

## I. INTRODUCTION

Since March of 1992, OSHA has required that all employers with employees potentially exposed to bloodborne pathogens implement an exposure control plan. The purpose of this plan is to identify employees at risk of occupational exposure to bloodborne pathogens and implement control measures designed to decrease these risks.

The OSHA standard also requires the plan to include measures containing the following information:

1. An exposure determination list. This list includes all job classifications where employees have occupational exposure to bloodborne pathogens.
2. The schedule and method used to implement all provisions of the standard.
3. The procedure for evaluating exposure incidents and the procedure used to evaluate post exposure incidents.

The plan must be available to all employees and be reviewed on an annual basis. This information will be maintained in the Health Center, the Human Resource Office, Physical Plant, and areas where there are employees with occupational exposure to bloodborne pathogens.

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This Exposure Control Plan was produced by the Human Resource Office and the staff of the Health Center. We gratefully acknowledge the extensive support of the Departments of Human Resources and Infection Control of Maine General Hospital and Colby College in the development of the Plan.

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## II. GLOSSARY

These standard definitions, as defined by OSHA, apply at Unity College.

Blood: Human blood and blood components.

Bloodborne Pathogens: Microorganisms present in human blood which may cause disease in humans.

Body Substance Isolation: The infection control practices in place at Unity College further defined in this manual.

Contaminated: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry: Laundry which has been soiled by blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps: Any contaminated object that can penetrate the skin including, but not limited to needles, broken glass, and capillary tubes.

Decontamination: Physical or chemical means of removing or inactivating bloodborne pathogens to the point where they are considered safe for handling, use or disposal.

Engineering Controls: e.g., sharp containers, self-sheathing needles that isolate or remove bloodborne pathogen hazards from the work place.

Exposure Incident: Specific eye, mouth, other mucus membrane, non intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

HBV: Hepatitis B Virus

HIV: Human Immunodeficiency Virus

Occupational Exposure: Reasonably anticipated skin, eye and mucus membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Parenteral Exposure: Piercing mucus membranes or the skin barrier through such events as needle sticks, human bites, cuts, or abrasions.

Personal Protective Equipment: Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes are not considered as protective equipment.

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

Source Individual: Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

Sterilize: The use of physical or chemical procedure to destroy all microbial life including highly resistant endospores.

Work Practice Controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

Exposure Control Plan: A written established plan designed to eliminate or minimize exposure. This plan shall include: the determination of exposure, the method of post vaccination follow up, communication of hazards with employee and record keeping. This information is available to any employee upon request, and will be reviewed/revised annually.

Exposure Determination: List of all job classifications which have occupational exposure.

### **III. EMPLOYEE JOB CLASSIFICATION AND EXPOSURE DETERMINATION**

#### **A. EXPOSURE CATEGORIES**

All job descriptions at Unity College with exposure risk have been categorized according to risk of occupational exposure to bloodborne pathogens. These categories are defined as follows:

CATEGORY A: This category includes all employees who have routine exposure to bloodborne pathogens, primarily Health Center staff and athletic trainers.

CATEGORY B: This category includes all employees who do not routinely have exposure to bloodborne pathogens but may, on occasion, perform tasks which involve potential exposure, primarily coaches, public safety and maintenance employees designated to clean up incidents which may involve exposure to bloodborne pathogens.

CATEGORY C: This category includes all employees who do not have any occupational exposure to bloodborne pathogens, primarily faculty, administrators and support staff not identified in Category A or B.

Unity College has defined these categories to include the various tasks within these categories where occupational exposure might occur. These tasks have been grouped as follows:

0. No occupational exposure.
1. Handling of contaminated linen/clothing.
2. Handling of contaminated sharps and venous access.
3. Handling of contaminated surgical instruments.
4. Cleaning/repair of surfaces/equipment contaminated with body fluids.
5. Insertion of tubes or other equipment into body surfaces.
6. Handling/exposure of body fluids.
7. Wound care/dressing changes.
8. Responding to emergency situations.
9. Handling and/or transporting contaminated trash.

Unity College has determined that any Category A or Category B positions will be treated as a Category A position for the purpose of employee training and identification of employees eligible for the administration of Hepatitis B Vaccine. This is for safety purposes only and may differ from the classification in place in the Human Resource Office.

**B. OCCUPATIONAL EXPOSURE ANALYSIS**

The following chart lists potential exposures and job classifications by department:

<u>Department</u>	<u>Position</u>	<u>Tasks</u>	<u>Category</u>
Health Services	Dir., Counseling Services	8	B
	Director, Health Services	1-9	A
Athletics	Director of Athletics	1,4,6,8,9	B
	Coaches	1,4,6,8,9	B
Public Safety	Public Safety Officer	4,6,8,9	B
Maintenance	Custodian	1,4,9	A
Dining Services	Supervisors	1,4,6,8,9	B

## **IV. METHODS OF COMPLIANCE**

### **A. ENGINEERING AND WORK PRACTICE CONTROLS**

The following engineering controls have been adopted in an effort to decrease risk of occupational exposure to bloodborne pathogens:

#### **1. System to isolate contaminated needles in a safe fashion.**

All needle disposal units at Unity College are made of rigid plastic which prevent needles from piercing through the container. These units are also leak proof. Disposal units are strategically placed to allow for disposal as quickly as possible.

Under normal circumstances, needles will not be recapped, purposefully bent, or removed from disposable syringes, or otherwise manipulated by hand. Shearing or breaking of contaminated needles is prohibited. If recapping or removal of used needles must be done and no alternative is feasible or such action is required by a specific medical procedure, a single-handed method must be used.

These units are stored upright and inspected routinely and replaced when 3/4 full. This further reduces the potential for accidental exposure due to overfill.

#### **2. Safe Work Practices**

The following procedures must be followed by all employees with exposure to bloodborne pathogens.

##### **a. Hand Washing**

Hand washing is the single MOST IMPORTANT means of preventing the spread of infection. It is also an important measure to decrease occupational exposure to bloodborne pathogens. Employees must practice effective hand washing after the removal of gloves or PPE.

1. Use warm running water,
2. Use mild liquid soap.
3. Friction is the most important part of the hand washing procedure. Careful washing between fingers is essential.
4. Hands are thoroughly rinsed while they are held downward.
5. Dry thoroughly with a paper towel.
6. Turn water faucet off with a paper towel. (This prevents re-contamination of the hands.)

**b. Hands Should Be Washed**

1. After touching any human secretions, or any potentially infectious material.
2. Before leaving any isolation room.
3. Before performing invasive procedures.
4. Before touching any immunosuppressed patient.
5. After performing personal bodily functions.

In the event that a sink is not available, hands may be washed with an antiseptic solution. If this method is used, hands must be washed with soap and water as soon as feasible.

Remember: Gloves are not a substitute for washed hands.

**c. Other Important Infection Control Measures**

1. Eating, drinking, smoking, applying cosmetics, lip balm and handling contact lenses are prohibited in work areas where there is reasonable likelihood of occupational exposure.
2. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where bloodborne or other potentially infectious materials are present.
3. All procedure involving blood or other potential infectious materials shall be performed in such a manner as to minimize splashing. Employees shall be trained in these techniques before undertaking such tasks.
4. Any broken glassware that may be contaminated will not be picked up directly with the hands.

**d. Emergency Medical Calls - Cardio Pulmonary Resuscitation (CPR)**

In the event that CPR must be performed on an individual, the employee shall use a mechanical device designed to protect the employee from bodily fluid exposure. These devices are located in the Health Center, in public safety, and in the emergency response packs. If CPR training is provided, training should include instruction in use of device.

**e. Disturbance Calls**

Security personnel who respond to disturbances shall be trained in appropriate measures designed to decrease injuries and minimize exposure to bloodborne pathogens. If the employee sustains a human bite during this time, this shall be considered a percutaneous exposure and all follow-up measures for exposure shall be instituted.

**C. USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)**

The use of PPE may decrease occupational risk to bloodborne pathogens. PPE is provided to employees at no cost and must be accessible in all areas where occupational exposure is possible.

**1. Gloves** must be used when:

- a. There is a likelihood of contact with blood or other body fluids.
- b. During venous access procedures.
- c. When there is contact with mucus membranes and non-intact skin.
- d. When contaminated items/surfaces are handled.

**2. Disposable Gloves** must be discarded when contaminated and may not be re-washed.

**3. Utility Gloves** must be used to perform housekeeping activities when occupational exposure exists. These gloves may be decontaminated but must be disposed of when cracked or no longer intact. To decontaminate, the gloves will be washed with an appropriate disinfectant and dried.

**4. Masks, Eyewear, and Face Shields:** Face and eye protection must be used when there is potential for splashing, spraying, spattering of blood or other potentially infectious materials and eye, nose, or mouth contamination can be reasonably anticipated. Glasses must have rigid side shields in order to be considered PPE. When eyewear is worn as PPE, a mask must be used to protect the nose and mouth. If face shields are selected, the shield must be worn with a mask when it does not seal at the chin.

**5. Gowns or Aprons:** All gowns or aprons selected as PPE must

- a. Adequately cover clothes.
- b. Prevent blood or other fluid from reaching clothes or skin.

If lab coats are used as PPE, these must be:

- a. Laundered by the College.
- b. Adequate to the task to prevent contamination of clothes or skin.

- c. Removed immediately or as soon as feasible, if penetrated by blood or other potentially infectious material.
- d. Removed prior to leaving the work area.

If clothing becomes contaminated while on duty, the College shall launder this clothing free of charge to the employee. The employee shall then be given a College-issued uniform to wear.

All employees shall be trained in the use of PPE at the time of employment.

## **6. Sterilization, Disinfection and Waste Disposal**

Sterilization and Disinfection:

- a. Wherever possible, disposable items should be used so as to avoid the use of chemical sterilization.
- b. Surfaces subject to contamination will be wrapped where practical and disinfected before and after each procedure using hospital or industrial strength germicide.

## **D. HOUSEKEEPING**

### **1. General**

Unity College strives to provide a work environment that is maintained clean and as free from potential exposure as possible. All agents used to decontaminate work areas are EPA approved and meet standards for deactivating the Hepatitis B and HIV virus as well as the TB bacillus.

A detailed schedule for cleaning and decontamination is based upon the location within the facility, the degree of contamination present and the nature of the tasks being performed in each area. This schedule is maintained by the Supervisor of Custodial Services and is reviewed annually.

The following tasks may be performed by some employees at Unity College. All employees shall be trained to perform these tasks in such a way to decrease the risk of occupational exposure to blood borne pathogens.

### **2. Cleaning and Decontamination of Work Surfaces**

To prevent exposure of the employee to blood or other potentially infectious material remaining on a work surface from a previous procedure, all work surfaces must be decontaminated after completion of each procedure, when they are overly contaminated

during a procedure, and at the end of the work shift. When procedures are performed continually throughout a shift, the work area should be decontaminated after each set of tasks is completed. The work area should be decontaminated if an employee leaves the area so that it does not present a source of contamination to other workers. Work surfaces in patient care areas do not need to be cleaned after each procedure unless that procedure results in contamination of the area.

### **3. Regulated Waste**

Regulated waste must be properly contained and disposed of so as not to become a means of transmission of disease to workers.

- a. Regulated waste** is defined as any waste capable of transmitting bloodborne pathogens.

The following wastes are determined to be regulated waste:

1. Liquid or semi-liquid blood or other potentially infectious material.
2. Items contaminated with blood or other potentially infectious materials and which would release these substances in a liquid or semi-liquid state if compressed.
3. Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling.
4. Contaminated sharps.
5. Pathological and microbiological wastes containing blood or other infectious material.

All regulated waste shall be bagged in sealed red bags, double bagged, and disposed of at a licensed disposal facility.

Regulated waste shall be handled using protective equipment. Any container used to transport this waste shall be marked with the bio-hazard symbol. These containers shall be closable and leak proof on the sides and bottom as well as puncture resistant. Any waste packaged or labeled as a biohazard must be disposed of at a licensed disposal facility.

A secondary container must be used in situations where the outside of the first container becomes contaminated.

**b. Biomedical Waste**

Unity College recognizes that biomedical waste may also contain blood and other potentially infectious materials and follows the same procedure for handling, storing, and transporting this waste as for regulated waste.

Included in this category are:

1. Sharps
2. Emergency Accident waste

Responsibility for managing the regulated waste program rests primarily with the Maintenance Department which collects, transports, and transfers the waste to a licensed biomedical waste facility.

**c. Equipment**

All equipment shall be decontaminated immediately if contamination has occurred. Employees who perform this function shall be trained in the methods appropriate to the procedure.

**d. Trash Receptacles**

All reusable receptacles used for regulated waste shall be decontaminated weekly and immediately following any visible contamination. The containers shall be visibly inspected at the time of emptying and decontaminated if soiled. Soap and water shall be used for this procedure. Any employee who performs this function shall use protective equipment designed to prevent exposure. This procedure includes all receptacles used to hold contaminated items even when a plastic liner is used.

**e. Blood/Body Fluid Spills - Responsibility**

1. The Director of Maintenance or designee is responsible for blood/body fluid spill responses between the hours of 7:00 a.m. and 3:00 p.m. Monday through Friday.
2. The Director of Public Safety or designee is responsible for blood/body fluid spill responses at all other times.

**f. Reporting**

1. All spills occurring during the hours of 7:00 a.m. and 3:00 p.m. Monday through Friday will be reported to Director of Maintenance or designee.

2. All spills occurring other than the above hours will be reported to the Office of Public Safety.
3. Appropriate incident reports will be filed.

Blood spills are of extreme concern for transmission of bloodborne pathogens. The following procedure must be followed by all employees who remove or disinfect a blood or bodily fluid spill:

1. Gloves must be worn for the cleaning of any body fluid spills. Vinyl aprons must be worn for a large spill.
2. For small body fluid spills in rooms, corridors, etc., visible material should be removed and the area disinfected with a college-approved disinfectant or a solution of bleach (1:10) dilution. OSHA approved spill kits will be readily available for use by personnel from the Maintenance and Public Safety Departments.
3. For large body fluid spills in the non-patient care areas, the contaminated area should be completely covered with paper towels and flooded with one of the above cleaning agents. Allow contact time (minimum of ten minutes). Remove soiled paper towels and dispose of in a red bag for incineration. Wet mop area with a clean solution.
4. Large body fluid spills in patient care areas: spills should be wiped up as soon as possible with paper towels, and the towels discarded in a red bag for incineration. Final clean up of the area should include disinfection of the contaminated surfaces using a solution of bleach (1:10), or approved disinfectant providing for a contact time of at least 10 minutes to complete the disinfection process.
5. For body fluids containing glass: glass is removed by sweeping with a counter brush and dustpan. Body fluid is then removed following proper procedure as stated. Equipment used to clean a body fluid is then disinfected using a solution of bleach (1:10), or an approved disinfectant. All glass needs to be disposed of in a manner to prevent exposure to another employee.
6. Dispose of protective equipment. Wash hands.

#### **4. Contaminated Laundry**

Contaminated laundry is defined as any laundry that may contain blood or other potential infectious material. The following guidelines have been designed to decrease occupational exposure by means of contaminated linen:

- a. Contaminated linen shall be placed and transported in bags or containers that are labeled or color-coded.
- b. All personnel shall use protective equipment when handling all contaminated linen.
- c. Only laundry bags that prevent soak through or leakage of fluid shall be used to contain soiled or contaminated laundry.
- d. All trained personnel shall be educated in the following areas:
  - Proper method of handling contaminated linen.
  - Method of selecting protective equipment.
  - Handling of contaminated sharps.

## **V. HEPATITIS B VACCINATION AND POST-EXPOSURE EVALUATION AND FOLLOW-**

### **A. HEPATITIS B VACCINATION**

#### **1. General**

Unity College provides the hepatitis B Vaccine free of charge to all employees who have the potential for occupational exposure during the course of performing their duties. These vaccinations are performed under the supervision of a licensed health care professional. All employees who are eligible for the vaccine are trained on the provisions of this standard and are offered the vaccine within ten (10) working days of initial assignment to a position that has an occupational exposure.

Unity College will follow current CDC/OSHA/USPHS guidelines for new employees who have previously received the vaccine series, or whose antibody testing has revealed the employee is immune, or for those employees for whom the vaccine is contraindicated. When the vaccine is not given for these reasons, there will be documentation provided in the employee's medical record.

Occupational exposure is defined as 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.

All eligible employees who choose to receive the Hepatitis B vaccine must sign an informed consent explaining the benefits derived from the vaccine. Any employee who declines the Hepatitis B vaccine must sign the declination statement at the bottom of the form. At this time the employee will be counseled as to the risks of refusal. If at any future time the employee decides to be vaccinated, the vaccine will be administered at no cost. All employees who refuse vaccination will be re-contacted annually and re-offered vaccination.

#### **2. Administration of the HBV Vaccination**

The Hepatitis B Vaccine will be administered according to the United States Public Health Standards. If in the future these standards require routine booster doses, these shall be offered to all employees with occupational exposure as required by the guidelines. Under current public health guidelines, routine post vaccination testing is not required and is not a part of our Hepatitis B Vaccination program.

## **B. POST-EXPOSURE EVALUATION AND FOLLOW**

### **1. Exposure Incident**

An exposure incident is defined as "specific eye, mouth, other mucous membrane, non intact skin, or parenteral contact with blood or other potentially infectious materials ("OPIM") that result from the performance of an employee's duties."

### **2. The Following Steps are to be Taken After Each Exposure Incident**

- a. If in the event that a potential percutaneous or mucosal exposure to blood or OPIM occurs, the employee is to immediately wash the affected area **thoroughly** with soap and water or saline.
- b. Employee will be administered first aid.
- c. Each incident is to be reported to the supervisor immediately.
- d. The supervisor and the employee will complete an Incident Report as soon as possible after the exposure incident. The supervisor will report to Human Resources Director.
- e. A confidential medical evaluation will be made available immediately upon exposure. Unity College will assist the employee in obtaining this medical evaluation. The employee will be counseled regarding the potential for transmission of bloodborne pathogens. The employee will also be counseled when making the decision to forego immediate evaluation that such delay could affect the ability to obtain court ordered source blood testing, should the source individual refuse to consent to testing. The supervisor will then have the employee read and sign the Acknowledgement of Counseling form (Appendix A) to be kept in the Human Resources Office. If urgent/emergent care is needed, the employee will go to Maine General Medical Center's Emergency Department or Express Care. Once it has been determined that an exposure has occurred, the licensed health care professional will determine the necessary follow up. All incidents will be reported to the Director of Human Resources.
- f. When the source individual is known, the source individual's blood will be tested for the Hepatitis B virus and for the HIV virus once informed consent has been obtained. If consent cannot be obtained from the source individual and the employee requests that HIV testing be performed, Unity College will assist the employee to obtain this consent. In this event, state regulatory procedures shall be followed. The result of any evaluation is part of the employee's medical record. The employee shall be given information pertinent to the source individual as needed to make an informed decision concerning appropriate follow up measures.

The employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

- g. When appropriate, the exposed employee's blood will be tested for the Hepatitis B virus and for the HIV virus. The licensed health care professional will provide the test results to the exposed employee and provide counseling as medically indicated, including referral to an infectious disease specialist if necessary.

A confidential post exposure medical follow up is performed after each exposure incident. This follow up is provided under the direction of a licensed health care professional according to the U.S. Public Health Service guidelines.

All employees who have an exposure as previously defined must complete an Incident Report. This report must be evaluated and signed by the employee's supervisor. If indicated, the employee will receive further training to correct any problems detected through the incident. The incident report shall be forwarded to the Human Resource Office.

#### **C. INFORMATION PROVIDED TO HEALTH CARE PROFESSIONAL**

In order to perform appropriate follow up, the licensed health care professional responsible for the follow up shall be provided with the following information:

1. A copy of the standard.
2. A description of the employee's duties as they relate to the incident.
3. Documentation of the route of exposure and circumstance under which the exposure occurred.
4. Results of source individual's blood testing, if available.
5. Medical records relevant to the treatment of the employee, including vaccination status.

The employer and employee are provided with a written post-exposure evaluation opinion within fifteen (15) days after the completion of the evaluation.

#### **D. HEALTH CARE PROFESSIONAL'S WRITTEN OPINION**

The employer shall obtain and provide the employee with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation.

The health care professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

The health care professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

1. That the employee has been informed of the results of the evaluation; and

2. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

All other findings or diagnoses shall remain confidential and shall not be included in the written report

A copy of this report will be kept in the employee medical record.

All needle stick and other exposure incidents that result in medical treatment and follow up shall be documented on the OSHA 200 Log. All identifying information pertaining to bloodborne pathogens are removed prior to granting access to the records.

## **VI. BIO-HAZARD COMMUNICATION**

Bio-hazard labels and signs are used by Unity College to communicate hazards to employees. The biohazard label includes the universal biohazard symbol and is fluorescent orange or orange-red or predominately so with lettering or symbols in a contrasting color. They are either affixed to the container or located as close to the hazard as possible.

### **A. LABELS AND SIGNS**

**Labels** shall be affixed to:

1. Containers of regulated waste.
2. Refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious material except for:
  - a. Red bags or red containers
  - b. Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion.
  - c. Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal.
  - d. Regulated waste that has been decontaminated.
  - e. Laundry bags.
3. Labels required for contaminated equipment shall state which portions of the equipment remain contaminated.

**Signs** shall be posted at the entrance of work areas. Signs shall be fluorescent orange-red or predominately so with letters and symbols in contrasting colors. The signs shall contain the following information:

- Name of the infectious agent
- Special requirements for entering the area
- Name, phone number of the responsible person

### **B. EMPLOYEE TRAINING**

Specific information about occupational hazards and required protective measures will be provided to all employees with occupational exposure. All current employees with occupational exposure will be provided with this training, in the case of academic year employees, at the time they return to work for the academic year. New employees with occupational exposure will receive training at the time of initial assignment to tasks where occupational exposure may take place. These employees shall be trained prior to being placed in positions where occupational

exposure may occur. Retraining on an annual basis will be required. Provision will be made to provide training whenever a change in an employee's responsibilities, procedures, or work situation is such that an occupational exposure risk is affected.

Training will be provided by an individual(s) who is knowledgeable in the subject matter at no cost to the employee, during work hours, and at a location reasonably accessible to the employee. The training will be appropriate in content, language, and vocabulary to the educational, literacy, and language background of the employee. The training will include:

- ♦ An accessible copy of the regulatory text of the standard and an explanation of its contents.
- ♦ A general explanation of the epidemiology and symptoms of the bloodborne pathogens.
- ♦ An explanation of the modes of transmission of bloodborne pathogens.
- ♦ An explanation of the exposure control plan and the means by which the employee can obtain a copy of the written plan.
- ♦ An explanation of the appropriate methods of recognizing risks and other activities that may involve exposure to blood and other potentially infectious materials.
- ♦ An explanation of the use and limitation of methods that will prevent or reduce exposure including appropriate engineering control, work practices, and personal protective equipment.
- ♦ Information of the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
- ♦ An explanation of the basis for selection of personal protective equipment.
- ♦ Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
- ♦ Information on the appropriate action to take and the person to contact in an emergency involving blood or other potentially infectious materials.
- ♦ 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 the employer is required to provide for the employee following an exposure incident.
- ♦ An explanation of the signs and labels and/or color coding used to identify hazards.
- ♦ An opportunity for interactive questions and answers with the person conducting the training.

## **VII. RECORD KEEPING**

Employees and the College shall receive a written opinion from the evaluating health care provider on their vaccination status. A copy of this information shall be kept in the medical record on file at the Human Resources Office.

### **A. MEDICAL RECORDS**

The Office of Human Resources will maintain confidential medical records on all employees with occupational exposure for the duration of their employment and an additional thirty years. All employee medical records are maintained as confidential records and as such will not be disclosed without written consent unless required by law.

All medical records shall include at a minimum the following information:

1. The name and social security number for the employee.
2. All information pertinent to Hepatitis B status and vaccination.
3. A copy of all results of examinations, medical testing, and follow up.
4. The employer's copy of the health care professional's written opinion.
5. A copy of the information provided to the health care professional.

All incidents of exposure will be investigated to determine if any procedural, educational, or equipment changes are in order to further safeguard all employees from future incidents of exposure.

### **B. TRAINING RECORDS**

Written training records will be kept in the Human Resource Office for three (3) years. These records will include:

1. The dates of the training sessions.
2. The contents or summary of the training.
3. The names and qualifications of the person conducting the training sessions.
4. The names and job titles of all persons attending the training sessions.

## **VIII. COMPLIANCE MONITORING**

All Supervisors with employees covered by OSHA bloodborne standard shall submit evidence of monitoring compliance with adherence to the guidelines set forth in the Exposure Control Plan every six months. Included in these reports is documentation to the follow up action taken by the supervisor. Follow up action is determined by the supervisor based on each individual situation. In the event that non-compliance continues to be a problem, the disciplinary guidelines in the Employee Staff Handbook will be enforced.

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