



# **BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN**



**SALT LAKE COMMUNITY COLLEGE**

Revision 3

March 2022

## **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 bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Blood Borne Pathogens."

The ECP is a key document to assist SLCC 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 801- 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 OSHA records are maintained. The custodian of these OSHA 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.

### **EMPLOYEE EXPOSURE DETERMINATION**

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

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

(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. Universal precautions are a standard set of guidelines to prevent the transmission of bloodborne pathogens from exposure to blood and other potentially infectious materials (OPIM). OPIM is defined by the Occupational Safety and Health Administration (OSHA) as:

- 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.
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Universal precautions do not apply to sputum, feces, sweat, vomit, tears, urine, or nasal secretions unless they are visibly contaminated with blood because their transmission of Hepatitis B or HIV is extremely low or non-existent.

### **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 anytime during their work shifts by contacting the Office of Environmental Health and Safety. The Exposure Control Plan will be available in all 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 must 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 bloodborne pathogen risks.

## **Needlestick Safety and Prevention Act**

OSHA Standard 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)**

Personal Protective Equipment (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 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 outer surface.

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

## **Housekeeping**

Contaminated work surfaces will be decontaminated with an appropriate disinfectant immediately or as soon as feasible. An appropriate disinfectant is registered with the EPA as HIV- and HBV-effective (i.e., a solution of 5.25% sodium hypochlorite (household bleach) diluted between 1:10 and 1:100 = 1 cup bleach per 2 gallons of water)

A blood and body fluid spill kit will be available for use in the case of a spill of blood or other potentially infectious material. The kit should contain: 1) a pair of vinyl or latex gloves, 2) two pieces of absorbent material, such as a cloth or paper towel, 3) a small bucket or spray bottle, 4) two plastic bags, 5) disinfectant.

If the floor or other surfaces have been contaminated with blood or other potentially infectious material, the employee should do the following:

- Put on gloves
- Lay out a bag in an open fashion
- Dampen first piece of absorbent material and mop up spill.
- Deposit material in bag. Avoid touching outside of bag.
- If outside of bag is contaminated, put contaminated bag into second bag.
- Dampen second piece of absorbent material and clean floor or surface. Deposit into bag.
- Tie bag snugly.
- Dispose of bag in common waste container.
- Return bucket or spray bottle to storage area. Restock used items in spill kit.
- Wash hands after removing gloves.

Regulated Medical Waste shall be 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 3911

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 policy.

Employees must sign the Hepatitis B Declaration Form, which is at the end of the policy. Employee must indicate on the form: 1) If they have already received the vaccination series; or 2) If they desire to receive the vaccination series; or 3) If they decline or refuse to receive the vaccination series. Employees who decline the vaccination series may request and obtain the vaccinations at a later time at no

cost. Completed declaration forms will be sent to the People and Workplace Culture department (Human Resources) where they will be stored in the confidential section of the employee's personnel file.

The Center for Health and Counseling clinic at Salt Lake Community College can provide the vaccination series or the employee may go to their own medical provider. The applicable department for the employee requiring the vaccination series is responsible to pay for the vaccinations.

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

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

An immediately available, confidential medical evaluation and follow-up will be conducted by Intermountain WorkMed. Contact the Office of Risk Management for addresses and telephone numbers of Work Med locations. An employee may also use their personal health care provider. 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, if possible 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.



## **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 employees are kept and are available through the employee's MySLCC account.

## **RECORDKEEPING**

Training records are completed for each employee upon completion of training. These records are maintained in the SLCC database system

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 can be accessed on My SLCC employee transcript page.

## **Medical Records**

Medical Records are maintained for each employee with occupational exposure in accordance with 29 CFR 1919.1020, "Access to Employee Exposure and Medical Records."

Medical Records related to Bloodborne Pathogen exposures are maintained by the workers' compensation insurer or the medical facility where the exposure occurred. The Office of Risk Management will coordinate with the applicable entity to obtain these confidential records for affected employees.

## **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.

## Salt Lake Community College Employee Hepatitis B Declaration Form

**Instructions:** All employees with a job classification that puts them at risk for exposure to bloodborne pathogens must complete this form (As listed in the Bloodborne Pathogen Control Plan/Policy).

1. Please fill out the Employee Information section.
2. If you have already received the hepatitis B vaccination, then complete the Vaccination Received section, Or
3. If you have not received the hepatitis B vaccination, complete the Vaccination Acceptance section, Or
4. If you Decline to get vaccinated, complete the Vaccination Declination (Statement of Non-Participation) section.

### 1. Employee Information:

Employee Name (Print): \_\_\_\_\_ S Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

### 2. Vaccination Received

I have already received the Hepatitis B vaccination from \_\_\_\_\_  
(name of physician or clinic)

Approximate dates: \_\_\_\_\_  
1<sup>st</sup> dose                      2<sup>nd</sup> dose                      3<sup>rd</sup> dose

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### 3. Vaccination Acceptance

I have received information and training pertaining to hepatitis B and the vaccine. I have had the opportunity to ask questions, and they have been answered to my satisfaction. I understand the benefits and risk of the vaccine and I consent to receive this vaccine. I understand that I am responsible for scheduling and keeping my appointments to receive the hepatitis B vaccine in accordance with the recommended series (three-dose vaccination series; 0, 1 and 6 months apart).

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### 4. Vaccination Declination (Statement of Non-Participation)

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 me; 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 Signature

\_\_\_\_\_  
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 must do 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	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.