Bloodborne Pathogen Exposure Control Plan

Developed in accordance with the OSHA Blood borne Pathogen Standard 29 CFR 1910.1030
A copy of this plan is available to all employees on the Human Resources Web.

PURPOSE

The purpose of this exposure plan is to eliminate or minimize occupational exposure to blood or other infectious body fluids. Other potentially infectious materials (OPIM) include: semen, vaginal secretions, respiratory discharge, tears, vomitus, urine, feces, saliva and any body fluid visibly contaminated with blood.

"Occupational Exposure Incident" is when a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or OPIM occurs that results from the performance of an employees' duties.

(Definitions of terms include but not limited to:

- Non-intact skin---dermatitis, hang-nails, cuts, abrasions, chafing, acne
- Parenteral----------piercing mucous membranes or skin barrier through such events as needle sticks, human bites, cuts and abrasions)

SCOPE

The standard applies to all personnel who during the course of their employment may come into contact with human blood or OPIM.

RESPONSIBILITY

1. Departmental supervisors shall be responsible for ensuring their employees are compliant with provisions of this plan.
2. Each department will be responsible for providing necessary supplies such as personal protective equipment, bleach, soap, etc. Many of these supplies may be obtained through Facility Management. Hepatitis B vaccine is available through Student Health Services.
3. Initial and annual Blood borne Pathogen Training will be provided by Human Resources.
4. Individual departments having employees that normally perform tasks that involve exposure to blood, body fluids or tissues are encouraged to establish an Exposure Control Plan that is designed to eliminate or minimize the employee or student exposure that is unique and specific to their area. Individuals with high risk job positions will receive additional training by department heads and supervisors as needed.
5. Supervisors and/or department heads will notify Human Resource if there are changes in job descriptions placing or removing the employee in a High risk environment.

ENGINEERING AND WORK PRACTICE CONTROLS

1. Universal/Standard Precautions will be observed by all employees to prevent contact with blood or OPIM. All blood or OPIM will be considered infectious regardless of the perceived status of the source individual.

2. Engineering and work practice controls will be utilized by employees to eliminate or minimize exposure.

3. Employees must wash their hands or other skin with soap and water or flush mucous membranes immediately or as soon as possible following:
   - an exposure incident such as splash of blood into eyes or accidental needle stick
   - following removal of gloves or other PPE's (Personal Protective Equipment)

   Employees should be familiar with handwashing facilities in the buildings they work (public restrooms, custodial closets and work areas). If handwashing is not feasible, an appropriate hand sanitizer will be utilized until hand washing is accomplished.

4. Employees who encounter improperly disposed needles shall notify the appropriate authorities at the location.

5. Needles are to be disposed in labeled sharp containers provided at the location. If sharps containers are not available at the location, notify Student Health for pick up and proper disposal of needle in appropriate sharps container.

6. Contaminated needles and other sharps shall not be bent, broken, recapped or sheared. Needles should be moved only by use of mechanical devices (forceps, pliers, broom/dust pan)

7. In areas where there is reasonable likelihood of exposure to blood or OPIM, employees are not to eat, drink, apply cosmetics/lip balm or handle contact lenses.

8. Food and/or beverages are not to be kept in refrigerators or freezers, shelves, cabinets or counter tops where blood or OPIM is present.

9. Procedures involving blood or OPIM are to be performed in a manner that minimizes splashing, spraying, splattering and the generation of droplets of these substances.

HOUSEKEEPING

Decontamination will be achieved through the use of the following materials:

- A minimum 10% chlorine bleach solution
- Lysol or other EPA-registered disinfectants

Work areas and surfaces will be cleaned and disinfected as soon as is feasible following contamination by blood or OPIM. Decontamination solutions will be left in contact with any contaminated work surfaces, tools, or objects for a minimum of 10 minutes prior to cleaning.

Equipment which may be potentially contaminated with blood or OPIM will be examined and decontaminated prior to servicing or use.

Broken glass will not be handled directly with hands. Mechanical means such as brush/dust pan, tongs or forceps will be utilized. Glass will be disposed in a sharps container.

Only containers closeable, puncture resistant, leak-proof on sides and bottom, and labeled with biohazard sign will be used for the disposal of all contaminated sharps.

Sharps containers will be sealed prior to handling, storage, or transport.

REGULATED WASTE

Regulated waste determination is made not based on actual volume but rather the potential to release possible contaminated liquid or semi-liquid while compressed.

Regulated waste shall be placed in containers that are closeable, constructed to contain all contents and prevent leakage of fluids during, handling, storage, and transportation.
Containers will be labeled or color coded before removal. (Red with bio-hazard indicator label attached)

- The MLT (Medical Laboratory Tech) lab will provide approved autoclave decontamination.
- Once completed it is not required to have labeling.
- Disposal of waste will be completed in accordance with state and local laws by the Facility Management area.
- In the event the waste item requires handling by a medical waste disposal company, the arrangements will be made by Facility Management.

LAUNDRY

Blood or OPIM contaminated laundry will be handled as little as possible.
Linens shall be bagged at the location and secured prior to transport to laundry area.
Gloves will be worn when handling soiled linen.

PERSONAL PROTECTIVE EQUIPMENT

When occupational exposure continues after engineering and work practice controls have been instituted, personal protective equipment must be used.
Each department will be responsible for issuing appropriate and readily accessible PPE without cost to the employee.
PPE"s will be chosen based on anticipated exposure to blood or OPIM. The equipment will be considered appropriate only if it does not permit blood or OPIM to pass through to the employee's clothing, skin, eyes, mouth or mucous membranes under normal usage and for the duration of time for which it is required.

Employees must:

- Utilize PPE's in occupational exposure situations.
- Remove garments that are penetrated by blood or OPIM immediately or as soon as possible.
- Garments that are torn, punctured or have lost ability to function as barriers to blood borne pathogens are to be replaced.
- PPE's are to be removed prior to leaving the work area.
- Garments will be placed in appropriate designated areas, or containers for storage, cleaning, decontamination or disposal.

TRAINING

All employees will receive training at initial job assignment and every three years. Employees in high risk positions will participate in training prior to assignment to a task where occupational exposure may take place and annually thereafter.
Additional training will be provided when changes such as modifications of task or procedures affect any employee's occupational exposure.

Training will include at minimum the following elements:

1. Accessible copy of regulatory test of 29 CFR 1910.1030 and an explanation of contents
2. General explanation of epidemiology and symptoms of blood borne disease
3. Explanation of modes of transmission of blood borne pathogens
4. Explanation of the employer's exposure control plan and the means by which employee can receive copy of written plan
5. Explanation of the use and limitations of methods that will prevent or reduce exposure, including appropriate engineering controls, work practices and personal protective equipment
6. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment
7. Explanation of the basis for selection of personal protective equipment

HEPATITIS B VACCINATION

- Hepatitis B vaccine will be available to employees after receiving the training in occupational exposure and within 10 working days of initial assignment. It will be offered at no charge to all employees who, during the course of their employment and regular job duties, may come in contact with human blood or OPIM.

- All employees who have potential occupational exposure risk will be offered the Hepatitis B vaccine series unless the employee has previously received the series, antibody testing reveals the employ is immune or the vaccine is contraindicated for medical reasons.

- Employees, who initially decline the Hepatitis B vaccinations, may at a later date decide to accept the vaccination. The vaccination will be made available.

- If an employee declines the vaccinations offered, an OSHA required waiver will be signed indicating their refusal.

- In the event a booster dose of Hepatitis B vaccine is recommended by U.S. Public Health Service at a future date, the booster dose will be made available at no charge to the employee.

POST-EXPOSURE EVALUATION and FOLLOW-UP

All exposure incidents shall be reported, investigated, and documented.
When the employee incurs an exposure incident, it shall be reported immediately to their supervisor.
Medical attention should preferably be initiated within 1 hour of exposure but no later than 24 hours.
All medical evaluations and procedures including Hepatitis B vaccine and prophylaxis medications will be available at no cost to the employee.
Following a report of an exposure incident, the exposed employee shall be directed to seek medical attention:

- Student Health Services
- Personal physician
- Nearest medical facility capable of performing a confidential medical evaluation.

The following elements will be included in the medical evaluation and follow-up:

1. Documentation of the route(s) of exposure.
2. Description of the circumstances under which the exposure occurred.
3. Identification and documentation of the source individual. (Identification is not required if the employer can establish the identification is impossible or prohibited by state or local law.)
4. Collection and testing of the source individual's blood for HBV and HIV serological status. Costs for the source individual's initial tests will be covered by the college. If it is determined further testing is required or treatment is recommended, the expense will be the source individual's responsibility.
5. Post-exposure treatment for the employee, when medically indicated in accordance with the U.S. Public Health Service.
6. Counseling
7. Evaluation of any reported illness.

The Healthcare professional evaluating an employee will be provided with the following information:

- Copy of this plan.
- Copy of OSHA Blood borne Pathogen regulations (29 CFR 1910.1030)
- Documentation of the route(s) of exposure
- Description of the circumstances under which exposure occurred
- Results of the source individual's blood testing, if available
- All medical records applicable to treatment of the employee, including vaccination status

The employee will receive a copy of the healthcare provider's written opinion within 15 days of completion of evaluation.
The healthcare provider's written opinion for Hepatitis B vaccination is limited to:

- The need for Hepatitis B vaccinations
- Indication if the employee has received such vaccinations

The healthcare provider's written opinion for post-exposure evaluation and follow-up is limited to the following information:

- Employee was informed of results of evaluation
- Employee was informed about any medical conditions resulting from exposure to blood or OPIM that requires further evaluation and/or treatment

All other findings will remain confidential and will not be written in a report.
All medical evaluations shall be made by or under the supervision of a licensed physician or by or under the supervision of another licensed professional.
All laboratory tests will be conducted by an accredited laboratory at no cost to the employee.
All medical records will be kept in accordance with 29 CFR 1910.1030.

OSHA regulation---29 CFR 1910.1030

http://www.osha.gov/pls/oshaweb/owasrch.search_form?p_doc_type=STANDARDS&p_toc_level=1&p_keyvalue=1910