Bloodborne Pathogens Exposure Control Plan

Effective Date:
Revised: November 2004

I. PURPOSE

Reed College has developed this Bloodborne Pathogen Exposure Control Plan in order to identify hazards of potentially infectious materials and the safeguards that employees should use when working with these materials. While these safeguards should protect workers from unsafe conditions in most situations, there is no substitute for personal knowledge and vigilance when working with potentially infectious materials.

II. SCOPE/EXPOSURE DETERMINATION

The Oregon Occupational Safety and Health Administration (OR-OSHA) recognizes two categories of employees who are at risk for occupational exposure to bloodborne pathogens.

All members of the following job classifications have occupational exposures:
Community Safety: Director, Administrative Assistant, Supervisor, and Community Safety Officer
Sports Center: Director, Assistant Director, Supervisor, and Building Operator
Health Center: Nurse and Physician
Environmental Health and Safety: Coordinator and Program Assistant
Art Department: Woodshop Technician
Theatre: Technical Director and Designer
Some employees in Facilities Services in the following job classifications have occupational exposure to bloodborne pathogens. A list of tasks and procedures indicates where occupational exposure may occur.

Custodian/Combination Worker
   Changing linens
   Removal of garbage bags

Grounds Specialist
   Picking up trash and waste
   Clean up of potentially contaminated vomit or fecal matter
   Needle sticks

III. REFERENCES

Oregon Occupational Safety and Health Administration's Oregon Administrative Rule (OAR) 437 Division 2 Subdivision Z: Toxic and Hazardous Substance: Bloodborne Pathogens. 29 CFR 1910.1030


OSHA Instruction CPL2-2.44A. Enforcement Procedures for Occupational Exposure to Hepatitis B Virus and Human Immunodeficiency Virus.

IV. RESPONSIBILITIES

A. Reed College Administration

The college administration will provide commitment, leadership, and financial resources to support this program. The Vice President and Treasurer will establish and approve the policy and procedures for the bloodborne pathogen program for Reed College.

B. Environmental Health and Safety (EHS) Office

The Environmental Health and Safety (EHS) staff will administer and manage the bloodborne pathogens program. In addition, EHS personnel will assist departments in evaluating potential exposures, conduct employee training in conjunction with the Health Center, coordinate the disposal of infectious waste materials, and make necessary program revisions.
C. Supervisors

Supervisors will identify employees with risk of occupational exposure, assure that employees are aware of and following this written program, and immediately notify EHS staff of any occupational exposure incident. Each supervisor must assure each employee receives annual training coordinated by EHS. In addition, supervisors will review and notify the EHS personnel of any updates this policy at least annually and whenever necessary to reflect new or modified tasks, new technologies, or employee positions with occupational exposure.

D. Affected Employees

Employees will comply with procedures established by their supervisors in accordance with this program to minimize the risk of exposure. They must inform their supervisors of any exposure incident.

E. Human Resources

Human Resources will maintain employee medical records as per this program and will provide funding for program expenses such as immunizations. In addition, Human Resources will maintain employee training records.

F. Health Center

The Health Center will assist in employee training and, if necessary, will refer employees with an occupational exposure to Providence Hospital for post exposure care and counseling.

V. DEFINITIONS

“Bloodborne Pathogens” are microorganisms that can be found in human blood. Many of these pathogens can cause serious or life-threatening disease; they include, but are not limited to hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

“Engineering controls,” means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace. Sharps engineered with protections have built-in safety features or mechanisms that effectively reduce the risks of an exposure incident.
"Exposure Incident" means a specific eye, mouth, other mucous membrane or non-intact skin contact with blood or other potentially infectious materials that results from the performance of one's duties.

"Occupational Exposure" means reasonably anticipated skin, eye, mucous membrane or non-intact skin contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. A covered employee will have a position description that specifically describes the duties involving occupational exposure.

"Other Potentially Infectious Materials" means 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 that are difficult or impossible to differentiate between body fluids. It also includes any unfixed human tissue or organ, HIV-containing cell, organ, or tissue cultures; HIV- or HBV-containing culture medium or other solutions; blood, organs, or tissues from HIV/HBV infected laboratory animals. The following fluids do not contain enough HIV/HBV to cause infection: normal saliva, feces, urine, sputum, vomit, tears, sweat, nasal secretions.

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

“Universal Precautions" means an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if infectious for HIV, HBV, and other bloodborne pathogens.

VI. METHODS OF COMPLIANCE

A. Universal precautions

Universal precautions prevent contact with potentially infectious material. Employees must consider all blood or other potentially infectious material as infectious regardless of the perceived status of the source individual. When distinction between body fluids is impossible, that material will be considered potentially infectious.
B. Engineering controls

**Engineering controls** assist in eliminating or minimizing occupational exposure, whenever practical. Supervisors will review the effectiveness of engineering controls annually or whenever new technologies or procedures eliminate or reduce exposure to bloodborne pathogens. More specifically, at least annually, the Health Center and any other department that uses sharps in direct patient care, must identify, evaluate and select engineering and work practice controls, including safer medical devices. This evaluation will include input from front-line employees using such devices. The Manager of each department will maintain written documentation of the evaluation process. In the event employee recommended devices are not used, these reasons as well as the employees reasons for preferring such devices will be documented. If engineering or work practice controls fail to remove exposure hazards, then personal protection equipment may be used.

C. Work practices

**Work practices** protect against exposures when engineering controls are not available or feasible. Employees will:

- Use only puncture resistant, leak proof, spill proof containers for all potentially infectious sharps. These containers must be red, clearly labeled "BIOHAZARD," and accessible to all personnel.
- Be provided, whenever possible, with easily accessible hand washing facilities. When this is not possible, employees will be provided with antiseptic hand cleanser in first aid kits until a sink with hot and cold running water, soap, and disposable towels is accessible.
- Wash hands or any other skin with soap and water immediately or as soon as possible after removing gloves or other personal protective equipment or following contact with blood or other potentially infectious materials. When working with patients, also wash hands prior to patient contact.
- Never bend, shear, or break off needles. If needles must be recapped, employees will use a one-hand scoop or a recapping device.
- Never use reusable sharps.
- Eat, drink, apply cosmetics or lip balm, smoke or handle contact lenses only in areas that have no reasonable likelihood of exposure to blood or other potentially infectious materials.
- Store food and beverages in refrigerators, freezers, shelves, cabinets, or on counter tops only where no blood or other potentially infectious materials are present.
- Never mouth pipette or suction blood or other potentially infectious materials.
- Conduct all procedures in a manner that minimizes splashing, spraying, splattering and generation of droplets of blood or other potentially infectious materials.
• Place all specimens of potentially infectious materials into a leak proof container during collection, handling, processing, storage, and transport. The following items will have a biohazard tag or be stored in a red bag or container:
  • regulated waste that has not been decontaminated,
  • refrigerators or freezers used to store blood or other potentially infectious material,
  • contaminated equipment or containers used to store, transport or ship blood or other potentially infectious materials.
• Label the container used for this purpose as described in Section VIII A of this plan.
• Place any specimen, which could puncture a primary container in a secondary container that is puncture resistant. If outside contamination of the primary container occurs, place the primary container within a secondary container that prevents leakage during handling, processing, storage, or transport and complies with all labeling requirements.
• Decontaminate equipment contaminated with blood or other potentially infectious materials as necessary unless the decontamination is not feasible. Supervisors will ensure proper equipment decontamination. If the equipment cannot be decontaminated, tag it with biohazard labels and inform all persons who come into contact with the equipment of the hazard as well as which pieces of the equipment are contaminated.

D. Personal Protective Equipment

Personal Protective Equipment (PPE) is specialized clothing or equipment worn by an employee for protection against a hazard. Employees will use personal protection equipment when engineering or work practice controls fail to eliminate the hazard. Reed College will provide PPE without cost to the employee. Employees must anticipate possible exposures to blood or other potentially infectious materials and choose equipment accordingly. Appropriate personal protective equipment does not permit blood or other potentially infectious materials to pass through to or reach the employee’s clothes, under garments, skin eyes, mouth, or other mucous membranes under normal use. General work clothing (e.g., uniforms, pants, shirts, and blouses) is not personal protection equipment.

Personal protective equipment is available at the employee’s request. The following activities are examples of tasks that have reasonable expectation of exposure:

1. First Aid: disposable nitrile gloves, protective eye wear, face mask.
2. CPR: disposable nitrile gloves, CPR mouthpiece, protective eye wear.
3. Health Center procedures: disposable nitrile gloves, protective eye wear, and optional laboratory coat.
4. Clean up of potentially infectious materials: heavy-duty nitrile gloves, protective eyewear, face mask, and protective coveralls as needed.
5. Grounds keepers: puncture resistant gloves, nitrile gloves, protective eye wear.
The following people will maintain supplies of personal protective equipment for their employees who may reasonably require it. Glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are sensitive to the gloves normally provided.

- Director of Community Safety
- Nursing Supervisor
- Sports Center Program Director
- Art Department Woodshop Technician
- Environmental Health and Safety Coordinator
- Facilities Building Services Manager
- Grounds Manager
- Theatre Technical Director and Designer

The use of appropriate personal protective equipment is mandatory when there is a reasonably anticipated chance for exposure to blood or other potentially infectious materials. In rare and extraordinary circumstances that dictate that personal protective equipment cannot be worn, employees will report the incident to their supervisor. The supervisor will investigate and document the situation to determine whether changes in work practices, engineering controls, or personal protective equipment are required. When necessary, appropriate follow up action will occur.

Reed College will clean, launder, or dispose of personal protective equipment at no cost to the employee. Any garments penetrated by blood or other potentially infectious materials will be removed immediately or as soon as feasible. Employees will remove all PPE before leaving the work area and will place it in an appropriately designated area or container for storage, washing, decontamination, or disposal.

**Employees must wear gloves** when they reasonably anticipate that they will have hand contact with blood, other potentially infectious materials, non-intact skin, or mucous membranes or when handling or touching contaminated items or surfaces. Disposable gloves are not reusable, and are replaced as soon as feasible if they are contaminated, torn, or when their ability to function as a barrier is compromised.

**Employees must use eye and face protection** whenever there is a reasonable anticipation of splashes, sprays, or droplets of blood or other potentially infectious materials that could contaminate eye, nose, or mouth.

**E. Housekeeping**

Generally, departments must maintain their work area in a clean and sanitary condition. Departments will implement an appropriate written schedule for cleaning and method of decontamination that best suits their situations.

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[1] An example of this might be: where the use of PPE would prevent delivery of health care or public safety services or would pose an increased hazard to the safety of the worker or co-worker.
Employees must clean and decontaminate all equipment, environmental surfaces, and working surfaces as soon as feasible after contact with blood or other potentially infectious materials. For surface decontamination, a 10% bleach solution (or other equally effective disinfecting agent) will remain on the surface for at least 10 minutes. Removal and replacement of protective equipment or surface coverings will occur as soon as feasible or at the end of the shift.

The Health Center will maintain the department in a clean and sanitary condition as indicated in that department's Infection Control Manual. This includes inspecting and disinfecting examination room surfaces, all pails, bins, and similar receptacles at a minimum of once per week. The nursing staff will conduct this cleaning, using bleach as described above. All equipment that can be autoclaved will be decontaminated by autoclaving. The nursing staff will be responsible for this decontamination.

Nursing staff will decontaminate all reusable equipment, such as thermometers, with the disinfectant Wavicide (or other equally effective disinfecting agent) as described in the Health Center's Infection Control Manual.

In an emergency first aid or CPR situation, the emergency responder will clean contaminated surfaces. Other surfaces which become contaminated by blood or other potentially infectious materials will be cleaned by the Community Safety Officer on duty or by other individuals on campus who are fully covered by this plan.

Employees must consider all broken glassware contaminated and clean up with a broom and dustpan or other mechanical device. No one may clean up broken glass with bare or gloved hands.

F. Regulated Waste

1. Contaminated sharps collection and containment
Employees must collect contaminated sharps in leak proof, puncture resistant, sealed containers labeled in accordance with Section VI of this plan. During use, containers will be easily accessible to personnel and near as feasible to the immediate working area where sharps are used. The Reed College nursing staff will provide sharps containers to insulin dependent students and will exchange the containers on a regular basis.

Personnel must never overfill sharps containers. The containers must be maintained in an upright position during use. Before removing a sharps container from the work area, staff must make sure the container is closed and placed in secondary containment if leakage is possible. The secondary containment must meet all requirements described in the paragraph above, including proper labeling.
Reusable sharps containers may not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury. Employees will handle all contaminated sharps as biohazardous waste and deliver them to the EHS Coordinator in Chemistry 211. Disposal of all waste shall be in accordance with the applicable federal, state, and local regulations.

2. Other regulated waste containment

Other regulated waste includes contaminated gloves, blood, excretions, and materials saturated with blood or other potentially infectious materials. Personnel must place all regulated waste in closed containers, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation, or shipping.

The waste must be labeled using biohazard labels or tape as described in Section VIII A of this plan. Staff will deliver properly labeled regulated waste to the EHS Coordinator in Chemistry 211. Disposal of all waste must follow all applicable federal, state, and local regulations.

G. Contaminated Laundry

Employees must minimize the handling of contaminated laundry. Employees should bag soiled linens at the point of origin. They may not sort or rinse laundry contaminated with blood or other potentially infectious materials. In addition, they must place contaminated laundry in red biohazard bags labeled in accordance with Section VIII A of this plan. Staff must transport the contaminated laundry to the Health Center for laundering.

Oregon Linen, as described in the Reed College Health Center’s Infection Control Manual, cleans Reed College’s contaminated laundry. The Nursing Supervisor will be responsible for its proper laundering at Oregon Linen Rental.

VII. HEPATITIS B VACCINE AND POST-EXPOSURE EVALUATION

A. General

Reed College will make available the hepatitis B vaccine and vaccination series to all employees whose job puts them at risk for an occupational exposure, and post exposure follow up to employees who have had an exposure incident.
Department directors, in conjunction with the Human Resources Department of Reed College, must ensure that all medical evaluations and procedures including the hepatitis B vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

- Available at no cost to the employee;
- Made available to the employee at a reasonable time and place;
- Performed by, or under the supervision of, a licensed physician or other licensed healthcare professional;
- Provided according to recommendations of U.S. Public Health Service.

Reed College will ensure that an accredited laboratory will conduct all laboratory tests at no cost to the employee.

**B. Hepatitis B Vaccination**

The hepatitis B vaccination is available to employees following training as described in Part VIII B (Information and Training) of this plan and within 10 working days of initial assignment to all employees who have occupational exposure. If the employee has previously received the complete hepatitis B vaccination series, or antibody testing has revealed that the employee is immune, or, for medical reasons, vaccination is contraindicated, the vaccination will not be required. The hepatitis B vaccination will be available through Dr. Robert Burns at (503) 238-0331.

If the employee initially declines hepatitis B vaccination but later, while still covered under the standard, decides to accept the vaccination, it will then be made available.

All employees who decline the hepatitis B vaccination offered by the College must sign the OSHA required waiver indicating their refusal. A copy of this form is in Appendix A of this plan.

If the U.S. Public Health Service recommends a routine booster dose of hepatitis B vaccine at a future date, such booster doses will be available.

**C. Post Exposure Evaluation**

Personnel must report exposure incidents for investigation and documentation immediately to their supervisor and EHS Coordinator. All employees who incur an exposure incident may receive a confidential post-exposure evaluation and follow-up in accordance with the OSHA standard. Exposed employees should seek medical attention as soon as possible (within minutes if possible) following an exposure incident.

The nearest emergency service for post exposure follow-ups is at Providence Hospital, 503-215-6000, at 4805 N.E. Glisan. Go north on 39th. Cross Powell, Division, and Burnside to Glisan. Turn right onto Glisan and continue east to 47th avenue. Turn left at this light. The emergency room is on the right.
All post-exposure evaluations include at least the following elements:

- Documentation of exposure route, and circumstances under which the exposure incident occurred;
- Identification and documentation of the source individual, unless it is established that identification is unfeasible or prohibited by state or local law. Interpretation of state and/or local law is available from agencies such as the Board of Medical Examiners and the Bureau of Labor and Industries, Civil Rights Division.

Testing of the source individual's blood will occur as soon as feasible after consent is obtained in order to determine HBV and HIV infectivity. If necessary, Reed College will establish that legally required consent was not obtainable.

When the source individual is a known carrier of HBV or HIV, repeat testing is unnecessary.

The source individual’s test results must be available to the exposed employee. Reed College must provide information regarding applicable laws and regulations to the employee concerning disclosure of the identity and infectious status of the source individual. Interpretation is available through the Board of Medical Examiners and the Bureau of Labor and Industries, Civil Rights Division, concerning disclosure of the identity and infectious status of the source individual.

Collection and testing of blood for HBV and HIV serological status will comply with the following:

- Collection of the exposed employee's blood will occur as soon as feasible and tested after consent is obtained.
- If the employee consents to baseline blood collection but does not give consent for HIV serologic testing, preservation of the blood sample will continue for up to 90 days. If within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall take place as soon as feasible.

D. Information Provided to the Healthcare Professional

The Human Resources Office will ensure that the healthcare professional responsible for the employee's hepatitis B vaccination receives the following:

1. A copy of OAR 437, Division 2, Subdivision Z (or 29 CFR 1910.1030);
2. A written description of the exposed employee's duties as they relate to the exposure incident;
3. A written document explaining the route of exposure and the circumstances under which exposure occurred;
4. A result of the source individual's blood testing, if available;
5. All medical records relevant to the appropriate treatment of the employee including employee's vaccination status.
E. Healthcare Professional's Written Opinion

The Human Resources Office will obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion for HBV vaccination will be limited to: whether HBV vaccination is indicated for the employee and if the employee has received such vaccination.

The healthcare professional's written opinion for post exposure follow-up will 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 of treatment.

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

VIII. LABELING, TRAINING, RECORD KEEPING

A. Labels and Signs

Supervisors in each of the work areas identified in this plan (Section II) will ensure that warning labels are affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials.

Labels required by this section shall include the following biohazard symbol:

![Biohazard Symbol]

These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color. Labels should be readable from a distance of at least five feet.
Red bags or containers are a suitable substitute for labels.

Personnel must handle all regulated wastes in accordance with federal, state, and local laws.

**B. Information and Training**

Supervisors in each of the listed work areas in this plan must ensure that their employees with occupational exposure receive training, which is provided at no cost to the employee and during working hours. Training will occur at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter. Employees will receive additional training when modifications or additions to tasks and procedures affect their occupational exposure. The additional training may be limited to addressing the new exposures created. Employees must receive training with materials appropriate in content and vocabulary to the educational level, literacy, and language of employees.

The training for Reed College employees will be provided by Tuality Healthcare, 1200 NE 48th Avenue, Suite 700, Hillsboro, Oregon 503-640-6064; The American Red Cross, 3131 N. Vancouver Ave., Portland, OR 97208 503-284-1234; or other available pre-approved programs.

Employees will receive additional training when there are any changes of tasks or procedures affecting the employee's occupational exposure.

**C. Record Keeping**

**Medical Records.** The Human Resources Office will maintain medical records for any employee with occupational exposure. These records will be kept confidential and maintained for at least the duration of employment plus 30 years. The records will include the following:

- The name and social security number of the employee;
- A copy of the employee's HBV vaccination status, including the dates of vaccination;
- A copy of all results of examinations, medical testing, and follow-up procedures as required by Section VII of this plan;
- A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes and circumstances of the exposure.

**Training Records.** The Human Resources department will maintain training records for three years from the training date and will include the following information:

- The dates of the training sessions;
- An outline of the material presented;
- The names and qualifications of the persons conducting the training;
- A list of names and job titles of all persons attending the training sessions.
Training records are available to the employee upon request. These records are also available to the Assistant Secretary of Labor for the Occupational Safety and Health Administration and the Director of the National Institute for Occupational Safety and Health upon request.

Transfer of Records. If, for any reason, this institution is closed and there is no successor employer to receive and retain the records for the prescribed period, contact the Director of the NIOSH for final disposition.

Sharps Injury Log will maintain records on percutaneous injuries from contaminated sharps. The information will be collected in a manner that protects the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:

- The type and brand of device involved in the incident;
- The department or work area where the incident occurred;
- An explanation of how the incident occurred.
**IX. APPENDIX A**

**Reed College**

Please sign *one* of the following statements:

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<thead>
<tr>
<th><strong>Employee Statement Declining the HBV Vaccination</strong></th>
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<tr>
<td>I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.</td>
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<tr>
<th><strong>Employee Statement of Receipt of HBV Vaccinations</strong></th>
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<tr>
<td>I have received hepatitis B vaccinations. The date of my initial vaccination was ___________. The date of my final vaccination was ___________. I received a total of _______ vaccinations.</td>
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<tr>
<th><strong>Employee Request For Vaccine</strong></th>
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|I would like to receive the Hepatitis B vaccine series. Please send me information.

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<th>Printed Name</th>
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