



SOUTHERN STATE
COMMUNITY COLLEGE

Bloodborne Pathogens Exposure Control Plan

Exposure Control Plan Table of Contents

1. Introduction
2. Program Administration
3. Standard Precautions
4. Personal Protective Equipment (PPE)
5. Engineering and Work Practice Controls
6. Hepatitis B Vaccination
7. Post-Exposure Evaluation and Follow-up
8. Information and Training
9. Compulsory Compliance
10. Recordkeeping

Appendix A: Job Classifications in which persons have Occupational Exposure to Bloodborne Pathogens

Appendix B: Tasks and Procedures where Occupational Exposure to Bloodborne Pathogens May Occur

Appendix C: Definitions

1. INTRODUCTION

Southern State Community College is committed to providing a safe and healthy work environment for employees. In pursuit of this goal, the information in this exposure control plan (ECP) is provided to help eliminate or minimize the risk of occupational bloodborne pathogen exposure of employees. This ECP is written in accordance with adopted Ohio Public Employment Risk Reduction Program standard [29 CFR 1910.1030](#), "Occupational Exposure to Bloodborne Pathogens." The adopted Ohio Public Employment Risk Reduction Program standard "Occupational Exposure to Bloodborne Pathogens" ([29 CFR 1910.1030](#)) requires those employing individuals with potential exposures to blood or other potentially infectious materials to prepare an Exposure Control Plan (ECP).

This ECP is a key document designed to assist our organization in implementing and ensuring compliance with the Bloodborne Pathogens Standard, thereby protecting our employees.

2. PROGRAM ADMINISTRATION

All Southern State Community College employees have an affirmative duty to maintain a workplace and educational environment which is safe and where the risk of incurring an infection is minimized. Bloodborne pathogens are microorganisms that live in certain bodily fluids and which can cause serious illness or death, such as hepatitis B, hepatitis C, and HIV.

It is the area Vice-President or their designee's responsibility to ensure that all employees with reasonably anticipated exposure to blood or other bodily fluids follow all procedures to prevent contact with these potentially infectious materials, as outlined in the ECP.

Appendix A lists job classifications in which employees have reasonably anticipated occupational exposure to blood and other potentially infectious materials. Appendix B in this section lists tasks and procedures wherein such occupational exposures could occur.

The ECP will be reviewed and updated annually to reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens. The college will document consideration and use of appropriate and effective safer medical devices such as hypodermic needles, scalpels, and intravenous introducers; the college will also document the methods used to evaluate those devices and justification for the eventual selection of products.

3. STANDARD PRECAUTIONS

All employees will utilize universal precautions. Employees will treat all blood and other potentially infectious materials as if they are known to be infectious for HIV, HBV and other bloodborne pathogens. "Standard Precautions" refers to the use of barrier device and other techniques to prevent direct skin or mucous membrane contact with blood or other bodily fluids. These precautions should be applied to blood and bodily fluids of ALL persons and during any activity where there is the possibility of exposure to blood or other bodily fluids.

4. PERSONAL PROTECTIVE EQUIPMENT (PPE)

1. Appropriate Personal Protective Equipment (PPE), which will be utilized on campus, will be supplied by the college. PPE includes but is not limited to gloves, gowns, face shields, goggles, facemask, cap or hood, and shoe covers. Disposable PPE is preferred; if equipment

is reusable, the college will clean, launder, repair, or replace the equipment to maintain its effectiveness during use.

2. All personal protective equipment must be removed prior to leaving the work area. If personal protective equipment is penetrated by blood or other potentially infectious materials, the personal protective equipment must be removed immediately or as soon as feasible and disposed of appropriately.
3. Disposable medical-grade gloves must be worn at all times when it can be reasonably anticipated that the employee would be in contact with blood or other bodily fluids; when touching another person's mucous membranes, or non-intact skin; when handling or processing any bodily fluids or products; when performing phlebotomy, finger sticks, or other vascular access procedures; when touching items contaminated with blood or bodily fluids or products; when cleaning up spills of the above products; when providing First Aid or nursing treatments; or when the employee has chapped hands or other abrasions/lesions of the hands and might be in contact with these situations.

(a) Wash hands before putting on gloves.

(b) Gloves must be made of medical-grade latex or non-latex products such as vinyl or neoprene. Employees with a suspected latex allergy or sensitivity must be evaluated by a medical professional to determine latex sensitivity level; a physician's examination might be necessary. Employees with a latex sensitivity or allergy will be provided latex-free gloves, counseling concerning other equipment or products containing latex, and strategies for controlling contact with latex.

(c) Gloves used in patient care situations must be disposed of between patient contact or immediately if they are torn, punctured, or when their ability to function as a barrier is compromised.

(d) Gloves must be fresh and free of cracks, discoloration, punctures, or other defects.

(e) Gloves must be disposable; they may not be washed or disinfected for re-use.

(f) Gloves must fit the hand snugly. If possible, they should be placed to fit over the sleeve cuff.

(g) Gloves must be removed prior to handling non-contaminated items such as telephones or computers, and when leaving the client care area.

(h) Employees must wash their hands with soap and water immediately after glove removal.

5. Fluid-impervious gowns, aprons, coveralls, or lab coats must be worn during all tasks or procedures that are likely to generate spills, sprays, or splashes of blood or bodily fluids. Such personal protective clothing should be disposable.

(a) Disposable impervious items must be fresh and clean, and free from stains or contaminants.

(b) Some disposable impervious items such as lab coats are intended to be worn more than once, and can only be laundered if they are not contaminated with potentially infectious material. Otherwise they must be discarded. Most disposable impervious items are intended for single use. These and non-impervious cover gowns must be discarded immediately after each client contact.

(c) When removing any gown, apron, coverall, or lab coat, use a removal technique wherein cloth that might be contaminated with blood or bodily fluids does not contact the skin or mucous membranes, as demonstrated during your initial Bloodborne Pathogens training.

6. Protective eyewear such as face shields or goggles plus mask must be worn to protect the eyes and mucous membranes of the nose and mouth during procedures that are likely to generate sprays or splashes of blood or other bodily fluids. Face shields provide adequate protection by themselves; goggles plus facemask are a paired unit, and neither can be worn without the other.

(a) Shields or goggles plus facemask must protect from fluid splashes or sprays from any direction, not just from straight-on.

(b) Disposable shields and masks are to be discarded after a single use.

(c) Reusable goggles and masks are to be disinfected using approved techniques after contamination with blood or bodily fluid.

(d) Shields, goggles, and masks must be fresh and clean, and free from stains, contaminants, or defects.

7. Surgical caps or hoods and/or shoe covers will be worn in instances when blood or bodily fluids could contaminate hair or shoes.

5. ENGINEERING AND WORK PRACTICE CONTROLS

1. Hand washing

a. Employees are required to wash their hands with soap and running water before and after any client contact, immediately after any possible contamination with blood or other bodily fluids; after handling and collecting lab specimens and collection containers; and before and after removal of gloves or other personal protective equipment.

b. If hand washing facilities are not readily available, obtain an alternative antiseptic hand cleanser prior to initiating the procedure, for use before initiation and after completion of the procedure. Wash hands with soap and water as soon as it is available.

2. Handling of Sharps and Contaminated Non-sharp Equipment

a. Deposit used disposable syringes, scalpel blades, pipettes, and other sharp items in a puncture-resistant non-spillable disposal container which bears the biohazard label, and which has been manufactured specifically for this purpose.

b. Disposal containers shall be located at the sites where sharps are commonly used. If one is not immediately available, obtain a disposal container from another area prior to initiating the procedure.

c. Do not recap, bend, or break needles, or remove needles from syringes after client contact.

d. Vacuum tube needles must be disposed into a sharps container which is approved for both needle and syringes. Do not recap, bend, or break vacuum tube needles.

e. Never put fingers into the disposal container.

f. Do not fill the container more than two-thirds full. When the container is two-thirds full, seal it and prepare it in the approved manner for disposal.

g. Deposit contaminated non-sharp items in a biohazards waste disposal container which bears the biohazard label, and which has been manufactured specifically for this purpose.

3. Waste Removal

- a. When moving containers of contaminated sharps from the area of use, the containers must be closed; if leakage is possible, they must be placed in a secondary container which is leak-proof and puncture-resistant.
- b. Biohazard wastes, such as lab specimens of blood and bodily fluids must be placed in a leak-proof container which is closable and is labeled with the Biohazard symbol.
- c. If outside contamination of the regulated waste container occurs, the container must be placed in a second container which is closable, leak-proof, and labeled with the Biohazard symbol.
- d. Regulated waste produced on campus will be disposed of by the approved third-party vendor. Contact the respective Dean if there is waste to be picked-up.
- a. Regulated waste containers for disposal must be closed with secure lid, affixed with the biohazards waste symbol, and labeled with the source of waste and the name of a person to be contacted in case of questions regarding the waste .

4. Spills

- a. If blood or other bodily fluids contaminate a surface, the spill must be cleaned in an approved manner. Only those employees trained and authorized in the cleaning of blood and other potentially infectious materials may attempt to clean the spill using equipment designed specifically for such cleaning. If the spill is too large for the employee to manage, he/she will contact maintenance department or third-party custodial service representative to clean the spill.
- b. Spills of blood and other potentially infectious materials will be removed by employees wearing appropriate personal protective equipment who will use a commercially-packaged biohazard spill clean-up kit or acceptable substitute. The employee will sprinkle an absorbent powder or gel on the liquid to solidify it to a gel consistency, or will use a gel towel to absorb the spill. The solidified spill will be removed with a disposable rigid scoop. The surface will be decontaminated with an appropriate disinfectant solution. The decontaminant will be removed with an absorbent towel. All contaminated items and cleaning products will be packed into a biohazard bag and container and will be disposed of in an appropriate manner.
- a. A 10% bleach solution and EPA registered tuberculocidal cleaner may be used in accordance with the directions on the label.

5. Biohazard Labels

- a. Orange, red or red-orange biohazard labels or signs must be prominent on any object, area, or storage unit which might contain infectious bodily fluids.

6. Additional Safety Requirements

- a. No smoking, eating, drinking, application of cosmetics or lip balm, or insertion of corneal contact lenses is allowed in lab or clinical areas.
- b. No food or drink is allowed in lab refrigerators.
- c. Sandals, shoes that have open toes or open heels, and canvas shoes may not be worn in lab or clinical areas. Employees without appropriate footwear are required to wear shoe covers.
- d. Hair, beards, neckties, and jewelry must be contained to avoid contact with moving instruments and specimens.
- e. Mouth pipettes are not permitted. Use mechanical pipettes or bulbs as required.

- f. Specimens are not to be left out in the lab. Dispose of or store specimens appropriately and as soon as possible after testing.
- g. Treat serum-based reagents as possible sources of hepatitis and HIV, even if the product is labeled "hepatitis antigen negative".
- h. Icteric patient serum should be processed over absorbent paper that has been soaked in a fresh 10% solution of bleach.
- i. Sterilize and disinfect contaminated equipment by soaking in a fresh 10% solution of bleach or other appropriate disinfectant for one half-hour.
- j. Keep work area clean and uncluttered. Organize needed material.
- k. Transport any biological specimens between campus buildings or between separate sites by placing specimen in an approved container with a secure lid or in individual biohazard bags.
- l. Wash hands thoroughly with soap and water before leaving the work area.

6. HEPATITIS B VACCINATION

Within one month after employment, the college will make available to all employees on the Appendix A list the hepatitis B immunization series of three injections. This immunization will be offered during regular work hours and will be free of charge. The employee will first receive appropriate information about hepatitis B infection and its prevention by the immunization series. Facts about the immunization that will be given include its efficacy, safety, method of administration, and the benefits of being immunized and potential side effects.

Each employee on the Appendix A list will be required to sign one of these documents upon employment and annually during training:

1. A statement that he or she will be receiving or has received the hepatitis B immunization series, or
2. A statement that he or she understands the ability of bloodborne pathogens to cause serious illness or death and the importance of prevention of exposure to bloodborne pathogens in an occupational setting, but he or she chooses to decline the immunization at this time. Employees who decline the immunization series can elect at any other time to receive the immunization series during work hours at no cost to them.

7. POST-EXPOSURE EVALUATION AND FOLLOW-UP

After any actual or potential exposure to blood or other bodily fluids has occurred, the employee must follow these procedures to ensure his or her safety and to comply with federal regulations. The employee must file an incident report with their supervisor, the Safety Coordinator, and report the incident to Human Resources.

1. If an exposure occurs on campus:
 - (a) The employee must notify his or her supervisor immediately and take appropriate preventive measures including purging of a puncture wound, washing the wound with soap and warm water, and covering the wound with a bandage or gauze.
 - (b) The employee must contact the Safety Coordinator immediately for care of the injury, and for further medical evaluation if needed. The exposure may require the employee to report immediately to a hospital emergency room or an urgent-care facility for post-exposure evaluation. If so, the employee must report the injury to the Human Resources Department as soon as possible.
 - (c) If an injury incident is determined to be an exposure to bloodborne pathogens, evaluation and treatment of the exposed employee will be based on current standard

protocols. If the source of the blood or bodily fluid can be identified, testing will be requested for the source for hepatitis B and C, and for HIV. All costs associated with evaluation and treatment of the exposure of an employee will be paid by the college or by Workers' Compensation.

(d) The potentially-exposed employee will receive a written report summarizing findings and any recommendations.

2. If the exposure occurs at a clinical facility (off campus):

(a) The employee is to take appropriate preventive measures including purging of a puncture wound, washing the wound with soap and warm water, and covering the wound with a bandage or gauze.

(b) The employee must then report to the facility's designated exposure control officer. This is the person or department to whom the injured facility employees are required to report an injury and could be a department such as Public Safety, Human Resources, Infection Control, or the Emergency Room.

(c) The employee is required to follow the facility's protocol for reporting, evaluation, and treatment of a bloodborne pathogen exposure. Any costs associated with testing or treatment will be paid by the college or by Workers' Compensation.

(d) If an injury incident is determined to be a significant bloodborne pathogens exposure, evaluation and treatment of the exposed employee will be based on current standard protocols. If the source of the blood or body fluid can be identified, testing will be requested for the source for hepatitis B and C, and for HIV.

(e) The employee must report the incident to his or her supervisor and to the Safety Coordinator and Human Resources within twenty-four hours after the incident.

(f) The employee is to submit to the Human Resources Department a copy of all reports generated from the clinical facility concerning the incident. The Human Resources Department will assist the employee with scheduling any recommended periodic blood tests.

(g) If the clinical facility fails to provide the necessary evaluation and treatment, the employee must report to his/her supervisor immediately. If the incident occurs after normal business hours, the employee is required to report to a hospital emergency room or an urgent care facility for evaluation and treatment. In all cases, the Human Resources Department must be notified.

8. INFORMATION AND TRAINING

1. The department administrator will ensure that all employees who are directly involved with biohazardous waste will receive information and training on prevention of exposure to bloodborne pathogens and a post exposure plan which is in compliance with federal regulations. When changes are made in the procedures, there will be additional training as required.

2. Department administrators in the Appendix A departments are responsible for assuring appropriate bloodborne pathogens training of employees upon hire and annually thereafter. Program Directors are responsible additionally for determining and implementing appropriate annual training for students and a procedure for ensuring and tracking such training. Academic chairpersons or coordinators are responsible for determining mechanisms for the faculty to inform students each quarter of the specific facility protocol to follow for a post-exposure evaluation in the clinical facility.

3. Elements of an appropriate training include these items, which should be site specific for Southern State wherever possible:

- (A) An accessible copy of the regulatory text of this standard and an explanation of its contents;
- (B) A general explanation of the epidemiology and symptoms of bloodborne diseases;
- (C) An explanation of the modes of transmission of bloodborne pathogens;
- (D) An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;
- (E) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
- (F) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
- (G) Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment;
- (H) An explanation of the basis for selection of personal protective equipment;
- (I) Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and the vaccine and vaccination will be offered free of charge;
- (J) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
- (K) 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;
- (L) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
- (M) An explanation of the signs and labels and/or color-coding required to be affixed to containers of regulated waste or storage areas containing regulated waste; and
- (N) An opportunity for interactive questions and answers with the person conducting the training session.

The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

4. Employees who are in clinical facilities where they might be exposed to bloodborne pathogens must obtain from the facility information about site specific exposure protocols and the appropriate exposure control officer prior to commencing their clinical experience.

9. COMPULSARY COMPLIANCE

All employees who have contact with blood and other bodily fluids are required to comply with this policy. All employees who instruct students with a reasonable anticipation of exposure to blood and other potentially infectious materials must require said students to comply with this policy. Failure to follow this policy will result in disciplinary action consistent with college policy for employees or for students.

10. RECORD KEEPING

1. Confidential health records regarding a post-exposure evaluation in its entirety must be kept for a period of employment plus thirty years. These records will be maintained in the Human Resources Department.

2. Training records are required to be kept for three years and will include:

- (A) The dates of the training sessions;

- (B) The contents or a summary of the training sessions;
 - (C) The names and qualifications for the persons conducting the training; and
 - (D) The names and job titles of all persons attending the training sessions.
3. The college will maintain a sharps injury log which contains, at a minimum, the type and brand of device involved in the incident; the location of the incident (department or work area); and a description of the incident. This sharps injury log must be maintained in a manner which protects the privacy of the employees.

APPENDIX A: Classifications in which Persons have Occupational Exposure to Bloodborne Pathogens

1. Athletic Coaches
2. Maintenance
3. Patri-Tots Learning Center Site Administrator(s) and teachers
4. EMS faculty
5. Nursing faculty
6. Medical Assisting faculty
7. Phlebotomy faculty
8. Respiratory Care faculty

APPENDIX B: Tasks and Procedures Where Occupational Exposure to Bloodborne Pathogens May Occur

1. Exposure or treatment to injury
2. Using sharp instruments or equipment on human subjects, such as administering injections or starting I.V.s
3. Collecting or testing blood or other human tissue samples
4. Providing physical care for illness which involves bodily fluids
5. Administering First Aid
6. Transporting biohazard containers
7. Cleaning area of sickness or injury
8. Cleaning a blood spill
9. Cleaning restrooms
10. Removal of discarded needles from campus
11. Removal of soiled diapers

APPENDIX C: Definitions

Blood - human blood, human blood components, and products made from human blood.

Bloodborne Pathogens - pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Clinical Laboratory - a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated - the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry - laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps - any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination - the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Engineering Controls - objects, mechanisms, or product designs which isolate or remove bloodborne pathogens hazards from the workplace or laboratory.

Exposure Incident - a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Hand Washing Facilities - a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

HBV - hepatitis B virus.

HIV - human immunodeficiency virus.

Needleless systems - Devices which provide an alternative to needles for various procedures to reduce the risk of injury involving contaminated sharps.

Occupational Exposure - reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials - (1) 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; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral - piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment (PPE) - specialized clothing or equipment worn for protection against a hazard. General work clothes, uniforms, or lab coats not intended to function as protection against a hazard are not considered to be personal protective equipment.

Regulated Waste - liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Sharps with engineered sharps injury protections - a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual - any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Standard Precautions - an approach to infection control wherein all human blood and certain human bodily fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.

Work Practice Controls - controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).