ANTIOCH COLLEGE

Blood borne Pathogens Standard Exposure Control Plan

SCOPE AND APPLICATION

The purpose of this exposure control plan is to eliminate or minimize employee exposure to blood or other potentially infectious materials (OPIM). Other potentially infectious materials 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.

RESPONSIBILITIES

The Safety Program Administrator will oversee the Bloodborne Pathogens Program. These responsibilities include identifying employees who may encounter job related exposures to blood or OPIM, coordinating/identifying engineering and work practice controls, ensuring that training is provided, making arrangements for HBV vaccinations, and maintaining related documentation.

EXPOSURE CONTROL PLAN

Each employer having an employee or employees with an occupational exposure to blood or OPIM must establish a written Exposure Control Plan. The plan must include at least the following: an exposure determination that lists the job titles and tasks in which occupational exposures occur, schedule and method of implementation, and procedures for evaluating the circumstances surrounding exposure incidents. The plan must be made available to employees and shall be reviewed at least annually or whenever necessary to reflect new or modified tasks, procedures, or technology which affect occupational exposures.

Employers must solicit input from non-managerial employees responsible for patient care who are potentially exposed to contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls. The employer must annually document the consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposures.

EXPOSURE DETERMINATION

Each employer who has an employee(s) with occupational exposures must prepare an exposure determination. The exposure determination shall be made without regard to the use of personal protective equipment. The exposure determination will contain the following:

- A list of all job classifications in which all employees in these job classifications have occupational exposure.
- A list of job classifications in which some employees have occupational exposures.
- A list of tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs.

METHODS OF COMPLIANCE

General

Universal precautions shall be used to prevent contact with blood or OPIM. Under circumstances in which identification of body fluid types is difficult or impossible, all body fluids should be considered potentially infectious materials.

Engineering and Work Practice Controls

Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure occurs after the controls are implemented, personal protective equipment must also be used.

The following engineering/work practice controls have been established to eliminate or minimize exposure:

- Hand washing facilities, antiseptic hand cleaner, and/or antiseptic towelettes are provided for immediate use (employees must still wash hands as soon as possible following the use of antiseptic hand cleaner/towelettes).
- Employees must wash their hands immediately after removing gloves or other PPE.
- Employees must wash any other exposed skin with soap and water, or flush mucous membranes with water immediately or as soon as feasibly following contact of body parts with blood or OPIM.
- Contaminated needles or other contaminated sharps shall not be bent, or recapped. The only exception is when the bending, recapping, or needle removal can be accomplished through the use of a mechanical device or a one-handed technique.
- Contaminated sharps must be placed in an appropriate container as soon as possible after use. The sharps container must be puncture resistant, properly labeled or color-coded, and leakproof on the sides and bottom. Reusable sharps that are contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses is prohibited in work areas where blood or OPIM are present.
- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops where blood or OPIM are present.
- All procedures involving blood or OPIM shall be performed in such a manner as to

minimize splashing, spraying, spattering, and generating droplets of these substances.
- Mouth pipetting/suctioning of blood or OPIM is prohibited.
- Specimens of blood or OPIM shall be placed in a container which prevents leaking during collection, handling, processing, storage, transport, or shipping. These containers must be labeled or color-coded (see Signs and Label section for details) and closed prior to being stored, transported, or shipped. If the specimen could puncture the container or contamination outside of the primary container occurs, the primary container must be placed within a secondary container that meets the above container requirements.
- Equipment that may be contaminated with blood or OPIM shall be examined prior to shipping or servicing and must be decontaminated as necessary.

PERSONAL PROTECTIVE EQUIPMENT

When there is occupational exposure, the appropriate personal protective equipment (PPE) shall be provided to the employee at no cost. PPE includes gloves, gowns, laboratory coats, face shields or masks and eye protection, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. PPE is only considered appropriate if it does not permit blood or OPIM to pass through to the employees' work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use.

The employer shall ensure that the employee uses the appropriate PPE and that PPE is readily accessible (in the appropriate sizes) at the worksite or issued to the employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

The PPE must be cleaned, laundered, and disposed of at no cost to the employee. Any PPE contaminated with blood or OPIM should be removed from the workplace immediately or as soon as feasible. PPE should be repaired or replaced at no cost to employees. All PPE must be removed prior to leaving the work area.

<u>Gloves</u>
Gloves will be worn when it can be reasonably anticipated that the employee may have hand contact with blood, OPIM, mucous membranes, and non-intact skin.

Disposal (single use) gloves such as surgical or examination gloves must be replaced as soon as practical when contaminated or as soon as feasible when torn, punctured, or when their ability to function as a barrier is compromised. Disposal gloves shall not be washed or decontaminated for re-use.

Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is

compromised.

Employees working in volunteer blood donation centers are not required to use gloves in all circumstances. However, gloves must be made available to all employees who wish to use them and the use of gloves for phlebotomy should not be discouraged. The use of gloves is required when the employee has cuts, scratches, or other non-intact skins, when the employee judges that hand contamination may occur (for example, when performing phlebotomy on an uncooperative person), and when the employee is receiving training in phlebotomy.

Other PPE

Masks in combination with eye protective devices, such as goggles or glasses with eye shields, or chin length face shields, must be worn whenever splashes, sprays, spatter, or droplets of blood or OPIM may be generated and eye, nose or mouth contamination can be anticipated.

Gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. Surgical caps or hoods and/or shoe covers or boots shall be worn in instances where gross contamination can be anticipated.

HOUSEKEEPING

The worksite must be maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination. The appropriate method for decontamination must be based upon the location, type of surface to be cleaned, types of contamination, and the tasks and procedures being performed in the area.

All equipment and working surfaces must be cleaned and decontaminated after contact with blood or OPIM. Contaminated work surfaces will be decontaminated with an appropriate disinfectant after completion of procedures, immediately or as soon as feasible after any spill of blood or OPIM, and at the end of the work shift if the surface may have been contaminated since the last cleaning. Protective coverings (plastic wrap, foil, and absorbent paper) must be removed or replaced as soon as feasible when they become contaminated or at the end of the shift if the possibility for contamination during the work shift exists.

All bins, pails, or other receptacles intended for reuse that have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis. They shall be cleaned and decontaminated immediately or as soon as feasible when contaminated.

Broken glassware that may be contaminated must not be picked up directly with the hands. It should be cleaned up using a brush and dustpan, tongs, or forceps.

REGULATED WASTE AND LAUNDRY

Contaminated sharps shall be discarded in a sharps container immediately or as soon as feasible following use. The sharps containers must be closable, puncture resistant, leakproof on sides and bottom, and labeled or color-coded. Containers must be located close to the area where the sharps are being used and must be replaced routinely to prevent overfilling. Containers must be kept closed after use and must not be emptied or cleaned in any manner that would expose employees to the risk of percutaneous injury.

Other regulated waste must be placed in containers that are closable and constructed to prevent leakage of fluids during handling, storage, transportation, or shipping. Containers must be labeled or color-coded. If outside contamination of the regulated waste container occurs, it must be placed in a second container that meets the same requirements.

Contaminated laundry should be bagged or containerized at the location of use and should be handled as little as possible. Contaminated laundry should be placed and transported in bags or containers label or color-coded. Container must be leakproof if the contaminated laundry is wet and presents a reasonable likelihood of leakage.

Employers handling contaminated laundry must wear gloves and other appropriate personal protective equipment.

SIGNS AND LABELS

Warning labels must be affixed to containers of regulated waste, refrigerator/freezers containing blood or OPIM, and other containers used to store, transport, or ship blood or OPIM. Contaminated equipment must also be labeled and must also state which portions of the equipment remain contaminated.

The labels should be fluorescent orange or orange-red, with lettering and symbols of contrasting colors. The labels must be attached in a manner that prevents their loss or unintentional removal. Red bags or red containers may be substituted for labels. Containers of blood (or blood products) that have been released for clinical use or are placed in labeled containers are exempt from the labeling requirement.

Regulated waste that has been decontaminated does not have to be labeled.

EMPLOYEE TRAINING

Training must be provided to employees with occupation exposure during work hours and at no cost to the employee. The training shall be provided at the time of their initial assignment to job tasks where occupational exposure may occur. Annual training for all employees must be provided within one year of their previous training. Additional

Training is required when changes or modifications of tasks or procedures affect the employee's occupational exposure. Training material must be appropriate in content and vocabulary to the educational, literacy, and language level of the employees.

The person conducting the training must be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address. The training program must include the following elements:

- An accessible copy of the regulatory standard and an explanation of its contents.
- An explanation of the epidemiology of bloodborne pathogens and an explanation of the modes of transmission of bloodborne pathogens.
- An explanation of this exposure control plan and how the employee can obtain a copy of the written plan.
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood or OPIM.
- 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.
- Information on the types, proper use, location, removal, handling, decontamination, and disposal of PPE.
- An explanation of the basis for selection of PPE.
- Information on the hepatitis B vaccination including information on its safety, method of administration, benefits of being vaccinated, and that the vaccination will be offered free of charge.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
- 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.
- Information on the post-exposure evaluation and follow-up that is provided following an exposure incident.
- An explanation of the signs, labels, and/or color-coding required.
- An opportunity for interactive questions and answers with the person conducting the training session.

HEPATITIS B VACCINATION

All employees who have occupational exposures to blood and OPIM must be offered the hepatitis B vaccination within 10 days of their initial assignment (unless the employee has previously received the vaccination series or antibody testing indicated that the employee is immune). The vaccination must be available to the employee at no cost and includes any boosters or antibody testing required.

If the employee declines the vaccination, they must sign the declination statement (Appendix D). The vaccination must still be made available to the employee if they decide to accept the vaccination at a later date.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, a confidential medical examination and follow-up must be made immediately available to the employee. The examination and follow-up will include the following elements:

- Documentation of the route of exposure and the circumstances under which the exposure incident occurred.
- Identification of the source individual (unless prohibited by local law).
- The source individual's blood shall be tested as soon as feasible after consent (if required under local law) is obtained in order to determine HBV and HIV status. When the source individual is already known to be infected with HBV or HIV, additional testing is not required.
- Results of the source individual's testing must be made available to the exposed employee. The employee shall be informed of applicable laws related to the disclosure of the identity and infectious status of the source individual.
- The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. If consent is not obtained when the blood is drawn, the blood sample must be preserved for at least 90 days. If within 90 days of the exposure incident the employee elects to have the baseline sample tested, the testing will be done as soon as feasible.
- The employee will be offered post-exposure prophylaxis when medically indicated (as recommended by the US Public Health Service).
- The appropriate counseling and evaluation of reported illnesses will be made available to the employee.

Following an exposure incident, the employer shall provide the following information to the healthcare professional evaluating an employee:

- A copy of the Bloodborne Pathogens Regulation
- Description of employee's duties as they relate to the exposure incident
- Documentation of the route or routes of exposure and circumstances of exposure
- Results of the source individual's blood testing (if available)
- Medical records relevant to the appropriate treatment including vaccination status

The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. The written opinion shall be limited to confirming that the employee has been informed of the results of the evaluation and has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment. All other findings or diagnoses must remain confidential and are not to be included in the written report.

RECORDKEEPING

The employer must establish and maintain medical and training records for each employee with occupational exposures. These records must be available upon request for examination and copying to the subject employee, to anyone having written consent from

the subject employee, and to the Director/Assistant Director.

Medical Records

Medical records shall be maintained for at least the duration of employment plus 30 years. The medical record for each employee with occupation exposure to blood or OPIM must include the following:

- Name and social security number of the employee.
- A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's availability to receive vaccination.
- A copy of all results of examinations, medical testing, and follow-up procedures.
- A copy of information provided to the healthcare profession.
- All medical records must be kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside of the workplace except as required by this section or as required by law.

Training Records

Training records shall be maintained for 3 years from the date of training. Employee training records shall include the following information:

- The dates of the training session.
- The contents or a summary of the training sessions.
- The names and qualifications of persons conducting the training.
- The names and job titles of all persons attending the training sessions.

Sharps Injury Log

The employer must establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information on the log must be recorded and maintained in a manner to protect the confidentiality of the injured employee. The sharps log must contain the department or work area where the exposure incident occurred, an explanation of how the injury occurred, and the type and brand of device involved in the incident.

APPENDIX A – SPECIFIC ASSIGNED RESPONSIBILITIES

The following are specific assigned responsibilities under this Bloodborne Pathogens Program. The purpose of these assigned responsibilities is to increase ownership in the program at all levels as well as ensuring implementation and compliance with the elements of the program.

Associates identified in each tier group are responsible for performing those specific assignments.

Manager:	Assignment:
Safety Program Administrator	**Training**
	Record Keeping
	Post Exposure Follow-Up
	Vaccination Coordination

Supervisor:	Assignment:
Maintenance Supervisor	**Exposure Incident Reporting**
Housekeeping Supervisor	**Exposure Incident Reporting**
Residential Life Managers	**Exposure Incident Reporting**

Employee:	Assignment:
RLM's and Emergency Responders	**First Aid And Clean Up**
Housekeeping Employees	**Clean Up**

Others:	Assignment:

APPENDIX B – TRAINING ATTENDANCE SHEET

BLOODBORNE PATHOGENS TRAINING

1910.1030

DATE:	
INSTRUCTOR:	
TRAINING A/V MATERIALS:	

NAME:	DEPARTMENT
1.	
2.	
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APPENDIX C – EXPOSURE DETERMINATION AND CONTROL

Job Classifications in Which All Employees Have Occupational Exposures
(Copy as necessary to document each job classification)

Job Classification	**Tasks/Procedures w/Occupation Exposure**
Housekeeping Staff	Restroom Cleaning

Work Practice Controls:
Wear safety glasses and protective gloves.
BBP Kit

Job Classification	**Tasks/Procedures w/Occupation Exposure**
Residential Life Managers	Student incidents

Work Practice Controls:
BBP Kit and PPE

Job Classification	**Tasks/Procedures w/Occupation Exposure**

Work Practice Controls:

Job Classification	**Tasks/Procedures w/Occupation Exposure**

Work Practice Controls:

Job Classification	**Tasks/Procedures w/Occupation Exposure**

Work Practice Controls:

Job Classifications in Which Some Employees Have Occupational Exposures

(Copy as necessary to document each job classification)

Job Classification	**Tasks/Procedures w/Occupation Exposure**
Work Practice Controls:	

Job Classification	**Tasks/Procedures w/Occupation Exposure**
Work Practice Controls:	

Job Classification	**Tasks/Procedures w/Occupation Exposure**
Work Practice Controls:	

Job Classification	**Tasks/Procedures w/Occupation Exposure**
Work Practice Controls:	

Job Classification	**Tasks/Procedures w/Occupation Exposure**
Work Practice Controls:	

APPENDIX D – HBV VACCINATION REFUSAL

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.

_____ _____

Employee Signature Date

_____ _____

Company Representative Date

APPENDIX E – DECONTAMINATION AND STERILZATION PROCEDURES

All surfaces, tools, equipment and other objects that come in contact with blood or potentially infectious materials must be decontaminated and sterilized as soon as possible.

Equipment and tools must be cleaned and decontaminated before servicing or being put back to use.

Decontamination should be accomplished by using

- A solution of 5.25% sodium hypochlorite (household bleach / Clorox) diluted between 1:10 and 1:100 with water. The standard recommendation is to use at least a quarter cup of bleach per one gallon of water.
- Lysol or some other EPA-registered tuberculocidal disinfectant. Check the label of all disinfectants to make sure they meet this requirement.

If you are cleaning up a spill of blood, you can carefully cover the spill with paper towels or rags, then gently pour your 10% solution of bleach over the towels or rags, and leave it for *at least 10 minutes*. This will help ensure that the bloodborne pathogens are killed before you actually begin cleaning or wiping the material up. By covering the spill with paper towels or rags, you decrease the chances of causing a splash when you pour the bleach on it.

If you are decontaminating equipment or other objects (be it scalpels, microscope slides, broken glass, saw blades, tweezers, mechanical equipment upon which someone has been cut, first aid boxes, or whatever) you should leave your disinfectant in place for *at least 10 minutes* before continuing the cleaning process.

Of course, any materials you use to clean up a spill of blood or potentially infectious materials must be decontaminated immediately, as well. This would include mops, sponges, re-usable gloves, buckets, pails, etc.

APPENDIX F – EXPOSURE INCIDENT REPORT

BLOODBORNE PATHOGENS STANDARD

EXPOSURE INCIDENT REPORT

Date of Incident:

Location of Incident:

Employee Job Classifications:

Tasks and Procedures Performed:

Routes of Exposures (needlestick, eye, non-intact skin, mouth, etc.):

Description of sharps or other devices involved (include type and brand):

Personal Protective Equipment Worn:

Additional Information:

_____

Evaluator Name/Title (Please Print)

_____

Signature Date

APPENDIX G – SHARPS INJURY LOG

The information on the log must be recorded and maintained in a manner to protect the confidentiality of the injured employee.

Incident Number	Date	Dept or Area	Explanation of Injury	Type/Brand of Device

APPENDIX H – IDENTIFICATION/SELECTION OF AVAILABLE ENGINEERING CONTROL DEVICES

The most effective method to prevent or minimize employee exposure to blood or OPIM is the use of effective engineering controls. Engineering controls for sharps include the use of needleless systems and sharps with engineered sharps injury protection (ESIP). ESIP means either:

1. A physical attribute built into a needle device used for withdrawing bodily fluids, accessing a vein or artery, or administering medications or fluids, which effectively reduces the risk of an exposure incident by a mechanism such as a barrier creation, blunting, encapsulating, withdrawal, or other effective mechanism.
2. A physical attribute built into any other types of needle device or into a non-needle sharp which effectively reduces the risk of an exposure incident.

To implement a process by which these devices can be identified and evaluated the following process should be implemented:

1. Solicit/Appoint Team Members – This group will identify devices and conduct evaluations of the selected devices to determine the functionality of each device as it applies to their specific workplace. This team must include non-managerial employees who are directly involved in patient care.
2. Define Needs – Review tasks and procedures performed by the various departments and the potential exposures that will be addressed. These tasks should be prioritized based on the potential for an exposure incident and the number of employees potentially exposed.
3. Gather Information – Gather and review information on currently available engineering control devices that are designed to reduce occupational exposures.
4. Test and Select Products – When available, multiple devices should be screened for each potential exposure being addressed. Product testing will help eliminate devices that may not be functional in all work environments. The attached evaluation sheet (Appendix I) should be used to ensure that the testing/evaluation process is the same for all devices and that the evaluations are documented.
5. Use New Products – New devices may be used on a limited basis during a trial period. During this phase, employees should be encouraged to report any issues or concerns that arise. All employees using the new devices must receive training on the use of the new devices. Training should include a demonstration of proper use and application, safe operations, and an opportunity for questions.
6. Conduct Follow-up – Follow-up will help ensure that the new devices are effective and appropriate. Decisions on the devices should not be made until employees have had enough time to adjust to the new products. The evaluation sheet can also be used to reevaluate the device during the follow-up phase. The follow-up must include input from non-managerial employees involved in direct patient care.

APPENDIX I – SHARPS NEEDLESTICK PREVENTION (SAFETY) DEVICE EVALUATION FORM

Date: Reviewer: Device:

During Use:

1. Does the device prevent needlestick during use?	Yes	No	N/A
2. Can the safety feature be activated using a one-handed technique?	Yes	No	N/A
3. The tip of the sharp remains visible (safety device doesn't obscure view)?	Yes	No	N/A
4. Use of this product requires that you use the safety feature?	Yes	No	N/A
5. This product requires the same amount of time to use as non-safety device?	Yes	No	N/A
6. The safety feature works well with a wide variety of hand sizes.	Yes	No	N/A
7. This device is easy to handle while wearing gloves?	Yes	No	N/A
8. This device offers a good view of any aspirated fluid?	Yes	No	N/A
9. This device will work with all required syringe/needle sizes?	Yes	No	N/A
10. This device provides a better alternative to traditional recapping?	Yes	No	N/A

After Use:

11. It is clear when the safety device is activated?	Yes	No	N/A
12. The safety feature operates reliably?	Yes	No	N/A
13. The exposed sharp is permanently blunted or covered after use?	Yes	No	N/A
14. The device is no more difficult to process after use than non-safety devices?	Yes	No	N/A

Training:

15. The device is easy to use without extensive training?	Yes	No	N/A
16. The design of the device suggests proper use?	Yes	No	N/A
17. Is the technique required for use similar to that of non-safety devices?	Yes	No	N/A

Overall:

18. Would you recommend use of this product?	Yes	No	N/A

19. Comments (concerns or questions regarding the safety of this product: