

SAFETY AND SECURITY

Policy 70200: Blood borne Pathogens Exposure Control Plan (Developed in Accordance with the OSHA Blood borne Pathogens Standard, 29CFR 1910.1030)

1. Purpose

The purpose of this exposure control plan is to eliminate or minimize employee occupational exposure to blood or other infectious body fluids. Other potentially infectious body fluids include semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluid visibly contaminated with blood.

2. Policy

2.1. Responsible Parties:

Germanna Departmental supervisors and managers shall be responsible for ensuring their employees comply with the provisions of this plan. Germanna Community College is responsible for providing all necessary supplies, such as personal protective equipment, soap, bleach, hepatitis B vaccinations, etc. Most of these supplies are available in both at risk departments, and the Security Officer locations at both campuses. Hepatitis B vaccinations shall be administered through a local medical facility. The Germanna Security & Safety Manager shall be responsible for all training of Germanna employees.

3. Procedures

3.1. Engineering and Work Practice Controls:

Universal precautions will be observed by all Germanna employees in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials will be considered infectious regardless of the perceived status of the source individual. Engineering and work practice controls will be utilized to eliminate or minimize exposure of college employees working at Germanna Community College.

1. Employees must wash their hands or other skin with soap and water, or flush mucous membranes with water, as soon as possible following an exposure incident (such as a splash of blood to the eyes or an accidental needle stick).*
2. Employees must wash their hands immediately (or as soon as feasible) after removal of gloves or other personal protective equipment.*

*Employees shall familiarize themselves with the nearest hand washing facilities for the building in which they work. Because most Germanna College buildings are public access, they will have available hand washing facilities in public restrooms and custodial/janitorial closets. If hand-washing facilities are not available, the college will provide either an antiseptic cleanser in conjunction

with clean cloth/paper towels or antiseptic towelettes. If these alternatives are used, the hands are to be washed with soap and water as soon as feasible.

3. Germanna employees who encounter improperly disposed needles or other sharps shall notify the Security & Safety Manager immediately and shall identify the department of the location of the needle(s). Additionally, the appropriate authorities at the location shall be notified (i.e., department manager, instructor). Needles shall be disposed of in labeled sharps containers provided at the location.
4. Needles or other sharps will not be bent, recapped, or moved except as noted below:
 - *Needles may be recapped only by using a mechanical device.
 - *Needles may be moved only by using a mechanical device or tool (forceps, pliers, broom and dust pan).
5. Breaking or sharing of needles is prohibited.
6. No eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses is allowed in a work area where there is a reasonable likelihood of occupational exposure.
7. No food or drinks shall be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or other potentially infectious materials are present.
8. Employees must perform all procedures involving blood or other potentially infectious materials in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

3.2. Housekeeping:

Decontamination will be accomplished by utilizing the following materials:

*10% (minimum) solution of chlorine bleach

*Lysol or other EPA-registered disinfectants

1. All contaminated work surfaces, tools, objects, etc, will be decontaminated immediately or as soon as feasible after any spill of blood or other potentially infectious materials. The bleach solution or disinfectant must be left in contact with contaminated work surfaces, tools, objects, or potentially infectious materials for at least ten minutes before cleaning.
2. Equipment that may become contaminated with blood or other potentially infectious materials will be examined and decontaminated before servicing or use.
3. Broken glassware will not be picked up directly with the hands; sweep or brush material into a dustpan.
4. Known or suspected contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closeable, puncture resistant, leak proof on sides and bottom, and marked with an appropriate biohazard label.

5. When containers of contaminated sharps are being moved from the area of use, the containers shall be closed immediately before removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
6. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous injury.

3.3. Other Regulated Waste:

Other regulated waste shall be placed in containers that are closeable, are constructed to contain all contents, and prevent leakage of fluids during handling, storage, transportation, or shipping.

The waste must be labeled or color-coded and closed before removal to prevent spillage or protrusion of contents.

3.4. Laundry Procedures:

Laundry contaminated with blood or other potentially infectious material will be handled as little as possible. Such laundry will be placed in biohazard bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use.

The Security & Safety Manager shall coordinate cleaning or disposal of contaminated laundry.

3.5. Personal Protective Equipment:

Where occupational exposure remains after institution of engineering and work controls, personal protective equipment shall also be utilized.

The Facilities Management will provide gloves, face shields, eye protection, and aprons at no cost to employees. The Facilities Management will replace or repair personal protective equipment as necessary at no cost to employees.

All personal protective equipment (PPE) will be chosen on the basis of anticipated exposure to blood or other potentially infectious materials. The (PPE) will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth or mucous membranes under normal conditions of use and for the duration of time for which the protective equipment will be used. Germanna will locate several (PPE) kits throughout their buildings located in areas where the risk of exposure is at its highest.

Employees must...

- *Utilize protective equipment in occupational exposure situations.
- *Remove garments that become penetrated by blood or other potentially infectious material immediately or as soon as feasible.
- *Replace all garments that are torn or punctured, or that lose their ability to function as a barrier to blood borne pathogens.
- *Remove all personal protective equipment before leaving the work area.
- *Place all garments in the appropriate designated area or container for storage, cleaning, decontamination, or disposal.

3.6. Hepatitis B Vaccine:

The hepatitis B vaccination shall be made available after the employee has received the training in occupational exposure and within 10 working days of initial assignment. It shall be made available to all employees who have potential occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

If the employee initially declines the hepatitis B vaccination but at a later date decides to accept the vaccination, the vaccination shall then be made available.

All employees who decline the hepatitis B vaccination offered shall sign the OSHA required waiver indicating their refusal. This form is attached as an appendix to this policy.

If a routine booster dose of hepatitis B vaccination recommended by U.S. Public Health Service at a future date, such booster doses shall be made available at no cost to the employee.

3.7. Post exposure Evaluation and Follow-Up:

All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, he or she shall report it immediately to his or her supervisor.

Following a report of an exposure incident, the exposed employee shall go to a designated local health and medical center for a confidential medical evaluation and follow-up, including at least the following elements:

1. Documentation of the route(s) of exposure.
2. A description of the circumstances under which the exposure occurred.
3. The identification and documentation of the source individual. (The identification is not required if the employer can establish that identification is impossible or prohibited by state or local law.)
4. The collection and testing of the source individual's blood for HBV and HIV serological status.
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:

1. A copy of this plan.
2. A copy of the OSHA Blood borne Pathogens regulations (29 CFR 1910.1030).
3. Documentation of the route(s) of exposure.
4. A description of the circumstances under which the exposure occurred.
5. Results of the source individual's blood testing, if available.
6. All medical records applicable to treatment of the employee, including vaccination status.

The employee will receive a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion for hepatitis B vaccination is limited to the following:

1. Whether the employee needs the hepatitis B vaccination.
2. Whether the employee has received such a vaccination.

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

1. That the employee was informed of the results of the evaluation.
2. That the employee was informed about any medical conditions resulting from exposure to blood or other infectious materials that require further evaluation or treatment.

All other findings or diagnoses will remain confidential and will not be in a written 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 healthcare professional. All laboratory tests must be conducted by an accredited laboratory at no cost to the employee. All medical records will be kept in accordance with 29 CFR 1910.20.

3.8. Training:

All high-risk employees shall participate in a training program. Training will occur before assignment to a task where occupational exposure may take place and at least annually thereafter. Additional training will be provided when changes such as modification of tasks or procedures affect the employee's occupational exposure.

Any employee who is exposed to infectious materials shall receive training, even if the employee was allowed to receive the HBV vaccine after exposure.

The training program will include at least the following elements:

1. An accessible copy of the regulatory text of 29 CFR 1910.1030 and an explanation of its contents.
2. A general explanation of the epidemiology and symptoms of blood borne diseases.
3. An explanation of the modes of transmission of blood borne pathogens.
4. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan.
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood or other potentially infectious materials.
6. 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.
7. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
8. An explanation of the basis for selection of personal protective equipment.

4. Definitions:

- 4.1** Blood – human blood, human blood components, and products made from human blood.
- 4.2** Blood borne Pathogens – pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
- 4.3** Contaminated – the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- 4.4** Decontamination – the use of physical or chemical means to remove, inactivate, or destroy blood borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
- 4.5** Engineering Controls – controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needle less systems) that isolate or remove the blood borne pathogens hazard from the workplace.
- 4.6** Exposure Incident – means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee’s duties.
- 4.7** Hand washing Facilities – a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.
- 4.8** HBV – hepatitis B virus.
- 4.9** HIV – human immunodeficiency virus.
- 4.10** Occupational Exposure – reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties.
- 4.11** Other Potentially Infectious Materials – (1) the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV – containing cell or tissue cultures, organ cultures, and HIV – or HBV – containing culture medium or other solutions; and blood, oranges, or other tissues from experimental animals infected with HIV or HBV.
- 4.12** Personal Protective Equipment – is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard and are not considered to be personal protective equipment.
- 4.13** Regulated Waste – liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other

potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

4.14 Sterilize – the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

4.15 Universal Precautions – an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens.

4.16 Work Practice Controls – controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

5. References

5.1 Selected training materials obtained from <http://www.thetrainingnetwork.com/>

5.2 OSHA Regulations (Standards – 29CFR), Part 1910, Standard 1910.1030

5.3 William and Mary University, Environment, Health and Safety, Bloodborne Pathogens Policy

6. Point of Contact

Steve Ross, Security & Safety Manager

7. Approval and Revision Dates

Approved by President's Council on

**HEPATITIS B VACCINATION
DECLINATION FORM**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (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.

Name (print) _____

Signature _____

Social Security # _____

Department _____

Date _____