



## Bloodborne Pathogens (BBP) Program

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## **1 PURPOSE**

The purpose of the Bloodborne Pathogens (BBP) Program is to provide Exposure Control Plan requirements, through engineering and work practice controls, to reduce or eliminate the risks that result from contact with blood or other potentially infectious materials.

## **2 SCOPE**

This Program applies to employees, contractors and visitors at Mosaic Phosphate BU facilities. The focus is on the Occupational Health Nurses, Emergency Response Team (ERT) members, and designated first aid providers who have been determined to have a potential occupational exposure to bloodborne pathogens.

If an employee is providing first aid or CPR as a “Good Samaritan” and is not a trained first aider, designated to perform first aid by the employer, that employee is not covered by the program.

## **3 APPENDICES**

The following appendices are associated with this Program:

<b>Appendix</b>	<b>Title</b>
A	Definitions
B	Roles and Responsibilities
C	Hepatitis B Vaccination Acceptance / Declination
D	Blood or Any Other Potentially Infectious Materials Exposure Procedure
E	Employee Post Exposure Consent
F	Spill / Biohazard Clean-Up and Disposal Procedure

## **4 GENERAL RULES**

- 4.1 All employees shall avoid contact with blood or any other potentially infectious materials (i.e. feces, urine, sputum, sweat, tears, vomit, and nasal secretions) to the greatest extent possible.
- 4.2 All blood and other potentially infectious materials shall be treated as if known to be infectious.
- 4.3 Eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses is prohibited in work areas where there is a reasonable likelihood of exposure to blood or any other potentially infectious materials.

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- 4.4 Food and drink shall not be stored in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.
- 4.5 Any employee, contractor or visitor with blood or any other potentially infectious materials exposure at a Phosphate BU facility should report to the site Health Clinic and inform their supervisor (or Mosaic representative) as soon as possible. If the Health Clinic is closed then do one of the following:
- Contact the on-call-nurse for further instructions
  - Contact the site ERT Incident Commander for further instructions
  - Contact any ERT member for further instructions
- 4.6 Questions concerning anything related to blood or any other potentially infectious materials should be addressed to the site Health Clinic, ERT Coordinator, or Site Safety.
- 4.7 See **Appendix D – Blood or Any Other Potentially Infectious Materials Post Exposure Procedure** for further information.

## **5 EMERGENCY RESPONSE TEAM (ERT)**

- 5.1 The General Rules apply to all ERT members.
- 5.2 ERT members shall abide by the housekeeping rules in section 6.2 (Mosaic Health Clinic, Housekeeping) for applicable ERT equipment (ambulance, trailers, etc.).
- 5.3 ERT members shall abide by section 7 (PPE) for their PPE requirements.
- 5.4 ERT members shall abide by requirements outlined in **Appendix F – Spill / Biohazard Clean-Up and Disposal Procedure**.
- 5.5 ERT training requirements are covered in section 9 (Training).

## **6 MOSAIC HEALTH CLINIC**

- 6.1 Mosaic Health Clinics will follow Universal Precautions protocol when handling blood or any other potentially infectious materials.
- 6.2 Housekeeping**
- 6.2.1 Cleaning of Work Areas and Equipment:
- 6.2.1.1 Written procedures for cleaning and disinfecting shall be posted in all treatment rooms and in emergency vehicles.
  - 6.2.1.2 Countertops or workbenches shall be cleaned in accordance with **Appendix F – Spill / Biohazard Clean-Up and Disposal Procedure**.
- 6.3 Hand Washing**

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- 6.3.1 Hands shall be washed immediately or as soon as possible with soap and water upon removal of gloves or other PPE.
- 6.3.2 Hands or skin that have come in contact with blood or other potentially infectious material shall be washed with soap and water or antiseptic cleanser as soon as possible.
- 6.3.3 Antiseptic hand cleanser and paper towels shall be included in all first aid and emergency medicine kits when assistance is provided in an area without water.



Note: When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and water as soon as possible.

**6.4 Mucous Membrane Washing**

- 6.4.1 Exposed mucous membranes that come in contact with blood or other potentially infectious material shall be flushed with copious amounts of water for a minimum of 15-20 minutes.

**6.5 Spill Clean-Up**

- 6.5.1 Spills shall be cleaned utilizing Universal Precautions.
- 6.5.2 All spills of blood or other potentially infectious materials shall be cleaned up immediately using ***Appendix F – Spill / Biohazard Clean-Up and Disposal Procedure.***

**6.6 Needles and Sharps**

- 6.6.1 A sharps container shall be located in each treatment area.
- 6.6.2 Contaminated sharps shall be discarded as soon as possible in containers that are closeable, puncture resistant, leak proof on sides and bottom, and labeled or color-coded.
- 6.6.3 Contaminated sharps shall be handled with tweezers, pliers, or some other mechanical device such as a broom and dustpan.
- 6.6.4 Full (as determined by the markings on the container) sharps containers will be closed, sealed, and treated as infectious waste.
- 6.6.5 Sharps containers will not be reused and will be disposed of through the Mosaic Health Clinic.

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**6.7 Communication of Hazards**

**6.7.1 Labels and Signs**

- 6.7.1.1 All labels and signs shall be in accordance with OSHA Hazcom standards.
- 6.7.1.2 Labels will be affixed to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
- 6.7.1.3 The Standard Biohazard Legend warning labels or signs shall be placed on all:
  - Containers of infectious waste
  - Refrigerators and freezers containing blood or other potentially infectious material
  - Other containers used to store or transport blood or potentially infectious materials

**6.8 Medical Record Keeping**

- 6.8.1 All medical records are confidential and shall be handled in accordance with HIPAA standards.
- 6.8.2 All medical records shall not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as may be required by law.
- 6.8.3 A confidential medical record shall be maintained for each employee. Medical records shall include:
  - The name and social security number of the employee
  - A copy of the employee's mandatory **Appendix C – Hepatitis B Vaccination Acceptance / Declination** form and any consent for HIV antibody and HBA blood test forms
  - A copy of the employee's Hepatitis B vaccination status including dates of all Hepatitis B vaccinations and any other information relative to the employee's ability to receive the vaccination
  - Documentation of facts surrounding exposure incidents including the route(s) of exposure, circumstances surrounding the incidents and the source individual's identity, if known
  - A copy of all results of examinations, medical testing, and follow-up procedures of post-exposure evaluation and follow-up
  - A copy of the health professional's written opinion to the employee about post-exposure evaluations and follow-ups

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- 6.8.4 All medical records are to be maintained for the duration of employment plus 30 years, in accordance with 29 CFR 1910.1020.

## **7 PERSONAL PROTECTIVE EQUIPMENT (PPE)**

### **7.1 General**

- 7.1.1 In general, PPE use guidelines will follow Universal Precautions.
- 7.1.2 All levels of PPE shall be provided, repaired or replaced at no cost to employees. It will be provided in a variety of sizes and be available in designated storage areas.
- 7.1.3 PPE shall be used when the risk of exposure to blood or other potentially infectious materials remains even after the implementation of engineering and work practice controls.
- 7.1.4 All PPE shall be of the single-use, disposable type except for personal items such as prescription safety glasses.
- 7.1.5 All PPE shall be visually inspected for defects before use and discarded if found to be defective.
- 7.1.6 All single-use PPE shall be removed and disposed of, in an approved and properly labeled infectious waste receptacle, after use and/or prior to leaving the treatment area.
- 7.1.7 Mosaic will ensure all biohazardous waste is disposed of properly.

### **7.2 Gloves**

- 7.2.1 Only fluid impervious or chemical resistant gloves shall be used (i.e. latex, nitrile, etc.).
- 7.2.2 Gloves shall be required when:
- Hand contamination with blood or other potentially infectious materials may occur, such as when providing emergency first-aid assistance
  - Handling blood or other potentially infectious materials
  - Cleaning spills of blood or other potentially infectious materials
  - Cleaning or disinfecting instruments or surfaces potentially contaminated with blood or other potentially infectious materials
- 7.2.3 Gloves shall be visually inspected prior to use and will be discarded if found to be defective.
- 7.2.4 Gloves shall be removed and discarded between patients or when necessary to avoid cross-contamination.
- 7.2.5 Gloves are to be removed immediately and the hands washed if a glove is damaged or if blood or other potentially infectious material has penetrated glove.

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**7.3 Masks, Eye Protection, and Face Shields**

- 7.3.1 Employees shall wear medical masks with eye shields and/or eye protection, such as safety glasses or goggles, when contamination of blood or other potentially infectious materials is anticipated.
- 7.3.2 Situations involving **spurting** blood require full face and eye protection.

**7.4 Body Coverings**

- 7.4.1 Situations involving **spurting** blood or gross contamination require body protection.
- 7.4.2 Aprons, jumpsuits, sleeves, hoods, rubber boots and any other body coverings shall be worn if it is anticipated that **splashes** of blood or other potentially infectious materials may contact clothing or skin.
- 7.4.3 Protective clothing shall be removed immediately if blood or other potentially infectious materials penetrate to the clothing beneath.
- 7.4.4 Removed clothing and PPE shall be safely discarded to prevent cross-contamination.

**7.5 CPR Devices**

- 7.5.1 Pocket-type mouth-to-mask resuscitation devices will be made available to all ERT members and designated first aid providers. Replacements can be obtained from the designated storage areas. Designated storage areas include:
  - Mosaic Health Clinics
  - Emergency vehicles
  - Any pre-positioned supply of first-aid materials in plant areas

**8 HEPATITIS B VACCINATION**

**8.1 Preventative**

- 8.1.1 Mosaic Phosphates will make available the Hepatitis B vaccine series to all employees who have potential occupational exposure (ERT, Medical Staff and designated first aid providers) at no cost to the employee for the vaccination.
- 8.1.2 Hepatitis B vaccination series shall be made available for ERT member after passing their initial ERT physical.
- 8.1.3 Hepatitis B vaccination series shall be made available for first aid providers.
- 8.1.4 After the employee has received the complete Hepatitis B vaccination series they are required to be tested within 30 days of the last injection to confirm conversion (protection against infection).

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- 8.1.5 Employees who are offered the vaccine but who decline to accept vaccination must sign the mandatory ***Appendix C – Hepatitis B Vaccination Acceptance / Declination*** form.



**Note:** If the employee initially declines the Hepatitis B vaccination but, at a later date while still covered under this program, decides to accept the vaccination, Mosaic will make it available free of charge to the employee.

**8.2 Post Exposure**

- 8.2.1 Refer to ***Appendix D – Blood or Any Other Potentially Infectious Materials Post Exposure Procedure*** and ***Appendix E – Employee Post Exposure Consent*** form for further information.

## **9 TRAINING**

**9.1 Annual**

- 9.1.1 The following table outlines the training required on BBP where an occupational exposure may exist:

<b>Audience</b>	<b>Training Elements / Topics</b>	<b>Frequency</b>	<b>Method</b>
ERT and First Aid Providers	In addition to the annual training identified below, ERT and First Aid Providers must demonstrate competency following Universal Precautions.	Annual	Instructor Led Training (ILT)



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Audience	Training Elements / Topics	Frequency	Method
All Phosphates employees	<ul style="list-style-type: none"> <li>• An explanation of the causes, symptoms, and modes of transmission of bloodborne diseases</li> <li>• Appropriate methods for recognizing situations that may involve potential exposure.</li> <li>• Use and limitations of methods to prevent or reduce exposure including appropriate engineering controls, work practices, and PPE.</li> <li>• Information on the Hepatitis B vaccine, including its effectiveness, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination are offered free of charge</li> <li>• Information on the appropriate actions to take and the persons to contact if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.</li> <li>• The procedure to follow if an exposure incident occurs.</li> <li>• Explanation of the sign, labels, and color-coding used to identify infectious materials or agents.</li> <li>• Means by which employee can obtain a copy of the Mosaic Phosphates Bloodborne Pathogens Program (BBP)</li> </ul>	Annual	Computer Based Training (CBT)  OR  Instructor Led Training (ILT)



**Note:** Contact your supervisor and/or site safety for questions regarding the training.

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**9.2 Retraining**

9.2.1 Retraining will be provided when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. Retraining may be limited to addressing the new exposure created.

**9.3 Training Records**

9.3.1 Training records shall include the following information and will be maintained by Learning and Development department:

- Dates of the training sessions
- Contents or summary of the training sessions
- Names and qualifications of persons conducting the training
- Names, signature and job titles of all persons attending the training

9.3.2 Training records will be maintained for three years from the date on which the training occurred.

9.3.3 Training shall be documented using the correct course code (documentation is automatic when conducted via CBT).

**10 PROGRAM REVIEW**

10.1 EHS will review the Phosphate BU BBP program annually and update as required.

**11 AUDIT / SELF-ASSESSMENT**

11.1 Site self-assessment shall be conducted in accordance with the MMS requirements.


**12 RECORD RETENTION**

12.1 If an employee is **splashed** or exposed to blood or other potentially infectious material without being cut or scratched, **and** the exposure results in the diagnosis of a bloodborne illness, such as HIV, Hepatitis B, or Hepatitis C, the incident is recorded on the OSHA 300 Log as an illness.

12.2 All work-related **needlestick injuries and cuts** from sharp objects that are contaminated with another person's blood or other potentially infectious material (as defined by 29 CFR 1910.1030) must be recorded by entry on the OSHA 300 Log as an injury.

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 **Note:** To protect the employee's privacy, you may not enter the employee's name on the OSHA 300 Log (see the requirements for privacy cases in paragraphs 1904.29(b)(6) through 1904.29(b)(9)).

12.3 Refer to the ***Mosaic Document and Record Control*** policy for record retention requirements.

## 13 REFERENCES

Reference Title
OSHA 29 CFR 1910.1030 – Bloodborne Pathogens
OSHA 29 CFR 1910.1020 – Access to Employee Exposure and Medical Records
OSHA 29 CFR 1904.29 – Recordkeeping Forms and Recording Criteria

## 14 REVISION LOG

Rev. No.	Rev. Date	Revised By	Reason for Revision
0			Initial release
1	08/14/2001	EHS Safety committee – L Dandridge	Annual review and new format
2	10/25/2006	EHS – J Marshall	Logo change
N/A	05/31/2007	EHS – K Anderson / D Clark	Annual review – no change
N/A	12/31/2008	EHS – K Anderson / D Clark	Annual review – no change
N/A	06/14/2011	EHS – D Allen	Reformatted for ISO
3	02/27/2012	EHS – K Piercy	Annual review
4	08/13/2013	EHS – R Withers	Self-assessment findings from BTW EHS
5	12/09/2019	EHS – E Iocco	Annual review
N/A	03/23/2021	EHSS – D Hart	Annual review – no change
N/A	03/30/2022	EHSS – D Hart	Annual review – no change
N/A	04/28/2023	EHSS – D Hart	Annual review – no change
N/A	05/15/2024	EHSS – D Hart	Annual review – no change
N/A	05/15/2025	EHSS – D Hart	Annual review – no change

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