

NORTH WESTERN CONNECTICUT COMMUNITY COLLEGE BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

In accordance with the OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030, the following exposure control plan has been developed:

Revision date 9/07

1. Exposure Determination

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment.) This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. At this facility the following job classifications are in this category.

Building Superintendent	Secretary 1
Lead Custodian	Professor (Medical Assisting)
Custodian	PTL (Medical Assisting)
Skilled Maintainer	Professor Microbiology
Lab Technician	Maintainer
Vet Tech. Program	

In addition, OSHA requires a listing of job classification in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows:

CC Educational Asst. (Basic Sciences)	Teacher (Child Study Center)
Professor (Basic Sciences)	PTL's (Basic Sciences & Medical Assisting)
Asst. Professor (Basic Sciences)	Asst. Professor (Child Care)
Professor (Medical Assisting)	Director (Child Study Center)
Maintenance	Vet Tech Program

2. Implementation Schedule and Methodology

OSHA also requires that this plan also include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

Compliance Methods

Standard/Universal precautions will be observed at this facility 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 to employees at this facility. Where occupational after institution of these controls, personal protective equipment shall also be utilized. At this facility the following engineering controls will be utilized:

<u>Control</u>	<u>Schedule</u>	<u>Person Responsible</u>
Wear rubber gloves for any cleanups	Daily	Building Superintendent
Use plastic bags to contain all rubbish	Daily	Building Superintendent
First aid kit with bandages	Monthly	Building Superintendent
Use sharps container for all sharps	Monthly	All Faculty Members
Use of biohazard labels	Daily	Building Superintendent Medical Assisting Professor EA (Basic Sciences)

Hand washing facilities are also available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. At this facility hand washing facilities are located:

All bathrooms, maintenance workroom and medical assisting laboratory and science laboratories.

After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with antiseptic, antibacterial soap and water.

If employees incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as appropriate as soon as feasible following contact.

Needles

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. OSHA allows an exception to this if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required then the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique. At this facility recapping or removal is not permitted.

Containers for Reusable Sharps

Contaminated sharps that are reusable are to be placed immediately, or as soon as possible, after use into appropriate sharps containers. At this facility the sharps containers are puncture resistant, labeled with a biohazard label, and are leak proof.

<u>Location</u>	<u>Schedule</u>	<u>Responsible</u>
Medical Assisting Laboratory	Monthly	Appropriate Faculty
Biology Lab	Monthly	Laboratory Technician
Microbiology Lab	Monthly	Laboratory Technician
Vet Tech. Lab	Monthly	Vet Tech. Professor

Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

Mouth pipetting/suctioning of blood or other potentially infectious materials are prohibited.

All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. Methods that will be employed at this facility to accomplish this goal are:

- Proper removal of stoppers from blood tubes
- Cover on blood centrifuges
- Use of standard/universal precautions
- Use of Face Shields

Specimens

Specimens of blood or other potentially infectious materials will be placed in a container that prevents leakage during the collection, handling, processing, storage, and transport of the specimens.

The container used for this purpose will be labeled or color-coded in accordance with the requirements of the OSHA standard.

Any specimens that could puncture a primary container will be placed within a secondary container that is puncture resistant.

If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container that prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

Contaminated Equipment

Equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

Personal Protective Equipment

All personal protective equipment used at this facility will be provided without cost to the employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Protective clothing will be provided to employees in the following manner: (list how the clothing will be provided to employees, e.g. who has responsibility for distribution, etc. and also list which procedures would require the protective clothing and the type of protection required. This could also be listed as an appendix to this program.)

The employer could use a checklist as follows:

<u>Personal Protective Equipment</u>	<u>Task</u>	<u>Responsible</u>
Lab Coat	Blood Testing	Faculty/Med. Asst.
Utility Gloves	Cleaning	Building Superintendent
Examination Gloves	Blood Testing	Prof. /Med. Asst.
Other PPE (Goggles)	Blood Testing	Prof. /Med. Asst.

All personal protective equipment will be cleaned, laundered, and disposed of by the employer at no cost to employees. All repairs and replacements will be made by the employer at no cost to employees.

All garments that are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area. The following protocol has been developed to facilitate leaving the equipment at the work area:

Utility gloves are disposed into a dumpster outside of Maintenance. Lab coat is immediately removed and laundered appropriately.

Contaminated lab coats are placed in plastic bags marked with biohazardous labels.

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Gloves will be available from maintenance department and medical assisting laboratory, and biology lab. Gloves will be used for the following procedures:

- General cleaning
- Collection and processing blood samples

Disposable gloves used at this facility are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated. Situations at this facility that would require such protection are as follows:

Capillary blood draws.

The OSHA standard also requires appropriate protective clothing to be used, such as lab coats, gowns, aprons, clinic jackets, or similar outer garments. The following situations require that such protective clothing be utilized:

Lab coats are used in the medical assisting laboratory and microbiology laboratory.

This facility will be cleaned and decontaminated according to the following schedule:

Entire building is cleaned daily.

Decontamination will be accomplished by utilizing the following materials: (list the materials which will be utilized, such as bleach solutions or EPA registered germicides)

Clean up with 10% bleach solution.

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.

All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis once per month or as needed by staff, as directed by associate professor of medical assisting.

Any broken glassware that may be contaminated will not be picked up directly with the hands. The following procedures will be used:

Sweep up or use utility gloves to pick up.

Regulated Waste Disposal

All contaminated sharps shall be discarded as soon as feasible in labeled sharps containers that are located in the facility. Sharps containers are located in medical assisting laboratory, biology lab and microbiology lab.

Regulated waste other than sharps shall be placed in labeled, regulated waste containers. Such containers are located in medical assisting laboratory and microbiology laboratory.

Hepatitis B Vaccine

All employees who have been identified as having exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine or who wishes to submit to antibody testing which shows the employee to have sufficient immunity. If a routine booster dose of the Hepatitis B vaccine is recommended by the U.S. Public Health Service, such booster dose(s) shall be offered.

Employees who decline the Hepatitis B vaccine will sign a waiver that uses the wording in Appendix A of the OSHA standard.

Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost.

Person responsible is Steve Frazier, Dean of Administration

Vaccine to be administered by a local health provider contracted by the college to vaccinate employees. Antibody testing will be performed by an accredited laboratory at no cost to the employee.

Post-Exposure Evaluation and Follow Up

When the employee incurs an exposure incident, it should be reported to:

Steve Frazier -Dean of Administration

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard.

The follow-up will include the following:

- Documentation of the route of exposure and the circumstances related to the incident
- If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HI\T/HBV infectivity.
- Results of testing of the source individual will be made available to the exposed employee with the exposed employee information about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
- The employee will be offered the option of having their blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for FIIV serological status. However, if the employee decides prior to that time that testing will or will not be conducted, then the appropriate action can be taken and the blood sample discarded.
- The employee will be offered post exposure prophylaxis in accordance with the current

recommendations of the U.S. Public Health Service. These recommendations are currently as follows: (these recommendations may be listed as an appendix to the plan)

-The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and any related experiences to appropriate personnel.

-The following person(s) has been designated to assure that the policy outlined here is effectively carried out as well as to maintain records related to this policy:

Director of Human Resources
Dean of Administration
Building Superintendent
Professor of Medical Assisting
Director of Childcare
Professor of Vet Tech Program
Appropriate Faculty/Medical Assisting

Interaction with Health Care Professionals

A written opinion shall be obtained from the health care professional that evaluates employees of this facility. In order for the healthcare professional to adequately evaluate the employee, the healthcare professional shall be provided with:

- 1) A copy of the OSHA standard.
- 2) A description of the exposed employee's duties as they relate the exposure incident.
- 3) Documentation of the route(s) of exposure and circumstances under which the exposure occurred.
- 4) Results of the source individuals blood tests (if available)
- 5) Medical records relevant to the appropriate treatment of the employee.

Written opinions will be obtained from the healthcare professional in the following instances:

- 1) When the employee is sent to obtain the Hepatitis B vaccine.
- 2) Whenever the employee is sent to a health care professional following an exposure incident.

Health care professionals shall be instructed to limit their opinions to:

- 1) Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident.
- 2) That the employee has been informed of the results of the evaluation, and
- 3) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. (Note that the written opinion to the employer is not to reference any personal medical information.)

- 4) The healthcare professional's written opinion shall be provided to the employee within 15 days of completion of the evaluation.

Training

Training for all employees will be conducted prior to initial assignment to tasks where occupational exposure may occur. Training will be conducted in the following manner and yearly thereafter. Training will be conducted within one year of the employee's previous training.

Training for employees will include the following an explanation of:

- 1) The OSHA standard for Bloodborne Pathogens.
- 2) Epidemiology and symptomatology of bloodborne diseases.
- 3) Modes of transmission of bloodborne pathogens.
- 4) This Exposure Control Plan, i.e. points of the plan, lines of responsibility, how the plan will be implemented, etc.
- 5) Procedures which might cause exposure to blood or other potentially infectious materials at this facility.
- 6) Control methods that will be used at the facility to control exposure to blood or other potentially infectious materials.
- 7) Personal protective equipment available at this facility. (Types, use and location)
- 8) Procedures to follow in an emergency involving blood or other potentially infectious materials.
- 9) Procedure to follow if an exposure incident occurs.
- 10) An opportunity to ask questions with the individual conducting the training.
- 11) Post Exposure evaluation and follow-up
- 12) Signs and labels used at the facility
- 13) Hepatitis B vaccine program at the facility

Labels

Biohazard warning labels will be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials; and other containers used to store, transport, or ship blood or other potentially infectious materials. Red bags or red containers may be substituted for labels.

Recordkeeping

All records including medical records required by the OSHA standard will be maintained by the Director of Human Resources. Records will be kept confidential and will not be disclosed without written permission of the employee.

The Director of Human Resources will maintain training records required by the OSHA standard.

The outline for the training material is located in the Director of Human Resources office. All provisions required by the standard will be effective immediately.