MARIST COLLEGE

Bloodborne Pathogens Standard

(29 CFR 1910.1030)
EXPOSURE CONTROL PLAN AND POLICY

I. **Purpose:**

This policy sets forth the Marist College Exposure Control Plan as required by OSHA standard 29 CFR 1910.1030 (Bloodborne Pathogens).

The purpose of this policy is to set forth and enforce an exposure control plan to comply with OSHA’s standard and to provide a safe workplace for all employees.

II. **Definition:**

1. “Bloodborne Pathogens” means disease – causing microorganisms that are present in human blood and potentially infectious materials that can cause disease in humans. Examples are Hepatitis B and the AIDS Virus.

2. “Occupational exposure” means reasonably anticipated skin, eye, mucous membrane, or parenteral (through the skin/mucous membrane barrier) contact with blood or other potentially infectious materials (PIM’s) that may result from the performance of an employee’s duties.

3. “Potentially infectious materials” (PIM’s) means occupational exposure to blood or other potentially infectious materials (PIM’s) including human body fluids (semen, vaginal secretions, cerebrospinal fluids, 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 fluid in situations where it is difficult or impossible to differentiate between body fluids).
Any unfixed tissue or organs from a human, living or dead; HIV containing cell or tissue cultures; organ cultures; and HIV or HBV containing culture, medium or other solution in blood, organs or other tissues from experimental animals infected with HIV or HBV.

4. “Contaminated” means the presence or the reasonably anticipated presence of blood or other PIM’s on an item or surface.

5. “Sharps” means any object that can penetrate the skin, including but not limited to needles, scalpels, broken glass, broken capillary tubes and exposed ends of dental wires.

6. “Regulated waste” means liquid or semi-liquid blood or other PIM’s; contaminated items that would release blood or PIM’s; items that are caked with dried blood or PIM’s and are capable of releasing these materials during handling; contaminates sharps, and pathological and microbiological waste containing blood or other PIM’s.

7. “Universal Precautions” means an approach to infection control in which all human blood and certain human body fluids (see definition of PIM’s, above) are treated as if known to be infectious for HIV, HBV or other blood-borne pathogens.
Procedure:

Adopt an exposure control plan and any modifications necessary to remain in compliance with OSHA and other regulatory agencies affecting exposure control.

1. EXPOSURE DETERMINATION

Office of Human Resources and Sr. Assistant Director for Safety will review this policy annually for the purpose of updating information regarding job exposure.

Prepare and update, as necessary (but no less than annually), an employee exposure determination, without regard to the use of personal protective equipment. It shall contain:

a. List of all job classifications in which all employees have occupational exposure.

b. List of job classifications at which some employees have occupational exposure; and

c. List of all tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs and are performed by employees in job classifications set forth under subparagraph (b) (1).

d. Copy of the latest updated employee exposure list shall be attached as Exhibit 1 to this policy.

2. METHODS OF COMPLIANCE

A. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious material.

B. Engineering and Work Practice Controls shall be used to eliminate and minimize employee exposure.

   1. Examination, maintenance and replacement of engineering controls shall be on a regular schedule, (but no less frequently than annually) to insure their effectiveness.

   2. Procedures involving blood or PIM’s shall be performed so to minimize splashing, spraying, spattering and generation of droplets.

   3. Pipetting or suctioning of blood or PIM’s by mouth is prohibited.

   4. Specimens of blood or other PIM’s shall be placed in containers designed to prevent leakage during collection, handling, processing, storage, transfer, or shipping. Such containers shall be color-coded and labeled in accordance with section 10 of this policy. Should outside contamination of the container occur, that container shall be placed within a second container with the same
design requirements as noted above. Where specimens may be able to puncture the container, a puncture proof container shall be utilized.

C. **Needles and Sharps**

i. Contaminated needles/sharps are not to be bent, recapped or removed except:
   1. Where no alternative is feasible;
   2. Where required by specific medical procedure;
   3. Where recapping/removal may only be done via one-handed technique.

ii. Contaminated reusable needles/sharps shall be placed as soon as possible after use, in containers which are:
   1. Puncture resistant;
   2. Labeled in accordance with section 9 of this policy.
   3. Leak proof;
   4. Designed to prevent employees from reaching into the container.

iii. Contaminated sharps being discarded shall be placed in containers that will close, are puncture resistant, leak proof on sides and bottom and labeled and color-coded in accordance with section 9 of this policy.

iv. Containers for the elimination of sharps shall be easily accessible to personnel using the sharps and located as close as feasible to the immediate area where the sharps are used and can reasonably be anticipated to be found. (For example, laundry where the sharps are contained in bedding, etc.) Such container for sharps shall remain upright throughout their use and replaced routinely;

v. Before being moved, containers of sharps shall be closed and if leakage is possible, placed in a secondary container. Secondary containers shall have the same characteristics as the primary containers.

vi. If reusable sharps containers are utilized then procedures shall be established to prevent needle sticks or other percutaneous exposure during the opening, emptying or cleaning of such reusable sharps containers. There shall be no manual cleaning of such containers.

D. **Other Methods of Compliance** A schedule and methods of compliance for the balance of the bloodborne standard are set forth in this policy in Sections 4 through 11.

3. **HYGIENE**

A. Hand washing facilities shall be readily accessible to all employees with occupational exposure to blood or PIM’s. If such facilities are not feasible antiseptic towelettes or similar cleaning agent shall be provided. When such agents are used hands shall be washed with soap and running water as soon as feasible.

B. Employees are required to wash their hands or other exposed skin or to flush mucous membranes immediately or as soon as feasible after:
i. Removal of gloves or other PPE  
ii. Contact with blood or other PIM’s

C. Eating, drinking, and applying cosmetics or putting in contact lenses is prohibited in work areas where there is a reasonable likelihood of exposure.

D. Food and drink shall not be kept in the refrigerators, freezers, shelves or cabinets or on counter tops where blood or other PIM’s are present.

4. PERSONAL PROTECTIVE EQUIPMENT

A. General: Exposed employees shall be provided, without cost, appropriate equipment including gloves, gowns, lab coats, face shields, masks, and eye protection, mouth pieces/resuscitation bags, pocket masks or other ventilation devices as appropriate.

B. Characteristics: Such personal protective equipment shall not permit blood or PIM’s to pass through or to reach employee’s work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucus membranes under normal conditions of use.

C. Mandatory Use: Employees shall be requires to use appropriate personal protective equipment unless the supervisor or department head can show that the employee can briefly decline to use PPE when under rare and extraordinary circumstances it is the employee’s professional judgment that the use of the PPE would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the worker or co-worker. All such instances shall be investigated and documented in order to prevent such occurrences in the future.

D. Availability: Appropriate personal protective equipment shall be readily accessible to all employees exposed to blood or PIM’s at the work site.

E. Allergies: Hypo-allergenic gloves shall be provided to those exposed employees who are allergic to normal gloves.

F. Cleaning, laundering, and disposal shall be the responsibility of the department where the employee works, likewise the repair and replacement of personal protective equipment shall be the responsibility of the department involved.

G. Removal: All personal protective equipment shall be removed prior to leaving the work area and should be removes immediately if penetrated by blood or PIM’s. Such personal protective equipment, when removed, shall be placed in the appropriate designated area for storage, washing, decontamination and disposal.

H. Gloves:
   i. Gloves shall be worn by employees who can be reasonably anticipated to have hard contact with blood or PIM’s or when handling or touching contaminated items or surfaces.
   ii. Disposable gloves shall not be washed or decontaminated for reuse; utility gloves may be decontaminated for reuse of the integrity if the gloves is not compromised.

Reviewed 2/2011
I. **Masks** or other eye protection or face shields shall be worn when splashes, sprays, splatters or droplets of blood or other PIM’s may be generated when eye, nose or mouth contamination can be reasonably anticipated.

J. **Gowns, etc.**: Appropriate protective clothing such as gowns, aprons and lab coats shall be worn in exposure situations. The department administrator will determine the type and characteristics of aprons and other protective body clothing needed depending upon the task and degree of exposure anticipated.

5. **ENVIRONMENTAL MATTERS**

A. A written schedule shall be established and implemented setting forth the appropriate cleaning and method of decontamination considering types of surfaces, soils, tasks and procedures being performed. A copy of the written schedule is attached as Exhibit 2 to this policy.

B. **Decontamination**: All equipment and working surfaces shall be cleaned and decontaminated after contact with blood or PIM’s. Such cleaning and decontamination shall occur after completion of procedure involved. Where surfaces are overtly contaminated, they should be cleaned immediately or as soon as feasible.

C. **Protective coverings** shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

D. **Scheduled Inspection**: Department supervisors are responsible for maintaining records of inspections of all containers, pails, cans, etc. intended for reuse which have a reasonable likelihood of becoming contaminated, shall be inspected and decontaminated on a regularly scheduled basis. Such containers, etc. shall be cleaned and decontaminated immediately, or as soon as feasible, upon visible contamination.

E. **Broken glassware** shall not be picked up directly with the hand and shall be cleaned up using mechanical means, such as brushes, etc.

F. **Needles and Sharps**

   (See also Item 2.C (v) under Engineering and Work Practice Controls)

   i. All containers for storage or disposal of needles/sharps shall be inspected and emptied on a regularly scheduled basis. All work practices noted in Section 2.C(vi) of this policy shall be followed.

G. **Regulated waste** (other than sharps) shall be placed in containers which are closeable, leak proof and labeled and color-coded in accordance with Section 9 of this policy. Before being removed, such containers shall be closed. If the container itself becomes contaminated, it shall be placed in a second container with the same characteristics as the first.

H. **Contaminated laundry**

Reviewed 2/2011
i. Contaminated laundry shall be handled as little as possible and with a minimum of agitation. It shall be bagged or containerized at the location where it was used. It shall not be sorted or rinsed at the location where it was used.

ii. Contaminated laundry shall be placed and transported in color-coded and labeled bags which are in accordance with this policy. Whenever it is deemed possible that laundry is wet and presents a likelihood of soaking through or leakage, the laundry should be placed and transported in bags or containers which are soak proof or leak proof.

iii. Employees who come in contact with contaminated laundry shall be required by their supervisor to wear personal protective equipment.

iv. Where laundry is shipped off-site for cleaning or handling, contaminated laundry must be placed in bags or containers which are labeled or color-coded in accordance with this policy.

I. Equipment which is contaminated with blood or PIM’s shall be examined prior to servicing and shipping and shall be decontaminated by housekeeping or maintenance as necessary. If it is impossible to decontaminate the equipment, a label in accordance with section 9 of this policy shall be attached stating which portions remain contaminated.

   i. The maintenance department or other department head in charge of such equipment shall insure that information regarding contamination is conveyed to all affected employees or outside persons.

6. TRAINING

A. All employees shall be trained with regard to exposure control at the time of initial assignment to tasks where occupational exposure may take place. Retraining shall occur at least annually thereafter.

B. Additional training shall be provided when new or modified tasks or procedure are introduced that effect the employee’s occupational exposure.

C. The training program shall consist of the following:


2. General explanation of the causes, symptoms and control of blood-borne diseases.

3. An explanation of the modes of transmission of blood-borne pathogens.

4. An explanation of this exposure control plan. All employees may obtain a copy of this plan by requesting same from the Human Resource Department.

5. How to recognize tasks and activities that will involve exposure to blood or PIM’s.
6. An explanation of the use and limitations of methods that will prevent or reduce exposure including engineering controls, work practice controls and personal protective equipment.

7. Information on the types, use, locations, removal, handling, decontaminations and disposal of personal protective equipment.

8. An explanation of the basis for selecting personal protective equipment.

9. Information on hepatitis B vaccine, including information on its efficiency, safety, method of administration, benefits of being vaccinated and that the vaccine will be offered free of charge.

10. Information on appropriate actions to be taken and persons to contact in an emergency involving blood or PIM’s.

11. Procedure to follow if exposure incidents occur including methods of reporting and medical follow-up that will be made available. All persons exposed must report to the nurse on duty at Health Services located at Mid-rise and appropriate action will be taken. If no nurse is available, the person must report to the Office of Safety and Security in Donnelly Hall and be transported to St. Francis Hospital Emergency Room to have the appropriate action taken.

12. Evaluation and follow-up following an exposure incident.

13. Labels and color-coding.

D. The instructor shall allow a suitable opportunity for questions and answers for employees taking the training.

E. Training records shall include the following information:

   1. Dates of the training sessions.

   2. Contents or summary of training sessions.

   3. Names and qualifications of persons conducting the training.

   4. Names and job titles of all persons attending the training sessions.

7. HEPATITIS B VACCINATION

A. Subsequent to the training set forth above, hepatitis B vaccination shall be made available to all employees and within 10 working days of initial assignment to all employees who have occupational exposure unless the employees have received a complete vaccination series recently or antibody testing has revealed that the employee is immune or that vaccine is contraindicated for medical reasons. Department Managers will make arrangements for all hepatitis B vaccinations at Health Services at Marist College.
B. If an employee initially declines vaccination, he or she shall be required to sign a statement which is appended to this policy as Exhibit 3; if an employee has declined vaccination, but at a later date is still covered by this policy, the employee may at that time receive the vaccination.

C. Information to Health Care Professionals:
Those health care professionals providing Hepatitis B vaccinations shall operate under such means of confidentiality as required by the OSHA standard (29 CFR 1910.1030(f) and shall be given a copy of the standard.

D. The Health Care Professional’s Written Opinion. The health care professional shall issue a report on the Hepatitis B vaccination status of employees. Such report shall be given to employees within 15 days of receipt from the health care professional.

1. Hepatitis B Vaccinations: The health care professional’s written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee or whether the employee had received such vaccination.

2. Any and all other findings or diagnosis shall remain confidential and shall not be included in the written report.

3. Any and all medical records required by this Exposure Control Plan and Policy shall be maintained as required under OSHA standard 29 CFR 1910.20 (Retention of Records).

8. POST-EXPOSURE PROCEDURE

A. Exposure Incident means a health specific eye, mouth, mucous membrane, non-intact skin or pierced skin contact with blood or PIM’s resulting from the performance of an employee’s duties.

B. Medical Evaluation and Follow-up. Following a report of an exposure incident, the employer shall make immediately available to the exposed employee, a confidential medical evaluation and follow-up without cost to the employee.

1. Such evaluation and follow-up shall include:
   i. Documentation of the routes of exposure and circumstances under which the exposure occurred;

   ii. Identification and documentation of source individual unless identification is not feasible or is prohibited by state law;

   iii. The source individual’s blood shall be tested as soon as feasible after consent is obtained. If consent is not obtained, that fact shall be noted for the record. Nevertheless, if consent is not required by law, the individual’s blood, if available, shall be tested and the results documented. Advice of legal counsel should be sought if the source individual refused consent.
iv. When the source individual is already known to be HBV or HIV infected, testing shall not be repeated.

v. Results of the individual’s testing shall be made available to the exposed employee who shall also be informed of applicable laws and regulations concerning disclosure of the identity of and the infections status of the source individual.

vi. If the employee consents, a baseline blood test shall be performed upon the employee’s blood.

vii. If post exposure prophylaxes is medically indicated, it shall be followed as recommended by the United States Public Health Services.

viii. If the employee consents to a baseline blood collection but does not consent to HIV testing, the blood sample shall be preserved for at least 90 days and the employee shall have that much time to request that HIV testing be performed.

C. Counseling: Counseling shall be provided to the employee and evaluation by a medical professional shall be provided.

D. Information to Health Care Professionals: Those health care professionals providing hepatitis B vaccinations or providing services under the provisions of this procedure for Post Exposure Evaluation shall operate under such means of confidentiality as required by the OSHA standard (29 CFR 1910.1030 (f)) and shall be given a copy of the standard. In post-exposure cases, the following information shall also be provided:

1. Description of exposed employee’s duties;

2. Routes of exposure and circumstances of exposure;

3. Results of source individuals’ blood testing, if available.

4. All medical records relevant to the appropriate treatment of the exposed employees.

E. The Health Care Professional’s Written Opinion. The health care professional shall issue a report on the Hepatitis B vaccination status or exposure evaluations of employees. Such report shall be given to exposed employees within 15 days of receipt from the health care professional.

1. Hepatitis B vaccination: The health care professional’s written opinion for hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for an employee or whether the employee had received such vaccination.

2. Post Exposure Evaluation and Follow-Up: The health care professional’s written opinion for post exposure evaluation and follow-up shall be limited to the following:
a. That the employee has been informed of the results of the evaluation; and 

b. That the employee has been told about any medical conditions resulting from exposure to blood or other PIM’s which require further evaluation or treatment.

3. Any and all other findings or diagnosis shall remain confidential and shall not be included in the written report.

4. Any and all medical records required by this Exposure Control Plan and Policy shall be maintained as required under OSHA standard 29 CFR 1910.20 (Retention of Records).

F. Evaluation of Exposure Incidents

Following a report of an exposure incident an evaluation of all the relevant policies and controls shall be made for the purpose of identifying and correcting any problems that may be found in order to prevent a recurrence of similar incidents. Medical evaluations and a follow-up with counseling will be done at St. Francis Hospital.

9. LABELS AND SIGNS

A. Specifications:

1. Labels required by this policy shall include the following:

2. Labels shall be florescent orange or orange-red in color with lettering or symbols in a contrasting color. Red bags or red containers may be substituted for labels.

3. Labels required for contaminated equipment shall be in accordance with the section of the policy (refer also to Section “I” under “Environmental Matters”).

4. Labels shall be affixed by adhesive, wire, string or other methods designed to prevent the loss or unintentional removal of the label.

B. Exemptions:

1. Blood or components of blood products that are labeled as to their contents and have been released for transfusion or clinical use are exempt from the labeling requirements herein.

2. Individual containers of blood or other PIM’s that are placed in a labeled container during storage, transport, shipment or disposal are also exempt from labeling requirements.

3. Regulated waste that has been decontaminated need not be labeled or color-coded.
4. Red bags or containers may be substituted for labels.

C. Regulated waste containers shall have warning labels affixed.

D. 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 must comply with this section of the policy except as exempted above.

10. RECORDKEEPING

A. Occupational Exposure Records:

Accurate records for each employee who has undergone occupational exposure shall be kept in accordance with this policy and in accordance with OSHA retention of Medical Records Policy (29 CFR 1910.20).

B. Contents:

The records shall include:

1. Name and social security number

2. Copy of the employee’s hepatitis B vaccination status, including dates and relevant medical records, including the employee’s ability to receive vaccination.

3. Copy of all results of examinations, medical testing, and follow-up procedures as required by this policy.

4. The employer’s copy of the health care professional’s written opinion.

5. Copy of all information provided to the health care professional as noted in section 6 of this procedure.

C. Confidentiality: All medical records required by this policy shall be kept confidential and are not to be disclosed or reported without the employee’s express written consent except as required by this policy or as may be required by law.

D. Duration: The employee shall maintain these medical records in accordance with 29 CFR 1910.20, that is, for the duration of employment, plus 30 years.

1. Training records shall be maintained for three years from the date on which the training occurred.

E. Access to Records:

1. Employee training records required by this policy shall be provided upon request for examination and copying to OSHA inspectors, employees and employee representatives.
2. Employee medical records required by this policy shall be provided upon request for examination and copying to OSHA inspectors, the subject employee or to anyone having written consent of the subject employee in accordance with 29 CFR 1919.20.

F. Transfer of Records:

1. If it becomes necessary to transfer any records kept under this policy, the requirements of 29 CFR 1910.20(h) shall be followed.

2. If Marist College ceases to do business and there is no successor employer to receive or retain records, the employer shall notify the director of the Occupational Safety and Health Administration at least three months prior to their disposal and transmit them to the director if required by the director to do so.

11. COMPLIANCE REVIEW

Upon adoption of the procedure a compliance review of the establishment and/or utilization of appropriate universal precautions, engineering/work practices, controls, written housekeeping schedules, training, procedures for vaccination, labeling, recordkeeping and exposure determination shall be performed and a record made of the review.

1. The Compliance Review shall be repeated no less frequently than annually or whenever circumstances warrant.

2. A copy of the most current Compliance Review shall be attached as Exhibit 4 to the Master Copy of this Policy.

-- END OF POLICY--

(See Attached Exhibits)
EMPLOYEE EXPOSURE LIST

Pursuant to OSHA Standard 29 CFR 1910.1030

Department: _______________________________________________________

Date of this Determination: __________________________________________

(a) Job classifications in which all employees have exposure:
    (If none, state none.)

    1. Housekeepers
    2. Plumbers
    3. Nurses
    4. Athletic Trainers
    5. Security
    6. Medical Technologists

(b) Job classifications in which some employees have exposure and
    Tasks/procedures leading to exposure.

    Classification .................................................. Tasks/Procedures

    1. Maintenance ............................................ General Maintenance

    2.

    3.
EXHIBIT 1

ENVIRONMENTAL/HOUSEKEEPING SCHEDULE

(Pursuant to OSHA Standard 29 CFR 1910.1030)

Department: ____________________________________________________

Frequency of Cleaning/Decontamination (e.g., daily; after each shift or after particular procedures/operations).

<table>
<thead>
<tr>
<th>Special Area Requirements</th>
<th>Surface to Be Cleaned</th>
<th>Method of Decontamination</th>
<th>Frequency of Cleaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood in bathroom via cuts, scrapes, etc.: P.P.E. Gloves, long-handled tool</td>
<td>Hard non-porous</td>
<td>Bleach 50/50 Gloves, Mop Avoid direct contact</td>
<td>Immediate after contamination</td>
</tr>
<tr>
<td>Restrooms Toilet: P.P.E Gloves, long-handled tool</td>
<td>Plastic sanitary napkin receptacle Enamel</td>
<td>Bleach 50/50 Gloves, swab Avoid direct contact</td>
<td>Daily or immediate after contamination</td>
</tr>
</tbody>
</table>
HEPATITIS B VACCINE DECLINATION

THIS FORM IS TO BE SIGNED BY ANY EMPLOYEE WHO DECLINES TO ACCEPT HEPATITIS B VACCINE

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.

__________________________
(Signature of Employee)

__________________________
Witness

Date: __________________________

One copy of this form would be given to the employee and one copy should be kept in the employee’s medical records file.
EXHIBIT 3

EXPOSURE CONTROL PLAN COMPLIANCE REVIEW

Performed by: ____________________________                           Check

Title: ____________________________

1. Exposure determination current as of
   __________________________ (Date) /___/

2. Engineering and Work Practice Controls
   Reviewed With:

   Name/Title ____________________________

   On __________________________ (Date)

   (a) Items Reviewed:
       /___/ Needles and Sharps Policies
       /___/ Personal Protective Equipment
       /___/ Hygiene Policies

3. Written Environmental Schedule Reviewed /___/
   With: ____________________________ (Name/Title)

   On: ____________________________ (Date)

4. Training Program and Records Reviewed /___/
   With: ____________________________ (Name/Title)

   On: ____________________________ (Date)

5. Vaccination Program and Notices Reviewed /___/
   With: ____________________________ (Name/Title)

   On: ____________________________ (Date)

6. Labels and Signs Reviewed /___/
   With: ____________________________ (Name/Title)

   On: ____________________________ (Date)

7. Recordkeeping Reviewed /___/