



Lusail Real Estate Development Company

Health, Safety, Security, Environment, Logistics & Quality Department

Lusail Construction Safety Management Procedure – Bloodborne Pathogens

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1. Introduction

This element of the Lusail Construction Safety Management Procedures (LCSMP) describes the plan for limiting occupational exposure to bloodborne pathogens (BBP), such as hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

This Procedure applies to all Lusail personnel, Contractors, Developers, Consultants and subcontractors working on the Lusail project. The following guidelines detail work practices, training, incident response, and documentation requirements related to workplace exposure to potentially infectious materials.

2. Definitions

Term	Description
Bloodborne Pathogen (BBP)	Pathogenic microorganisms that are present in human blood and bodily fluids (including fecal waste) and can cause disease in humans. These pathogens include hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
Exposure Incident	Contact with blood or other potentially infectious materials (OPIM) that may result in contracting of a bloodborne disease.
Occupational Exposure	Reasonably anticipated workplace contact with blood or OPIM through skin, eye, mucous membrane, or parenteral means.
Other Potentially Infectious Material (OPIM)	Bodily fluids other than blood.
Parenteral Contact	Mucous membrane or skin pierced by needles, human bites, animal sting/bites, cuts, or abrasions.
Sharps	<p>A Sharp is any item having corners, edges, or projections capable of cutting or piercing the skin. The following items (whether contaminated with biohazardous material or not) are considered sharps and must be disposed of in “Sharps Containers” and managed as sharps waste.</p> <ul style="list-style-type: none"> ▪ Needles ▪ Needles with syringes ▪ Needles from vacutainers ▪ Needles with attached tubing ▪ Blades (razors, scalpels, X-acto, etc.) ▪ Broken glass having been contaminated or in contact with blood or OPIM

3. Responsibilities

The Contractor is fully responsible for the pre-planning, development of Method Statements, Job Hazard Analysis, overall safe work planning and implementation. Project Management is responsible for the assurance that all work is planned and conducted according to the pre-planning documents; Contractor and Lusail Health Safety & Environment (HSE) procedures and the Qatar Construction Specifications 2010. Should a conflict occur between procedures/standards or requirements the more stringent shall apply.

4. Lusail Bloodborne Pathogens (BPP) Procedure

Personnel shall consider all sewage, blood, or other potentially infectious materials (OPIM) as being infectious and containing BBP, regardless of the source.

Employees must avoid contact with blood and OPIM in all activities where potential for contact exists. The Contractor shall have programs in place to minimize potential for worker exposure to blood and OPIM. Personnel shall be trained to identify potentially infectious materials and to notify supervisors of potential exposure incidents.

Project Management shall offer Hepatitis B Virus (HBV) vaccinations to employees whose scope of work or job classification requires/includes exposure to blood and /or OPIM; e.g.:

- Medical facility personnel
- First aid providers
- Custodial staff
- Other employees, who have potential occupational exposure to blood or OPIMs

5. Exposure Prevention

Only trained first-aiders and medical personnel shall respond to emergency situations that involve potential exposure to BBP.

Employees who observe unsafe work conditions, potential exposure risk, suspicious objects that could be contaminated, or a specific BBP exposure incident, must immediately report the incident to a supervisor on-site.

Personal Protective Equipment (PPE)

Wear appropriate PPE where potential exposure to BBP exists. Remove blood or OPIM contaminated garments and PPE immediately and in a manner that prevents skin contact with the contaminated material.

- Nitrile or latex disposable gloves are required when handling potentially contaminated items or touching person where blood or OPIM is present to prevent exposure.
- Replace gloves if torn, punctured, contaminated or otherwise damaged. Never re-use disposable gloves.
- Wash hands immediately, or as soon as possible, after removing gloves or other PPE.
- Wear appropriate face and eye protection when potential exists for exposure to splashes, sprays, spatters, or droplets which may contain blood or OPIM.
- The above indicated PPE items are known as Universal Precautions. First aiders and medical personnel shall always utilize Universal Precautions.

Infectious Waste Management

Immediately dispose of materials which are known or suspected of being infected with blood or OPIM in a clearly marked infectious waste yellow bag through a disposal facility that accepts infectious waste.

Contractors must submit copies of Ministry of Health/ Ministry of Environment licenses/certifications to the Supervising Consultant and Lusail Representative prior to removal of infectious/ medical waste from the Lusail property.

- Sharps Containers: Sharps containers for disposal of any needles, broken glass, or sharp debris found on project sites must be closable, puncture-resistant, leak proof on sides and bottoms, and labeled or color-coded appropriately. Sharps that may be contaminated must be picked up by mechanical means such as a brush and dustpan. Employees must not handle sharps or potentially contaminated materials in any way, unless they have had BBP training.
- The HSE Representative can provide information about local disposal sites that accept infectious waste and the specific types of infectious waste that are accepted.

Vaccinations

Employees whose scope of work or job classification involves exposure to blood and/or OPIM shall be provided with a HBV vaccination series, at the employers expense, following site HSE induction training and within ten (10) days of initial assignment on site.

Vaccination protocol and schedule shall be followed as recommended by the medical provider.

Vaccination is encouraged unless:

- Documentation shows that the employee has previously received the series.
- Antibody testing reveals that the employee is immune.
- Medical evaluation shows that vaccination is contraindicated.

Prior to vaccination, employees must complete and sign a HBV Vaccination Consent Waiver Form (Attachment [LUS-HSE-FM4-446-077](#)). Employees who choose to decline the vaccination must also complete and sign the form. They may request and obtain the vaccination at a later date at no cost.

6. Exposure Incident Response

Only personnel designated by the employer as first aid responders who are current in BBP training may attempt to administer first aid treatment to injury incident victims where blood or OPIM is present, or where there is potential for exposure to blood and/or OPIM.

- First Aid Providers: In the event of a minor injury, trained responders may administer first aid on site. When readily available, external medical care is the preferred alternative for medical treatment. Refer [LUS-HSE-WG3-446-002](#), First Aid.
- External Medical Care: More serious injuries must be treated at an off-site external medical facility. In an emergency, the Contractor designated person arranges for immediate transport via coordination with Lusail Emergency Control.
- Sharps Injury: If the BBP exposure was the result of a sharps related injury, the HSE Representative must complete and maintain a record of the injury in the “Sharps Injury Log”, (Attachment [LUS-HSE-FM4-446-078](#)).
- Exposure Follow-up: In an exposure incident, the designated Contractor representative immediately arranges for the exposed employee to be evaluated by a health care provider. These evaluations are confidential.
- A Post-Exposure Medical Evaluation Form (Attachment [LUS-HSE-FM4-446-079](#)) must be filed with Human Resources (HR).
- Following employee consent, a blood test need be conducted and analyzed for hepatitis, using the Hepatitis B Vaccination Consent/Waiver Form (Attachment [LUS-HSE-FM4-446-077](#)). Provide test results to the employee’s medical provider for follow-up.
- Obtain consent for HIV testing. If the employee does not consent to HIV testing, the laboratory should preserve the baseline blood sample for at least ninety (90) days. If the exposed employee decides to have the sample tested during this period, perform the testing as soon as possible.
- Employees involved in an exposure incident must detail the specifics on an Exposure Incident Form (Attachment [LUS-HSE-FM4-446-080](#)) in combination with an Incident Notification Report (Attachment [LUS-HSE-FM4-446-005](#)).
- The follow-up investigation and post-exposure process should include the following elements:
 - Circumstances under which the exposure incident occurred
 - Identification of the source individual, unless prohibited by law
 - Outcome of any testing for HIV, Hepatitis C Virus (HCV), and HBV
 - Post-exposure preventive treatment, if medically indicated
 - Counseling

7. Training

All Contractors must be provided with a copy of the Lusail BBP Procedure. Contractors shall train and/or certify First Aider staff and all employees whose work activities include the potential for exposure to BBP.

The HSE Representative coordinates employee training based on assignment and assessed occupational exposure potential. Training can be organized and presented to groups or to individuals classified by specific job functions. Training includes the following topics, at a minimum:

- What constitutes an exposure incident
- Symptoms of exposure and modes of transmission of BBP
- Methods used to identify activities that may involve exposure to BBP
- PPE- Universal Precautions
- Information on the HBV vaccination
- Actions to take during and following an exposure incident

The HSE Representative determines the need for refresher training and schedules employees for necessary updates/re-certification.

8. Documentation

The Contractor shall maintain the following records:

- Exposure Incident Forms (Attachment [LUS-HSE-FM4-446-080](#)) for a minimum of thirty (30) years beyond the end of the calendar year of the incident.
- Post-Exposure Medical Evaluation Forms (Attachment [LUS-HSE-FM4-446-079](#)), vaccination consent/waiver forms for a minimum of thirty (30) years beyond the termination of employment with company.
- Sharps Injury Logs (Attachment [LUS-HSE-FM4-446-078](#)) for a minimum of ten (10) years following creation date.
- Employee BBP training records for minimum of ten (10) years following creation of record.

The HSE Representative maintains the above records at the site for the duration of the project.

9. References

Qatar Construction Specifications 2010 Section 11 Part 1.2.1.11 “Needlestick Injuries”

10. Attachments

LUS-HSE-FM4-446-077	Hepatitis B Vaccination Consent/Waiver Form
LUS-HSE-FM4-446-078	Sharps Injury Log
LUS-HSE-FM4-446-079	Post-Exposure Medical Evaluation Form
LUS-HSE-FM4-446-080	Exposure Incident Form