

OSHA BLOODBORNE PATHOGENS STANDARD 29CFR1910.1030

EXPOSURE CONTROL PLAN

HOUSATONIC COMMUNITY COLLEGE

INTRODUCTION

A central component of the Bloodborne Pathogens Standard, 29CFR1910.1030 Standard is the development of an Exposure Control Plan (ECP). Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

POLICY

Housatonic Community College is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens Standard.

The ECP is a key document to assist Housatonic Community College in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
 1. Universal precautions
 2. Engineering and work practice controls
 3. Personal protective equipment
 4. Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding an exposure incident
- The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

PROGRAM ADMINISTRATION

The Dean of Administration and Institutional Effectiveness is responsible for the implementation of the ECP. The Housatonic College Safety Committee will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location and phone number of the Dean of Administration and Institutional Effectiveness is Lafayette Hall A205a (203) 332-5015.

The Director of Laboratories of the Math/Science Department will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The Director of Laboratories will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. The contact location and phone number is Lafayette Hall L291 (203) 332-5198.

The Dean of Administration and Institutional Effectiveness will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained. The contact location/phone number is: Lafayette Hall A205a (203) 332-5015.

The Dean of Administration and Institutional Effectiveness will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. The contact location and phone number is: Lafayette Hall A205a (203) 332 -5015.

EMPLOYEE EXPOSURE DETERMINATION

Employee exposure determination will be made on a case-by-case basis as required by their job duties. Housatonic Community College will use the definition of exposure to a bloodborne pathogen as defined by the OSHA Bloodborne Pathogens Standard 1910.1030, which defines occupational exposure 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.”*

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

All employees will utilize universal precautions.

Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by going to the College website.

Housatonic Community College Safety Committee is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

- Sharps containers
- Broken Glass Containers

Sharps and broken glass disposal containers are inspected and maintained or replaced by the Director of Laboratories whenever necessary to prevent overfilling. This facility identifies the need for changes in engineering control and work practices through review of OSHA records, employee interviews, committee activities, etc. The Housatonic Community College Safety Committee will evaluate new procedures or new products regularly with both front line workers and management officials.

Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them and training is provided in the use of the appropriate PPE for the tasks or procedures employees will perform.

The types of PPE available to employees are as follows: Latex and nitrile gloves, safety glasses and face shields as needed.

PPE may be obtained by requesting them from the Director of Laboratories, who in addition will be responsible for overseeing the placement of PPE in the appropriate work areas.

All employees using PPE must observe the following precautions:

- Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
- Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
- Remove PPE after it becomes contaminated, and before leaving the work area.
- Used PPE may be disposed of in appropriate red bag containers for ultimate disposal
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.

- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

Housekeeping

Regulated Medical Waste (RMW) as defined by OSHA 1910.1030 is the portion of the waste stream that may be contaminated by blood, body fluids or other potentially infectious materials, thus posing a significant risk of transmitting infection. RMW is placed in containers that are closable, constructed to contain all contents and prevent leakage, appropriately labeled and closed prior to removal to prevent spillage or protrusion of contents during handling. The Director of Laboratories will be responsible for the removal of RMW from classroom facilities and work areas.

Sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and labeled. Sharps disposal containers are available from the Director of Laboratories, who in addition will be responsible for overseeing the placement of sharps containers in the appropriate work areas. The Director of Laboratories will be responsible for removing sharps containers from any work area.

Broken glassware that may be contaminated is picked up using mechanical means, such as a brush and dustpan.

Labels as required by OSHA and waste disposal contractors will be applied to containers by the Director of Laboratories. The Director will follow all local, state and federal regulations for the labeling of hazardous waste.

HEPATITIS B VACCINATION

The Director of Human Resources will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless:

- 1) Documentation exists that the employee has previously received the series,
- 2) Antibody testing reveals that the employee is immune, or
- 3) Medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a

declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. The Director of Human Resources keeps documentation of refusal of the vaccination.

A licensed health care professional chosen by the College will provide vaccination. Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee. It will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact the Dean of Administration and Institutional Effectiveness at the following number: 203 332 5013.

An immediately available confidential medical evaluation and follow-up will be conducted by licensed health care professional. Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.) the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

The Dean of Administration and Institutional Effectiveness ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-

exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard and also ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- A description of the employee's job duties relevant to the exposure incident
- Route(s) of exposure
- Circumstances of exposure
- If possible, results of the source individual's blood test
- Relevant employee medical records, including vaccination status

The Dean of Administration and Institutional Effectiveness provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The Dean of Administration and Institutional Effectiveness will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time
- the Work practices followed
- A description of the device being used (including type and brand)
- Protective equipment or clothing that was used at the time of the exposure incident (*gloves, eye shields, etc.*)
- Location of the incident
- Procedure being performed when the incident occurred
- Employee's training

The Housatonic Community College Safety Committee will review the circumstances of the exposure and if it is determined that revisions need to be made will ensure that appropriate changes are made to this ECP. Changes may include an evaluation of safer devices, procedure or adding employees to the exposure determination list, etc.

EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive training conducted by a qualified individual.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the standard
- An explanation of our ECP and how to obtain a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- An explanation of the use and limitations of engineering controls, work practices, and PPE
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE along with basis for PPE selection
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine 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 the employer is required to provide for the employee following an exposure incident
- An explanation of the signs and labels and/or color coding required by the standard and used at this facility
- An opportunity for interactive questions and answers with the person conducting the training session.

RECORDKEEPING

Training Records

Training records are completed for each employee upon completion of training. The Dean of Administration and Institutional Effectiveness will keep these documents for at least three years.

The training records include:

- The dates of the training sessions
- 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

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Director of Human Resources.

Medical Records

Medical records are maintained for each employee with occupational exposure in

accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

The Dean of Administration and Institutional Effectiveness is responsible for maintenance of the required medical records. These confidential records are kept for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the Director of Human Resources.

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). The Director of Human Resources does this determination and the recording activities.

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidences must include at least:

- The date of the injury
- The type and brand of the device involved
- The department or work area where the incident occurred
- An explanation of how the incident occurred.

This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

HEPATITIS B VACCINE DECLINATION (MANDATORY)

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.

Signed: (Employee Name) _____

Date: _____