Documents, Tools, References

- A. Occupational Safety and Health Administration, Department of Labor, Occupational Exposure to Bloodborne Pathogens, 29 CFR 1910.1030
- B. CDC Hepatitis B index - <http://www.cdc.gov/hepatitis/B/bFAQ.htm#prevention>
- C. CDC Hepatitis B Vaccine Information Statement (VIS) - <http://www.cdc.gov/vaccines/pubs/vis/vis-text-files.htm#hepb>

7 Appendices

7.1 GoM Site-Specific Bloodborne Pathogens Plan



7.1 GoM Site Specific
Bloodborne Pathogen

7.2 Cleaning and Disinfecting

7.2.1 Intermediate Level Disinfection

7.2.2 Low Level Disinfection



7.2 Cleaning and
Disinfecting.docx

7.3 Hepatitis B Administration Plan for Fire Team and First Responders

7.3.1 Procedure / Process

7.3.2 Contraindications

7.3.3 Adverse Reactions



7.3 Hepatitis B
Administration Plan fc

7.4 Hepatitis B Vaccine Declination (Mandatory)



7.4 Hepatitis B
Vaccine Declination M

7.5 Checklists

7.5.1 Checklist of Information to be Provided to Licensed Physician or Healthcare Professional Performing Post-Exposure Evaluations

7.5.2 Checklist of Information to be Provided to BP Occupational Health Nurse from Licensed Physician or Healthcare Professional



7.5 Checklists.docx

7.6 Sharps Injury Log



7.6 Sharps Injury
Log.docx

