OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS

EXPOSURE CONTROL PLAN

NOAA SMALL BOAT PROGRAM
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Section I  Scope and Applicability

This Exposure Control Plan (ECP) has been developed as part of the Blood Borne Pathogens (BBP) Program in accordance with the Code of Federal Regulation: 29CFR1910.1030. The Plan is only applicable to qualified small boat operators (SBOs) as defined by the NOAA Small Boat Standards and Procedures Manual. The purpose of this ECP is to minimize potential occupational exposure to blood and potentially infectious materials since any exposure could result in transmission of blood borne pathogens, which can lead to disease or possibly even death.

Section II  Exposure Determination

The following small boat occupation has been identified to have a greater probability of exposure to blood borne pathogens, based on the activities and operations conducted on a boat. These personnel may potentially come in contact with infectious materials (an Infectious material is defined as any bodily fluid visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate):

Small Boat Operator (SBO) – The Small Boat Operator assists with the oversight of all personnel aboard, and helps to ensure that operations are conducted safely and efficiently, per the NOAA Small Boat Standards and Procedures Manual, Program Directives, and the Vessel Operations Coordinator’s (VOC) instruction.

NOTE: This plan does not apply to other members on a small boat (ex: crew members, visitors, scientists, VIPs). It only applies to SBOs who are responsible for the safe operation of a NOAA Small Boat. All other personnel that routinely work on small boats are encouraged to follow their organization’s BBP Program to elevate general awareness of BBPs. Your Organization’s BBP Program will identify the occupations that are required to fall under an ECP and include instruction on where to obtain the required training, Personal Protective Equipment and pre/post Hepatitis B vaccination series, if needed.

Section III  Method of Compliance

This ECP becomes effective upon the review and concurrence of the NOAA Small Boat Safety Board (SBSB) and the approval of the Director, Office of Marine and Aviation Operations. The contents of this ECP will be made readily available to any small boat operator upon request and shall be reviewed annually by the SBSB.
The compliance methods for this ECP are minimal, and consist of the following: the wearing of protective gloves, the segregation of materials contaminated with bodily fluid, hand washing after an exposure, proper disposal of potentially infectious materials, and optional immunizations.

Soiled gloves will be disposed of as if contaminated, along with any other soiled expendable materials, e.g. compresses and bandages. Biohazard bags will be used to collect contaminated articles. Once soiled items are collected, the bags will be sealed closed. Other non-expendable items contaminated with fluids, e.g. clothing and accouterments, will be collected in biohazard bags and given to the owner for laundering (decontamination). Contact your local safety manager for disposal procedures of biohazards.

**Section IV  Hepatitis B Vaccination**

All medical evaluations and procedures including the Hepatitis B vaccination series for pre or post-exposure evaluation and follow-up, including prophylaxis, are made available at no cost to personnel, made available to personnel at a reasonable time and place, and performed by, or under the supervision of a licensed physician or healthcare professional.

This vaccination is given intramuscularly in a series of 3 inoculations within a period of six months. The Hepatitis B Vaccination is available to all small boat operators, once they have completed the required training contained in this ECP and can make an informed decision.

Small boat operators have the option to sign a vaccination consent form (pg. 10) before exposure to bodily fluids. If a SBO is exposed to bodily fluids, a consent or declination form (pg. 11) shall be signed and will be retained in the employee’s personnel file.

**Section V  Communication of Hazards to Personnel**

Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials.

Labels used shall appear as in the example below.
Plastic Bags that are used to transport or remove clothing containing blood or other potentially infectious materials from an accident scene shall be RED in color shall be labeled with a biohazard emblem as depicted in the example below:

Section VI Training Requirements

SBOs are required to have first aid training and can voluntarily administer first aid to any injured person on a small boat. First aid treatment may also include calling for an emergency medical response team such as shore support (911) or a Medical Person in Charge. Training shall include BBP exposure awareness, knowing facts about BBP and the elements of this ECP.

Small boat operators shall receive BBP training every two years, either in-person (in conjunction with your First Aid/CPR training) or online at the Commerce Learning Center (CLC), see Note below.

The following topics will be included during the training:
a. An explanation of this Exposure Control Plan and the means by which the personnel can obtain a copy of the plan.

b. A general explanation of the epidemiology and symptoms of blood borne diseases.

c. An explanation of the modes of transmission of blood borne pathogens.

d. An explanation of the appropriate methods of recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.

e. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.

f. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.

g. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and the vaccine and vaccination which will be offered free of charge.

h. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.

i. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.

j. Information on the post-exposure evaluation and follow-up that NOAA is required to provide for the employee following an exposure incident.

k. An explanation of the signs and labels and/or color-coding used to identify potentially infectious waste.

Note: The CLC has a blood borne pathogens course that meets OSHA requirements for training. The title of the online course is “Bloodborne Pathogen
The training requirements established under the Bloodborne Pathogen standard require an opportunity for students to ask questions about the subject matter. In the case of an online course a BBP trainer shall be designated and available to answer questions regarding the SBP ECP and the online training course.

Designated NOAA Qualified BBP Trainer:

Joe Duran, 206-526-6049, joe.g.duran@noaa.gov

Section VII  Action/Responsibilities

The following actions and responsibilities are assigned to ensure this Exposure Control Plan is implemented and adhered to in accordance with 29CFR1910.1030, Federal Code of Regulations.

1. The Line Office Small Boat Officers (LOSBOs)/VOCs shall:
   a. Ensure training is conducted for small boat operators, in accordance with the elements in this ECP.
   b. Maintain training records (the NOAA Small Boat Program Training Coordinator is available to assist with CLC records).
   c. Perform a risk analysis to determine the type of PPE needed, based on the operations, size of vessel, number of crew and other personnel. Ensure small boat operators receive appropriate safety training on the proper management of the selected PPE being used on their vessel. Ensure an adequate supply of personal protective equipment (PPE) is available for all participants. Based on the results of the risk analysis, BBP-PPE may consist of the following items:
      - Gloves (latex or non-latex)
      - Face shields
      - Bodily fluid clean-up kit
      - Biohazard bags
      - Sharps container (as needed)
   d. Include this ECP as part of the boat operation’s manual.

2. NOAA shall:
   a. Make hepatitis B virus (HBV) Vaccinations available to small boat operators at no charge and in accordance with this ECP.
b. Maintain medical records in their employee’s personal file germane to this ECP.

3. The SBSB shall:

a. Ensure the ECP is reviewed on an annual basis and changes are made accordingly.

SECTION VIII Recordkeeping Requirements Include:

- The VOC shall maintain records of BBP training and a copy of any voluntary consent/declination forms signed by SBOs.
- In the event of an exposure incident the SBO must submit a consent/declination form to their supervisor, who shall establish and maintain an accurate record for each employee involved, in accordance with 29 CFR 1910.1030

SECTION IX ECP Post Accident Board Review

After an accident and upon the completion of the investigation report, the NOAA Small Boat Safety Board shall review the ECP to ensure its contents continue to be aligned with the accident response. Modifications shall be made to the ECP to ensure maximum compliance.
Consent
Hepatitis B Vaccination

I, ________________________________, authorize a licensed physician or healthcare professional to give the hepatitis B vaccine for the purpose of immunization against hepatitis B infection. I have been informed, and I understand the benefits as well as the side effects of the vaccine, and to the best of my knowledge, I have no known allergies to yeast.

________________________________  _______________________
SIGNATURE                     DATE

________________________________  _______________________
WITNESS                         DATE
Declination
Hepatitis B Vaccination

I, ___________________________, understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring HBV infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

___________________________                                 _______________
SIGNATURE                                 DATE

__________________________________                                           ___________________
WITNESS               DATE