

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN



SALT LAKE COMMUNITY COLLEGE

October 2011

POLICY

Salt Lake Community College is committed to providing a safe and healthful work environment for our entire faculty and staff. In pursuit of this goal, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to blood borne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Blood Borne Pathogens."

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

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
 - Universal precautions
 - Engineering and work practice controls
 - Personal protective equipment
 - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

PROGRAM ADMINISTRATION

The Office of Environmental Health & Safety is responsible for implementation of the ECP. The Environmental Health and Safety Manager will maintain, review and update the ECP at least annually, and whenever necessary to include any new or modified tasks or procedures. The Environmental Health and Safety Manager may be contacted at 957-4902.

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials must comply with the procedures and work practices outlined in this Exposure Control Plan.

The division or department utilizing the materials will purchase and maintain all necessary personal protective equipment (PPE), engineering controls (e.g. sharps containers), labels, and red disposal bags as required by the standard. The division or departments using these materials will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. The Office of

Environmental Health and Safety will consult with the users of this equipment and/or engineering controls to ensure proper selection and use.

The Office of Environmental Health & Safety will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained. The custodian of these records will be the Office of Risk Management.

The Office of Environmental Health and Safety will be responsible for training, documentation of training, and making the written Exposure Control Plan available to employees, OSHA, and NIOSH representatives.

EMPLOYEE EXPOSURE DETERMINATION

The following is a list of job classifications at SLCC in which employees may have occupational exposure:

Facilities custodial	Athletics aids
Facilities plumbers	Day care faculty
Nursing faculty	Day care aids
Nursing aids	Health and Wellness staff
Biology faculty	Barbering and Cosmetology faculty
Biology aids	Barbering and Cosmetology staff
Dental Hygiene faculty	Medical Assisting faculty
Dental Hygiene aids	Food Service staff
Athletics coaches	Other employees as needed

(Note: Part-time, fulltime, temporary, contract and per diem employees on this list are covered by this standard. This list is in no way comprehensive others in need of training may occur on a case by case basis

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

All employees will utilize universal precautions.

Exposure Control Plan

Employees covered by the blood borne pathogens standard will receive an explanation of this Exposure Control Plan during their initial training session. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by contacting the Office of Environmental Health and Safety. The Exposure Control Plan will be available in all of the affected departments as part of their departmental Operations Manual. If requested, Environmental Health and Safety will provide an employee with a copy of the Exposure Control Plan free of charge within 15 days of the request.

The Office of Environmental Health and Safety is responsible for reviewing and updating the Exposure Control Plan 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 blood borne pathogens.

Sharps disposal containers are purchased and maintained by the producer of the medical waste and are replaced by the Facilities Custodial department upon request by the generator of the waste. Every effort will be made to prevent overfilling.

SLCC identifies the need for changes in engineering controls and work practices by reviewing OSHA records and interviewing employees as needed. The Office of Environmental Health and Safety reviews new procedures and products regularly to identify possible blood borne pathogen risks.

The Office of Risk Management is responsible for ensuring that these recommendations are implemented.

Needlestick Safety and Prevention Act

OSHA Paragraph 1910.1030 requires the use of needlestick prevention devices to eliminate or reduce needlestick exposures. On an annual basis, non-managerial employees responsible for direct patient care, who are potentially exposed to injuries from contaminated sharps, shall participate in the identification and selection of control devices for needlestick protection. This shall be documented as part of the individuals training requirement.

Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by the Office of Environmental Health and Safety.

The need for PPE will be determined by the user of the PPE in consultation with the Office of Environmental Health and Safety. The department with the need for the PPE is responsible for its purchase. The PPE will be located in the department where there is a need for the PPE. The Office of Environmental Health and Safety is responsible to see that the proper PPE is purchased and located so as to be available to the user.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be disposed of in appropriate containers as dictated by the Office of Environmental Health and Safety.
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or other potentially infectious material and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or other potentially infectious materials pose a hazard to the eyes nose or mouth.
- Remove immediately, or as soon as feasible any garment contaminated with blood or other potentially infectious materials, in such a way as to avoid contact with the outer surface.

The Office of Environmental Health and Safety is responsible to see that all contaminated PPE is properly disposed of.

Housekeeping

Regulated Medical Waste is placed in containers lined with appropriately marked, red colored bags which are closable, and constructed to contain all contents and prevent leakage. Bags must be closed and tied up prior to removal to prevent spillage or protrusion of contents during handling. These properly closed red bags will be picked up and disposed of by the Facilities Custodial Division on an as needed basis.

Medical sharps are placed in appropriate, properly labeled, hard plastic sharps containers and properly disposed of upon request by the Facilities Custodial Division, by using the Facilities Division work order FIX IT system. The office in need of services should send an e-mail to “fix it” using the College’s intranet system. If you are unsure about how to make this request please contact the Customer Service Coordinator in the Facilities Division at extension 4033

Buckets and other cleaning equipment used to clean up blood or other potentially infectious products are to be cleaned and decontaminated as soon as feasible after visible contamination.

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

All linens or other non-single service items that become contaminated with blood or other potentially infectious materials will be disposed of as Regulated Medical Waste and not laundered.

All employees are to notify the Office of Environmental Health and Safety if they discover regulated waste containers, refrigerators containing improperly labeled blood or other potentially infectious materials or other improperly labeled blood handling equipment.

HEPATITIS B VACCINATION

The Office of Environmental Health and Safety will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all 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 declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of the refusal will be kept by the Office of Risk Management.

The vaccination will be provided by the Health and Wellness clinics at Salt Lake Community College.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, immediately contact the SLCC Office of Risk Management at 801-957-4533 or 801-815-7555.

An immediately available, confidential medical evaluation and follow-up will be conducted by the Infection Control Department at the University of Utah Medical Center or at any established health care facility. An employee may also use their personal health care provider. Instructions for the University of Utah will be provided by the Office of Risk Management. Following initial first aid (Immediate cleaning of the wound, flushing the eyes or other mucous membranes, 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 (i.e. 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 the 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 Office of Risk Management 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 individuals blood test
- Relevant employee medical record, including vaccination status

The Office of Risk Management 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 Office of Environmental Health and Safety will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used (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 Office of Risk Management will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

EMPLOYEE TRAINING

All employees who have occupational exposure to blood borne pathogens receive initial and annual training conducted, administered or approved, by the Office of Environmental Health and Safety

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

- A copy and explanation of the OSHA blood borne pathogen standard
- An explanation of our Exposures Control Plan and how to obtain a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood or other potentially infectious materials, including what constitutes an 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
- An explanation of the 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 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 other potentially infectious material
- 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 the 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

Training records for Salt Lake Community College will be available in the Office of Risk Management.

RECORDKEEPING

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years in the Office of Risk Management.

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 trainings
- 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 Office of Risk Management.

Medical Records

Medical Records are maintained for each employee with occupational exposure in accordance with 29 CFR 1919.1200, "Access to Employee Exposure and Medical Records."

The Office of Risk Management is responsible for maintenance of the required medical records. These confidential records are kept under the custodianship of the Office of Risk Management 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 Office of Risk Management.

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). The determination and recording activities are done by the Office of Risk Management.

Sharps Injury Log

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

- Date of injury
- Type and brand of the device involved (syringe, etc.)
- Work area where the incident occurred

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. 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 material I may be at risk of acquiring hepatitis B virus or (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 exposures 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: _____ Date: _____

Sharps Injury Log

Department/Division Name: _____

Year _____

The Blood borne Pathogen rule requires that you establish and maintain a Sharps Injury Log to record all contaminated sharps injuries in a facility. The purpose of this log is to help you evaluate and identify problem devices or procedures that require attention.

The Sharps Injury Log needs to do all of the following:

- Maintain sharps injuries separately from other injuries and illness kept on the Injury and Illness Log required by the SLCC Exposure Control Plan, Recordkeeping
- Include ALL sharps injuries that occur during a calendar year
- Be retained for 5 years beyond the completion of that calendar year
AND
- Preserves the confidentiality of affected employees.

Date	Case Report No.	Type of Device examples: syringe, suture needle)	Brand Name of Device	Work Area where injury occurred	Brief description of how the incident occurred (examples: procedure being done , action being performed (injection, disposal), body part injured.