

# **BLOODBORNE PATHOGENS EXPOSURE CONTROL PROGRAM**

## **Purpose:**

The purpose of this program is to eliminate or minimize employee and student exposure to blood and other potentially infectious materials. This exposure control program can reduce or eliminate exposure through the use of protective equipment; training and proper clean up procedures.

## **Responsibility:**

The Safety Officer/Coordinator will oversee the program by performing the following:

1. Audit the program annually
2. Investigate and document all exposure incidents.
3. Request the purchase of first aid kits, supplies, PPE supplies and maintain stock.
4. Ensure that training for all employees is provided at the time of employment and once every five years thereafter. All high risk employees will be trained annually.

All Staff and Faculty have the responsibility of reporting incidents that occur to the Safety Officer/ Coordinator or person in charge if the Safety Officer/Coordinator is not available.

## **Employee Exposure Determination:**

OSHA requires employers to examine employee exposure to blood or other potentially infectious material (OPIM). The exposure determination is made without considering the use of personal protective equipment (PPE).

Several positions at Delta may potentially expose employees to bloodborne pathogens. These positions are classified as having high risk for potential bloodborne pathogen exposure. The following areas at Delta have been determined to be at a high risk for exposure to bloodborne pathogens: Health Services Faculty, Maintenance Staff and Police Officers. This plan will be reviewed annually and updated accordingly as we continue to grow, expand and add new positions and academic programs.

## **Methods of Compliance:**

### **1. Universal Precautions**

Universal precautions are methods of preventing disease by preventing transfer of blood or other potentially infectious materials. 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.

## 2. Engineering and Work Practice Controls

Engineering and Work Practice Controls will be used to eliminate or minimize bloodborne pathogen exposure to employees. Additionally, personal protective equipment will be used to further minimize exposure. The following engineering and work practice controls will be utilized.

### a. Hand Washing Facilities

- 1) These facilities must be located so that they are available to employees who are exposed to bloodborne pathogens or other potentially infectious materials.
- 2) All employees are required to wash their hands with soap and water as soon as feasible after any exposure or after PPE (i.e. gloves) are removed when working with bloodborne pathogens or other potentially infectious material.
- 3) Any other body part that is contaminated should be washed with soap and water immediately or as soon as feasible.

### b. Sharps, Contaminated Needles, & Glassware

- 1) Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared, or purposely broken. An exception to this rule is allowed if the procedure used requires that the contaminated needle be recapped or removed and no alternative is feasible, and the action is required by the medical procedure. Under these circumstances only, the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique.
- 2) Disposal of Sharps, Contaminated Needles, & Glassware
  - a) Disposal of contaminated sharps shall be in appropriate containers that meet the following requirements: puncture resistant, closable, leak proof on sides and bottom, appropriately labeled, color coded (red), and are designed to keep employees from reaching into them.
  - b) During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as feasible to the immediate area where sharps are being used or can be reasonably anticipated to be found (e.g. exam rooms, laboratories, training rooms, etc.)
  - c) Employees are to use unwinders to separate needles from syringes and vacutainers and are to be trained regarding proper removal of needles.
  - d) The containers shall be maintained upright throughout use, replaced routinely and not be allowed to overfill. They should be checked every time there is a scheduled pickup of biohazardous waste and changed when they are nearly full.
  - e)

c. Personal Protective Equipment (PPE)

- 1) Gloves – gloves shall be worn any time when there is a possibility that employees could have hand contact with blood or other potentially infectious materials. Gloves shall also be worn when dealing with non-intact skin, mucous membranes, and when handling or touching contaminated items or surfaces. Additionally gloves will be worn whenever handling potentially infectious biomedical waste. Gloves used for this purpose should be disposable gloves designed to provide protection against bloodborne pathogens. These gloves are typically made of latex. The disposable gloves should 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. Hypoallergenic gloves or other types of alternatives should be made available to all employees who are allergic to latex gloves.
- 2) Masks and Eye Protection – masks and eye protection will be worn during any situation when splashes, sprays, splatters, or droplets of blood or other potentially infectious material may be generated and contamination to the eyes, nose, or mouth is possible. Masks should be approved for protection against bloodborne pathogens. Eye protection should be goggles that are leak proof or other eye protection approved for protection against bloodborne pathogens.
- 3) Protective Clothing - Protective clothing is required if the possibility of splashes, sprays, splatters, etc. of blood or other potentially infectious material is expected. Full length lab coats or disposable gowns with long sleeves which are approved for protection against bloodborne pathogens should be worn in these cases.
- 4) Other Personal Protective Equipment - in several cases further personal protective equipment may be necessary. Some examples of additional PPE include: head covers, smocks, foot coverings, aprons, etc. The need for additional personal protective equipment will be determined by the department heads of the affected departments.

These personal protective equipment items are contained in labeled “Bodily Fluid Clean-Up Kit” bags stored beside the First Aid Kits that are easily accessible to all employees.

d. Housekeeping

- 1) Waste – all regulated medical waste is to be placed in appropriate containers, which are closable, constructed to contain all contents and prevent leakage, appropriately labeled and color coded, and closed prior to removal to prevent spillage or protrusion of contents during handling.
- 2) Work Surfaces – work surfaces are to be decontaminated with an approved disinfectant for bloodborne pathogens or with a 10% bleach solution. The decontamination of work surfaces should occur at the beginning and end of each work shift, immediately upon contamination of the area, and also after completion of each procedure.

- 3) Reusable Receptacles – reusable receptacles such as garbage cans, pails, etc. will be decontaminated weekly in areas where contamination with bloodborne pathogens is possible. Hands will not be used to compact trash; this should be done using a mechanical device.
- 4) Broken Glassware – broken glassware, that is possibly contaminated by bloodborne pathogens must not be directly picked up with the hands. Tools used in the cleanup of broken glass are to be decontaminated and broken glass disposed of in an appropriate sharps container. Do not use vacuum cleaners for the cleanup of contaminated glass.
- 5) Laundry – laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. This laundry will be placed in appropriately marked, color coded, red bags at the location where it was used. Contaminated laundry can be washed separately or discarded.

f. Prohibited Activities

- 1) Eating and Drinking – food and drinks are not to be kept in refrigerators, freezers, shelves, cabinets, or on countertops where blood or other potentially infectious materials are present. No eating or drinking is allowed in these areas.
- 2) Applying Cosmetics – application of cosmetics will not be allowed in areas where blood or other potentially infectious materials are present.
- 3) Applying or Removing Contact Lenses – this activity is also prohibited in areas where blood or other potentially infectious materials are present.

- h. General Procedures - All procedures involving blood or other potentially infectious material will performed in such a manner to minimize splashing, spraying, splattering, and generation of droplets of these substances.

### 3. Hepatitis B Vaccine

Delta will make available the Hepatitis B vaccine to all employees that will be determined to be at risk of exposure. The vaccination is available at no cost to affected employees identified in the exposure determination section of this policy. Upon being employed in one of the identified positions, the vaccine will be offered within 10 days of initial assignment. Prior to administering the vaccine, affected employees will be provided training on Hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

Vaccination is encouraged for these positions, unless:

- a. Documentation is given showing that the employee has already received the vaccine series.
- b. Antibody testing reveals that the employee is immune.
- c. Medical evaluation shows that the vaccine is contraindicated.

Although the vaccine is encouraged, employees have the right to decline the vaccination series. If an employee chooses to decline vaccination, the employee must sign a declination form. (See appendix E for a copy of the form). The declination form will be kept in the

employee's medical file in the Office of the Safety and Health Coordinator. Employees who decline the vaccine may request and obtain the vaccination at a later date at no cost.

If in the future the U.S. Public Health Service recommends a routine booster dose of the Hepatitis B vaccine, it will be provided free of charge to affected employees.

#### **4. Information and Training**

All employees must receive training on the Bloodborne Pathogens Exposure Control Program. This training will be provided at the time of employment and then every 5 years for most employees; high risk employees will be trained annually. The training will be at no cost to the employee and the employee will attend during working hours.

This training will cover but is not limited to the following topics:

- A copy and explanation of the College's Bloodborne Pathogens Exposure Control Program.
- A discussion of the epidemiology and symptoms of bloodborne diseases.
- An explanation of the modes of transmission of bloodborne pathogens
- The recognition of tasks that may involve exposure. An explanation of the use and limitations of methods to reduce exposure; for example engineering controls, work practices, and personal protective equipment.
- Information on the types, selection, use, location, removal, handling, decontamination, and disposal of personal protective equipment.
- Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that there will be no charge for the vaccine.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow up.
- Information on the evaluation and follow up required after an employee exposure incident.

#### **5. Recordkeeping**

##### **a. Medical Records**

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.20, "Access to Employee Exposure and Medical Records." The Office of Human Resources is responsible for the maintenance of the required medical records. These confidential records will be kept on file during 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. These medical records include:

- Name and Social Security Number of the employee

- Employee Hepatitis B vaccination status including dates of vaccination, records relating the employee's ability to receive the vaccine, or the signed declination form if applicable.
- A copy of all the results of examinations, medical testing, and follow up procedures.

b. Training Records

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 the Safety and Health Coordinator. The training records include: dates, content of training, names and job titles of those conducting the training, and the names, signatures, and job titles of all persons attending the training.

### **Handling Blood and/or Body Fluid Contamination**

Programs in this College have potential for blood and/or body fluid contamination by students, faculty or staff during the performance of job duties. All employees upon employment shall receive the correct protocol that should be utilized in cleaning up blood and/or body fluid contaminated areas. Employees that are not in high risk areas will review Blood Borne Pathogens every three years, and high risk employees will review this program annually.

The employees and/or students should use this protocol:

1. Wear latex gloves in order to handle any blood and/or body spillage, wound, etc
2. Use a clorox and water mixture on inanimate objects—NOT ON THE SKIN!! This clorox mixture should be made one part clorox to nine parts water. Spray this mixture on the inanimate object, let sit for 2-3 minutes and wipe clean and dry. Mixture should be made at the time of need or should not be more than 24 hours old.
3. Using latex gloves to handle a student, faculty, or staff person's wound will decrease your exposure to the contaminated wound.
4. GOOD HAND WASHING is extremely important once the spill has been cleaned and all materials properly disposed (not in regular trash).

Upon enrollment into the program, the professor should orient students regarding these precautions. Professors should have students notify them immediately of blood or body fluid contamination in order that proper protocol may be followed. Students should be taught proper protocol for handling blood or body fluid contamination. This should be covered in a program orientation. DO NOT assume that this contamination will not happen in your area.

Remember, in dealing with blood or body fluid, all spills are considered to be contaminated; therefore, protect yourself and others properly.

### **Post Exposure Evaluation and Follow-Up:**

In the event of an exposure incident, the following protocol shall be used:

- a. Clean the area exposed thoroughly (clean wound, flush eyes, flush mucous membranes, etc.).

- b. Contact the Safety and Health Coordinator and report the incident. The employee may choose their own Health Care Provider and should make arrangements to see their Health Care Provider preferably within 12 hours.
- c. Be sure to document the routes of exposure and how the exposure occurred.
- d. Identify and document the source individual, if known, unless it can be established that identification is not feasible or is prohibited by state or local laws.
- e. 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.
- f. If the source individual is already known to be HIV, HCV, and / or HBV positive, then no further testing is required.
- g. Ensure that the exposed employee is provided with the source individual's test results and with information about applicable regulations and laws concerning the disclosure of the identity and infectious status of the source individual.
- h. After obtaining consent, collect exposed employee's blood as soon as feasible after the exposure incident, and test blood for HBV and HIV serological status.
- i. 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 possible.

### **Administration of Post – Exposure Evaluation and Follow-up**

The healthcare professional evaluating an employee after an exposure incident will be provided the following information:

- a. A copy of OSHA's bloodborne pathogens standard and copy of agency policy.
- b. A description of the employee's job duties relevant to the exposure incident.
- c. Route(s) of exposure.
- d. Circumstances of the exposure incident.
- e. If possible, a result from the source individual's blood test.
- f. Relevant employee medical records, including vaccination status.

The healthcare professional will provide the College a written opinion within 15 days, preferably sooner, of the initial evaluation. A copy of this report will be given to the affected employee. The healthcare professional's written opinion for post-exposure follow up shall be limited to the following information:

- A statement that the employee has been informed of the results of the evaluation.
- A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

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

### **Procedures for Investigating an Exposure Incident**

The Safety and Health Coordinator will review the circumstances of all exposure incidents to determine:

- a. Engineering Controls in use at the time of the incident.

- b. Work practices followed.
- c. A description of any device(s) being used.
- d. Protective equipment or clothing that was used at the time of the incident.
- e. Location of the incident.
- f. Procedure(s) being performed when the incident occurred.
- g. Employee's training (have they attended, when they attended, etc.)

The investigation will seek to determine if the incident was preventable and what measures can be taken to prevent recurrence of similar incidents. The Safety and Health Coordinator will make recommendations for any changes to policies, procedures, etc. that may reduce the risk of similar incidents. Based on these recommendations this exposure control plan may be amended in the future to promote a safer working environment.

## **FIRST AID PROGRAM**

First Aid is defined by the American National Red Cross as “immediate and temporary care given a victim of an accident or sudden illness until the services of a physician can be obtained.” First Aid required whenever an injury occurs and should be limited to doing what is necessary to preserve life. The primary concern is the care of the injured person and prevention of additional injury to that person.

### **FIRST AID REQUIREMENTS**

#### **Employee Injury**

In the event that employee is injured on the premises, adhere to the following procedures:

1. The Campus/Site Director and/or Safety Coordinator must be notified immediately.
2. If first aid treatment is required, it is administered by qualified personnel.
3. If further treatment is necessary, the injurer’s emergency contact will be notified to transport the person to her/her family physician or the nearest medical facility. If the emergency contact cannot be reached, **911** will be dialed to obtain emergency medical care to transport the injured person.
4. In the event of serious injury or life-threatening situation requiring immediate attention, an ambulance will be summoned to transport the injured individual to the nearest medical facility, and every effort will be made to contact the emergency contacts. The injured individual will be accompanied by a representative of the college.
5. Accident report (ORM for DA2000) must be completed. A copy must be turned into Human Resources Office and the Safety Coordinator. All accident must be completed by a third party – Supervisor, Safety Coordinator, Campus/Site Director, etc.
6. If medical treatment is required, the Employer Report of Occupational Injuries or Diseases must also be completed as required by the Office of Workman’s Compensation Administration.
7. The employee will provide the College with the treating physician’s diagnosis of the injury and the length of time he/she is expected to be unable to work.

#### **Student/Visitor/Non-Employee Injury**

1. The Campus/Site Director and/or Safety Coordinator must be notified immediately. If first aid treatment is required, it is administered by qualified personnel.
2. If further treatment is necessary, the injurer’s emergency contact will be notified to transport the person to her/her family physician or the nearest medical facility. If the

emergency contact cannot be reached, **911** will be dialed to obtain emergency medical care to transport the injured person.

3. In the event of serious injury or life-threatening situation requiring immediate attention, an ambulance will be summoned to transport the injured individual to the nearest medical facility, and every effort will be made to contact the emergency contacts. The injured individual will be accompanied by a representative of the college.
4. Accident report (ORM form DA3000) must be completed. A copy must be turned into the Safety Coordinator. All accident must be completed by a third party – Safety Coordinator, Campus/Site Director, Department Head, etc.

## **FIRST AID TRAINING**

LDCC campuses depend on public institutions for emergency and medical services. Therefore, specific CPR and First Aid Training are NOT required. However, if specific circumstances which do require employees to be trained arise, training will be provided at no cost to the employee. Several of the Health Care Faculty have advanced medical training and can assist in extreme emergency situations.

## **FIRST AID KIT AND INVENTORY**

A first aid kit with proper supplies will be maintained by designated supervisors or employees in each departmental, program building area. A monthly/quarterly check is done on each kit to check inventory and the date is recorded on the inspection checklist or index card located in each kit. Requests for additional or replacement supplies shall be made to the Campus Safety Officers or designees.

Medicines, first aid creams, ointments, etc., will not be kept to avoid misuse, or medical reactions. This rule also applies to distribution of aspirin and other common over-the-counter medicines.

The following are **suggested first aid supplies**, but are not limited to:

Band-Aids	Gauze pads
Alcohol Wipes	Elastic bandages
Adhesive tape	Adhesive bandages
Gloves (keep away from heat)	