

# BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Southwestern Oregon Community College has made a commitment to the prevention of incidents or accidents that can result in employee injury or illness. This exposure control plan is an element of our safety and health program and complies with OR-OSHA's *Bloodborne Pathogens, 1910.1030*, requirements.

Administrative Services has the authority and responsibility to ensure that all elements of the exposure plan are in place. Employees can acquire a hard copy of the plan located in Administrative Services.

## PURPOSE

The purpose of this exposure plan is to eliminate or minimize employee occupational exposure to blood or other potentially infectious materials (OPIM), identify employees occupationally exposed to blood or OPIM in the performance of their regular job duties, provide information and training to employees exposed to blood and OPIM, and comply with OR-OSHA Bloodborne Pathogens standard, 1910.1030.

## EXPOSURE DETERMINATION

Employees subject to the OR-OSHA bloodborne pathogens standard are those who are reasonably expected to have skin, eye, mucous membrane, or parenteral contact with blood and/or any body fluids that are contaminated with blood resulting from the performance of their assigned job duties.

For assistance with Bloodborne Pathogens terminology, please see Appendix A on page 7.

**Table 1** lists job classifications and associated tasks identifying employees at risk of exposure to blood or other potentially infectious materials. Exposure determinations are made without regard to use of Personal Protective Equipment (PPE).

Table 1: Employees at risk	
Job classification	Task or exposure
First-aid-trained employees assigned to provide emergency first aid as part of their specific job duties	First aid assistance in an emergency
Custodian	Bathroom cleaning Bodily fluids spill clean up
Nursing Faculty/Practicum Students	Supervising students using needles, Practicum dental students using dental equipment
Maintenance	Bathroom repairs First responder to body fluids spill clean up

**Table 2** lists job classifications and tasks in which some employees may have occupational exposures to blood or OPIM.

Table 2: Employees who may be at risk	
Job Classification	Task or Exposure
Custodian	General cleaning tasks
Locker Room Attendant	Laundry Body fluids spill clean up
Laboratory Staff	Handling blood samples
Childcare Workers	Bodily fluids spill clean up
Fire Science Instructors	Wound care
Campus Security	Bodily fluids spill clean up
Athletic Trainer	Bodily fluids spill clean up Wound care
Athletic Coaches	Bodily fluids spill clean up
Student Housing Staff	Bodily fluids spill clean up
OCCI Staff	Wound care
Recreation Center Staff	Bodily fluids spill clean up Wound care

## COMPLIANCE METHODS

### UNIVERSAL PRECAUTIONS

Universal precautions is an approach to infection control in which all human blood and other potentially infectious materials are handled as if they were known to be infectious for bloodborne pathogens. Consider difficult- or impossible-to-identify body fluids as potentially infectious.

### ENGINEERING AND WORK PRACTICES CONTROLS

Use the following controls to eliminate or minimize occupational exposure.

#### SHARP CONTAINERS

Place contaminated needles, blood-contaminated test tubes, and other sharp objects in a sharps container. Replace containers routinely and do not allow overfilling. Place reusable sharps in metal trays for decontamination. When moving containers of contaminated sharps from the area of use, close containers to prevent spillage or protrusion of contents. See Appendix B: Sharps Log on page 9 to record sharps-related injuries. Contact Administrative Services or Human Resources immediately after a sharps-related injury. In the event you find a needle on campus, call Campus Security who will retrieve it and carries a sharps container in their vehicle for proper disposal.

#### SAFE MEDICAL DEVICES

Purchase and use safe medical devices whenever possible. Evaluate devices annually to determine appropriateness of the device and to investigate new and safer options.

#### WORK PRACTICES

In the event you encounter a spill of body fluids, do the following:

1. Call Campus Security, Facilities, or Administrative Services
2. Create a safety zone by quarantining the area
3. Campus Security or Facilities will give the OK to return to the area after the spill has been properly cleaned
4. Complete an Incident Report Form or Injury Report Form and send to Administrative Services within 24 hours

**If you are a trained, designated bloodborne pathogens employee**, clean up blood spills or body fluids as soon as possible. Use disposable absorptive materials, such as paper towels or gauze pads, to soak up the fluids. Clean the area with chemical germicides or a 1:10 solution of liquid bleach which must be left in contact with the contaminated surface, tools, etc., for at least 10 minutes before cleaning. Place absorptive towels, pads, and other material used to mop up spills in plastic bags or designated, labeled containers and treat as biohazardous waste.

Employees must wash their hands upon removal of gloves and other protective gear. In an emergency, if soap and water are not immediately available, use disposable antiseptic towelettes or germicidal gels to clean hands after removing gloves. Employees must wash their hands with soap and water as soon as possible.

Employees may not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses where occupational exposure can occur. Do not store food or beverages in refrigerators and freezers and other sites used to store blood or other biohazardous material. Place biohazard labels on refrigerators or freezers used to store biohazardous material. See Appendix C: Spill Clean Up Kit Contents on page 10.

### PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE is provided at no cost to employees. Employees receive training in its use, maintenance, and disposal annually.

#### STORAGE AREA

Facilities is the storage area for bloodborne protective gear and clean up kits. Supplies include disposable gloves; face shields; impervious disposable coveralls and booties; resuscitation devices; large, heavy-duty plastic bags and ties; sharps containers;

biohazard signs or labels; absorbent pressure dressings for wounds; antiseptic towelettes; disposable absorptive material for cleaning up spilled blood; rubber gloves; and bleach solutions or germicides.

## PPE USE AND DISPOSAL

Employees engaging in activities that may involve direct contact with blood, OPIM, contaminated objects, mucous membranes, or open wounds must wear disposable gloves made of vinyl or latex.

Wear face shields or goggles with disposable surgical masks whenever splashes, sprays, or spatters of blood droplets or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Use laboratory coats or scrubs to prevent contamination of employee street clothing. Wear impermeable disposable coveralls and booties whenever contamination of skin not protected by gloves or face shields is anticipated, such as a traumatic injury with significant blood loss.

Use resuscitation devices, which minimize contact with mucous membranes, to perform cardiopulmonary resuscitation.

Remove used personal protective equipment at the exposure location or as soon as feasible to avoid contamination of other work areas. Place in a biohazard container or in a plastic bag with a biohazard label. PPE must not be taken from the work site.

## HOUSEKEEPING

Employees who have received bloodborne pathogens training **and who have been included under the exposure plan** can clean up spills.

Use chemical germicides or solutions of 5.25 percent sodium hypochlorite (liquid bleach) diluted 1:10 with water for cleaning. Chemical germicides approved for use as hospital disinfectants and effective against HIV can also be used. Solution must be used within 24 hours to maintain effectiveness. See Appendix C on page 9.

Broken glassware or glass items must not be picked up directly with the hands. Use a mechanical means, such as a brush and dust pan, tongs, or forceps. Handle as a biohazardous waste. Decontaminate equipment used to pick up glassware with a 1:10 bleach solution or an approved germicide.

## CONTAMINATED LAUNDRY

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked (biohazard labeled, or red color-coded) bag at the location where it was used. Such laundry will not be sorted or rinsed in the area of use. Laundry from athletics Facilities will pick up contaminated laundry.

Employees cannot wash contaminated items at home. Clothing that has become contaminated should be bagged and sent to Facilities.

## REGULATED WASTE

Facilities will pick up regulated waste for disposal. Place regulated waste in containers that are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling.

## LABELS AND SIGNS

Affix warning labels to laundry bags and containers of regulated waste. Red bags or red containers can be used instead of labels. Facilities supplies these red bags.

## HEPATITIS B VACCINE

The hepatitis B vaccine is offered, at no cost, to exposed employees within 10 working days of initial assignment. Employees who have potential exposure to bloodborne pathogens but decline to take the vaccination must sign a declination statement. See Appendix D: Statement of Declination on page 11. Employees who initially decline can still receive the vaccination should they decide at a later date to accept. Previously vaccinated new hires must provide a vaccination record that includes the vaccination dates. Employees must sign a declination statement if the vaccination record is not available and revaccination is declined or not appropriate.

Administrative Services will schedule vaccinations at North Bend Medical Center and will keep employees' vaccination records in their medical files.

## EXPOSURE INCIDENT AND POST-EXPOSURE EVALUATION AND FOLLOW-UP

An exposure incident to bloodborne pathogens is defined as an eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Whenever an exposure occurs, wash the contaminated skin immediately with soap and water. Immediately flush contaminated eyes or mucous membranes with copious amounts of water. Call Administrative Services or Human Resources **immediately** so that medical evaluation of the exposed employee(s) occurs as soon as possible after the exposure incident in order that post-exposure prophylaxis, if recommended, can be initiated promptly.

The medical evaluation is to include the route(s) of exposure and the exposure incident circumstances; identification and documentation of the source individual, where feasible; exposed employee blood collection and testing of blood for HBV and HIV serological status; post-exposure prophylaxis, where indicated; counseling; and evaluation of reported illnesses. Source test results and identity will be disclosed to the exposed employee according to applicable laws and regulations concerning disclosure and confidentiality.

For exposure incidents, staff and practicum students need to go to Bay Area Hospital Emergency Room who will provide hepatitis B vaccinations as necessary, medical evaluations and follow up. Bay Area Hospital provides post-exposure follow-up after an exposure incident and has a copy of the Bloodborne Pathogen standard, 1910.1030.

## INFORMATION PROVIDED TO THE HEALTH CARE PROFESSIONAL

Administrative Services is responsible for ensuring that the health care professional who evaluated the employee after an exposure incident receives the following information:

- A description of the employee's duties as they relate to the exposure incident
- Documentation of the route(s) and circumstances of the exposure
- The results of the source individual's blood testing, if available
- All medical records relevant to the appropriate treatment of the employee, including vaccination status

## HEALTH CARE PROFESSIONAL'S WRITTEN OPINION

Administrative Services will provide the employee with a copy of the health care professional's written opinion within 15 days after completion of the evaluation.

Limit the health care professional's written opinion(s) for the hepatitis B vaccination to whether the vaccination is indicated and whether the employee has received the vaccination.

Limit the health care professional's written opinion for the post-exposure evaluation to the following information:

- Whether the employee was informed of the evaluation results
- Whether the employee was told about any medical conditions resulting from exposure to blood or OPIM that may require further evaluation or treatment.

## TRAINING AND TRAINING RECORDS

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and mode of transmission of bloodborne pathogen diseases. In addition, the training program will include the following topics:

- An explanation of activities and tasks that may involve exposure to blood and OPIM
- How appropriate engineering controls, work practices, and PPE will prevent or reduce exposure
- The basis for the selection of PPE; the types, use, location, removal, handling, decontamination, and disposal procedures
- Hepatitis B vaccine information including that the vaccine is provided at no cost, the benefits of being vaccinated and methods of administration
- Employer responsibilities for post-exposure evaluation and medical follow-up; how and who to contact should an exposure incident occur

- An explanation of the signs and hazard labels
- How to review or obtain a copy of the exposure control plan and the standard

Staff are trained prior to initial assignment to tasks in which occupational exposure may occur. Training is repeated every 12 months or sooner when there are new tasks or changes to the existing procedures/tasks. Training records are maintained in Administrative Services for three years and include the date(s) and content of the training program, name and qualifications of the trainer(s), and names and job titles of the attendees.

## RECORD KEEPING

Medical records for employees with occupational exposure to bloodborne pathogens include the employee's name, social security number, and hepatitis B vaccination status, including dates of hepatitis B vaccination and any medical records relative to the employee's ability to receive the vaccination. Medical records are kept for the duration of employment plus 30 years in accordance with OR-OSHA's Access to Employee Exposure and Medical Records standard, 1910.1020. Medical records are confidential. Employees must sign a written consent for disclosure.

In the event of an exposure incident, the following records will be kept in the employee's medical file:

- The results of any examination, medical testing, and follow-up procedures.
- A copy of the treating physician's written opinion to the employer.
- A copy of all information provided by the employer to the health care professional regarding the exposure incident.

## PLAN EVALUATION AND REVIEW

Review the exposure control plan and update it at least annually. Administrative Services is responsible for the annual review. Sign and date this exposure plan when the review has taken place.



Signature: \_\_\_\_\_

Date: September 19, 2018

# APPENDICES

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## APPENDIX A: DEFINITIONS

**Blood** - Means human blood, human blood components, and products made from human blood.

**Bloodborne Pathogens** - Pathogenic microorganisms that are present in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

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

**Contaminated Sharps** - Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

**Engineering Controls** - Controls (e.g. sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

**Exposure Incident** - A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

**HBV** - Hepatitis B Virus

**HCV** – Hepatitis C Virus

**HIV** - Human Immunodeficiency Virus

**Needlestick Safety And Prevention Act** – November 2000 rule which required employers to ensure that exposure control plans reflect changes in technology to reduce or eliminate Bloodborne pathogens exposures. Documents annual consideration and implementation of commercially available safer medical devices and includes provisions for employees to take part in the identification, evaluation and selection of engineering controls (including safer medical devices) and work practice controls related to potential Bloodborne pathogens exposures.

**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.

### **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).
3. HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

**Parenteral** - Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

**Personal Protective Equipment** - Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g. uniforms, pants, shirts, blouses) not intended to function as protection against a hazard are not considered to be Personal Protective Equipment.

**Sharps Injury Log** – A table listing sharp instruments that were involved in a Bloodborne pathogens incident. The log shall detail the type and brand of instrument involved, the department or work area where the incident occurred and a description of how the incident occurred.

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

**Universal Precautions** - An approach to infection control. According to the concept of Universal Precautions, all blood and certain human body fluids are treated as if known to be infectious for HBV, HIV and other bloodborne pathogens.

**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).

**APPENDIX B: SHARPS LOG**

**USE THIS DOCUMENT TO RECORD SHARPS-RELATED INJURIES  
SOUTHWESTERN OREGON COMMUNITY COLLEGE**

Date of injury	Case number	Type of sharp	Brand name	Where injury occurred	How injury occurred

## APPENDIX C: BLOODBORNE PATHOGENS CLEAN-UP KIT

Items should be stored in a covered container. Plastic tote containers from variety stores work well. Place these items in your kit.

1. Instructions for cleaning up blood and bodily fluid spills. These should be laminated or placed in a plastic insert to protect them from water damage.
2. Several types and sizes of gloves: Disposable latex gloves for small spills; utility gloves for cleaning up large areas.
3. Absorbent material: paper towels.
4. Small plastic bags (one gallon) with twist ties or zip-lock bags.
5. Safety glasses or goggles for eye protection when preparing the 10% bleach solution and cleaning up the spill. (1 part bleach : 9 parts water)
6. Spray or squirt bottle of SOAP SOLUTION with a 'Secondary Container Label' (see Hazard Communication Program).
7. Empty spray or squirt bottle with a 'Secondary Container Label': 10% BLEACH SOLUTION. Mark the side of the bottle with a permanent pen to indicate the bleach and water levels: 'Bleach to Here'; 'Add Water to Here'.
8. A well-sealing bottle of straight bleach, recommended size: 1 quart. Note: Straight bleach will discolor clothing and damage eyes/skin upon contact. Wear gloves, goggles, (plastic apron), when preparing the 10% bleach solution. THE BLEACH SOLUTION MUST BE FRESHLY PREPARED, OR NO OLDER THAN 24 HOURS.

### OR

8. A labeled bottle of an OSHA approved, anti-tuberculosis disinfectant.
9. Safety Data Sheets for the Soap and Bleach or Disinfectant solutions. Laminate or place in plastic inserts.

### OPTIONAL

10. Disposable surgical or dust mask to protect the mouth.
11. Disposable plastic face shield.
12. Lab jacket, coveralls or disposable plastic apron.

The following statement must be signed by every employee who declines the hepatitis vaccine. The statement can only be signed by the employee after he or she has received training about hepatitis B, hepatitis B vaccination, and the method and benefits of vaccination. Employees must be told that the vaccine and vaccination are provided at no charge. The statement is not a waiver; employees can request and receive the hepatitis B vaccination at a later date if they remain occupationally at risk for hepatitis B.

**APPENDIX D: EMPLOYEE'S STATEMENT OF DECLINATION**

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's signature** \_\_\_\_\_  
\_\_\_\_\_  
Printed Name

Date \_\_\_\_\_

## APPENDIX E: CLEAN UP PROCEDURES FOR BODILY FLUIDS

All blood or body secretions should be considered potentially "hazardous" and should be handled accordingly. All individuals involved in the clean up process must wear gloves and goggles.



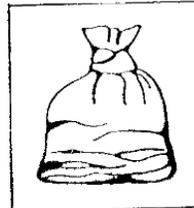
A. Block off spill.



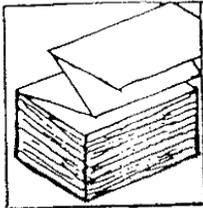
G. Place spill materials in the plastic bag.



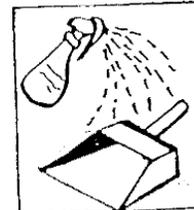
B. Put on gloves and goggles



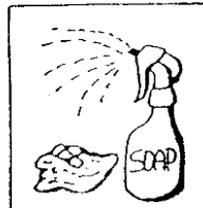
H. Place all disposable items such as paper towels, rags, etc. in the plastic bag.



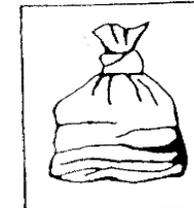
C. Absorb spill with paper towels. Place spill materials in a plastic bag.



I. Clean and disinfect non-disposable items, such as broom, mop, dustpan, etc.



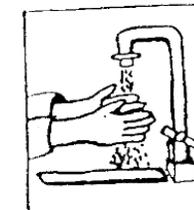
D. Clean the spill area with a soap solution. Absorb liquid and place in the plastic bag.



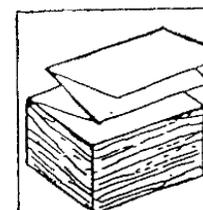
J. Remove gloves, place in plastic bag. Securely close the bag and dispose in the regular trash.



E. Spray spill with fresh 1/10 bleach solution or an approved disinfectant.



K. Wash hands thoroughly.



F. Absorb liquid with paper towels.