

PROVIDENCE COLLEGE
OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS
EXPOSURE CONTROL PLAN

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OSHA BLOODBORNE PATHOGENS STANDARD

A. Introduction

On March 6th, 1992, the Occupational Safety and Health Administration (OSHA) implemented its Standard governing occupational exposure to bloodborne pathogens. This Standard was promulgated by the need for a regulation that prescribes safeguards to protect workers against the health hazards related to bloodborne pathogens in the work place.

The intent of the OSHA Standard is to eliminate or minimize occupational exposure to human immunodeficiency virus (HIV) and hepatitis B virus (HBV). Diseases that result from these and other pathogenic virus's include acquired immunodeficiency syndrome (AIDS), hepatitis B, syphilis, malaria, and other less common diseases.

Bloodborne pathogens are pathogenic microorganisms that are present in human blood and certain other body fluids. Exposure to bloodborne pathogens may occur in many ways in the work environment. Although needlestick injuries are the most common means of exposure for health care workers, bloodborne pathogens can also be transmitted through skin contact with the mucus membranes and non-intact skin of workers.

Most occupations at Providence College present a low risk of exposure to blood or other potentially infectious materials (Group B employees). However, there are some employees who, because of their occupational duties, are at risk to exposure on a routine basis (Group A employees). Examples of Group A employees are **the nursing staff at the health center, the athletic trainers and coaches in the athletic department, and the security staff**. These employees have the potential for exposure to bloodborne pathogens in their day to day activities at work. Therefore, **Providence College has determined that Group A employees will be offered the hepatitis B vaccine.**

Examples of Group B employees considered at minimal risk to exposure of bloodborne pathogens are those working in **physical plant, the Sciences and residence life**. These employees have the **potential** to be exposed but not on a routine basis and not as a result of their daily work duties. If exposure does occur in this group, it is most likely the result of an accident and is not related to their job responsibilities. Because exposure to bloodborne pathogens in this group is considered minimal and/or accidental, **the hepatitis B vaccine will not be offered to Group B employees by Providence College.**

It is important that all employees follow the specific procedures outlined in the Exposure Control Plan. This information is reviewed in the training session, which includes a lecture and a brief video. Following these precautions and taking care to minimize accidents in the work place will help to ensure the safety of all Providence College employees.

B. **Definitions**

In Appendix B there is a copy of the OSHA Bloodborne Pathogen Standard which includes a comprehensive definition section. The definitions that follow are some of the more commonly used terms in the Exposure Control Plan. A complete review of these definitions is suggested before proceeding with the Exposure Control Plan.

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

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

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

Soiled Laundry - means laundry that is **not** contaminated with blood but may contain non-visible potentially infectious materials.

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 the item is rendered safe for handling, use, or disposal.

Occupational exposure - Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potential infectious materials that may result from the performance of an employees' work duties.

Other Potentially Infectious Materials - Semen; vaginal secretions; fluid from around the heart, lungs, joints, spine, brain and abdomen; amniotic fluids; body fluids that are visibly contaminated with blood; and all body fluids in situations where it is difficult or impossible to differentiate among body fluids. **Note: Tears, sweat, saliva, nasal secretions, urine, feces and vomit are not considered dangerous body fluids unless they contain visible blood.**

Exposure Incident - A specific eye, mouth, other mucus membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material that results from the performance of an employees' duties.

Universal Precautions – A specific approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infected with bloodborne pathogens.

Parenteral - The piercing of skin barriers or mucus membranes by such events as needlesticks, human bites, cuts, and abrasions.

C. **Program Implementation**

The Campus Bloodborne Pathogen Program will be implemented through the joint coordination of the Office of Environmental Health and Safety, Health Services, and the Human Resource Department.

The Office of Environmental Health and Safety shall be responsible for the development and implementation of the Exposure Control Plan, oversight of personal protective equipment, evaluation of engineering controls, monitoring of employee tasks and work practices, and waste disposal management.

The Health Services Department shall be responsible for implementing the vaccination program, employee monitoring, exposure incident response, and maintaining medical records.

The Office of Environmental, Health and Safety, the Athletics Department, and Health Services shall be responsible for initial and annual employee training, and for maintaining employee training records.

D. Exposure Control Plan

The Providence College Exposure Control Plan herein has been developed in accordance with the requirement of the Federal OSHA Bloodborne Pathogen Standard 29 CFR 1910.1030. The Exposure Control Plan includes three main components: (1) those employees covered by the Standard; (2) specific procedures that will be implemented to minimize risk to an exposure; and (3) procedures to follow in the event of an exposure incident.

SECTION 2.0 - EXPOSURE DETERMINATION

This section of the Exposure Control Plan identifies those Providence College employees that because of their occupational duties are either exposed to or have the potential to be exposed to bloodborne pathogens.

GROUP A - High Risk

1. Health Services Staff

- . Doctors
- . Nursing
- . EMTs
- . Part-Time Student Employees

2. Athletic Department Staff

- . Athletic Trainers
- . Coaches
- . Team Physician
- . Laundry Services
- . Part-Time Staff and Student Employees

3. Security Staff

- . Security Officers

Group B - Low Risk

1. Physical Plant Department Staff

- . All Trades and General Maintenance
- . Power Plant Maintenance
- . Schneider Arena Maintenance
- . Part-Time Student Employees

2. The Sciences

- . Biology
- . Psychology
- . Chemistry

3. Residence Life

- . Residence Assistants
- . Hall Directors

SECTION 3.0 - METHODS OF COMPLIANCE

A. General

Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. All blood and body fluids will be treated as and considered to be potentially infectious materials.

B. Engineering and Work Practice Controls

Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall be used. Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

1. Handwashing:

- . Handwashing facilities which are readily accessible to employees shall be provided. When provision of handwashing facilities is not feasible, either an appropriate antiseptic hand cleanser in conjunction with clean cloth paper towels or antiseptic towelettes will be provided. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
- . Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. Employees shall wash hands and any other skin with soap and water. Employees shall flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

2. Handling of Sharps

- . Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited. Needle and scalpel removal shall be accomplished by a mechanical device or one handed technique.

- . Contaminated non-reusable sharps and/or contaminated broken glassware shall be placed in appropriate sharps containers and shall be disposed of as BioHazard waste.

3. Personal Habits & Food and Drink

- . Eating, drinking, smoking, application of cosmetics or lip balm, and handling contact lenses are prohibited in work areas with reasonable likelihood of occupational exposure to bloodborne pathogens.
- . Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops where blood or other potentially infectious materials are present.

4. Specific Work Practices

- . All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, and generation of droplets of these substances. The nose, mouth, and eyes should not be touched during or after contact with potentially infectious materials until proper handwashing procedures have been followed. Special care and precautions shall be taken at any time an employee may have open cuts or sores or dermatitis that may compromise the barrier protection provided by skin. Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

C. HANDLING, STORAGE & TRANSPORT OF BLOODBORNE PATHOGENS

1. Containers

- . The container for storage, transport, or shipping (including freezers and refrigerators used for storage of blood or other potentially infectious materials) shall be BioHazard labeled in accordance with Section 4.0 (A).

2. **Contaminated Equipment**

- . Equipment which may become contaminated with blood or other potentially infectious materials shall be decontaminated. Those portions that have not been decontaminated shall be labeled in accordance with section 4.0 (A) prior to disposal.

3. **Personal Protective Equipment (PPE)**

- . All employees performing tasks entailing reasonably anticipated exposure to blood or other potentially infectious materials will be provided, and are required to use, appropriate personal protective equipment, which may include, gloves, gowns, laboratory coats, face shields or masks with eye protection, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Such equipment shall be repaired or replaced as needed to maintain its effectiveness, at no cost to the employee. The type and characteristics of PPE will depend upon the task and degree of exposure anticipated. The PPE is specific for each department and is available from the following department personnel:

- **For Health Services and Security Staff see:**
Cathy Kelleher, R.N.; Health Services X-2423

- **For Athletics Department See:**
*****; Alumni Hall X-2001

- **For Physical Plant See:**
Thomas Schenck; Office of EH&S X-2625

- **For Residents Life See:**
Thomas Schenck; Office of EH&S X-2625

- **For Security Dept., See:**
Thomas Schenck; Office of EH&S X-2625

- . Personal protective equipment in appropriate sizes shall be readily accessible at the work site or issued to employees.

- . **Gloves** - shall be worn when it can be reasonably anticipated that the employee may have contact with blood, other potentially infectious material.
- . **Single Use Gloves** - such as surgical or examination gloves and utility gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn or punctured.
- . **Masks** - in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin-length face shield, shall be worn whenever splashes, spray, splatter, or droplets of blood and or where other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

4. **Removal of Personal Protective Equipment**

- . Any garment penetrated by blood or other potentially infectious materials shall be removed immediately and shall then be placed in an appropriate container for storage, washing, decontamination or disposal.

D. **CLEANING AND DISINFECTION**

1. **Equipment and Work Surfaces**

- . The work site shall be maintained in a clean and sanitary condition. All equipment and working surfaces shall be cleaned and decontaminated with an appropriate disinfectant after contact with blood or other potentially infectious materials.

2. **Sharps Containers**

- . Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps and placed in a sharps container.
- . Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

- . Contaminated sharps shall be discarded in containers that are closeable, puncture resistant, leakproof on sides and bottom. The sharps containers shall be labeled in accordance with section 4.0 (A).
- . During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used.
- . When moving containers of contaminated sharps from the areas of use, the containers shall be closed prior to removal to prevent spillage, and labeled in accordance with section 4.0 (A).
- . Reusable container shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

E. REGULATED WASTE

1. General

- . Regulated waste shall be considered any liquid or semi-liquid blood-contaminated item that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items contaminated with dried blood or other potentially infectious materials that are capable of releasing these materials during handling. This includes any items which may have such materials on them in any form with the exception of reusable equipment, instruments, or personal protective clothing and equipment which undergoes proper decontamination procedures. Disposal of all regulated waste shall be in accordance with applicable US Federal and State regulations.
- . The Office of Environmental Health and Safety shall be responsible for final disposal of all sharps and regulated waste containers. Each Department shall request a pickup through the Physical Plant work order system.

F. LAUNDRY PRACTICES

1. General Laundry Procedures

- . Contaminated laundry shall be handled as little as possible with minimum of agitation and shall be bagged or containerized at the location where it was contaminated. Contaminated laundry shall not be rinsed in the location of use, but shall be placed and transported in BioHazard bags or containers to the laundry facility.
- . All employees who have contact with contaminated laundry, shall upon first contact, wear protective gloves and apron.

2. Laundry Facilities Handling Contaminated Laundry:

- . Universal Precautions will be used when handling contaminated Laundry. When laundry is received at the laundry wash room it will arrive in red bags clearly marked with the appropriate BioHazard label. **Before handling the laundry the laundry employee will immediately don protective gloves.**
- . Once proper personal protective equipment is donned the employee shall open the bag and place the contaminated laundry into a designated washer. The laundry shall be washed on a hot cycle (160 degrees F) to complete decontamination procedure. Those items that can not be washed on a hot cycle shall be washed in cold or warm along with a EPA-approved tuberculocidal disinfectant. **No other clothing will be washed with contaminated laundry.**
- . After the laundry has been placed into the washer the employee shall dispose of the contaminated bag and disposable gloves in a waste disposal container located in the laundry room. This container will be properly marked with the Bio-Hazard label in accordance with section 4.0 (A) of this Plan.
- . After the gloves are disposed of, the employee will thoroughly wash his/her hands with soap and warm water.

3. **Bio-Hazard Waste Containers:**

- . Bio-Hazard waste containers will be located in the laundry room for receiving of Bio-Hazard waste bags or other contaminated materials. Sharps containers shall also be located in the laundry room should there be the need to dispose of needles or other sharp materials found in the laundry. Bio-Hazard containers shall be marked and disposed of in accordance with the requirements of this Plan.
- . When the waste containers are full they can be removed by calling in a work order at Physical Plant at X-2166. Requests for additional waste containers for laundry facilities can be made directly through the Athletic department at X-2001.

SECTION 4.0 - BIOHAZARD LABELING

A. **Warning Labels**

- . Biohazard Warning labels shall be 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, except for red bags or red containers that may be substituted for labels.

Labels shall include the following legend:

BIOHAZARD

and shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color. Such labels are required for contaminated equipment and shall also state which portions of the equipment remain contaminated.

SECTION 5.0 - HEPATITIS B VACCINATION

- A. Hepatitis B vaccine and vaccination series shall be made available to all Group A employees at no cost, at a reasonable time and place, and performed by or under the care of a licensed physician or under the supervision of another licensed healthcare professional. The hepatitis B vaccine shall be provided according to recommendations of the US Public Health Services

current at the time of these evaluations. All laboratory tests as defined by the OSHA Standard shall be conducted by an accredited laboratory at no cost to the employee.

- B. Hepatitis B vaccination shall be made available after the employee has received the bloodborne pathogens education program and within 10 working day of initial assignment of duties with reasonable anticipated exposure to blood or other potentially infectious materials. This requirement is exempted if any of the following apply: the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccination is contra-indicated for medical reasons.
- C. All Group A employees who decline to accept hepatitis B vaccination offered by the employer shall sign the hepatitis B vaccination refusal form. If employees initially decline hepatitis B vaccination but at a later date decide to accept the vaccination, the hepatitis B vaccination shall be made available according to the provisions of this policy at that time.
- D. If a routine booster dose(s) of hepatitis B vaccine is recommended by the US Public Health Service at a future date, it shall be made available to employees at a reasonable time and place at no cost to the employee. The vaccination shall be performed by or under the supervision of a licensed physician or under the supervision of another licensed healthcare professional.

SECTION 6.0 -EXPOSURE INCIDENT, POST-EXPOSURE EVALUATION AND FOLLOW-UP

- A. **Exposure Incident Procedure** - In the event of an "exposure incident" to blood or other potentially infectious materials the following procedures shall be followed:
 - 1. If a spill of blood or other potentially infectious material occurs and it is not an emergency, contain the spill using readily available protective equipment. If it is an emergency, immediately notify the E.M.T.'s. If the spill is minor but constitutes an exposure incident as defined by the Standard, immediately notify your Supervisor.
 - 2. The supervisor will notify the cleaning company of the spill and shall ensure that the spill is properly cleaned-up and that the area is disinfected.
 - 3. The supervisor will escort the employee to the Campus Health Care Center where he/she will complete the exposure incident report.

4. At the Health Center the resident nurse shall interview the injured employee. He/she shall ensure the exposure incident form is complete and filled out correctly.
5. The Health Center resident nurse shall complete all additional documents and supply the employee with the required information to proceed to a hospital where blood tests will be conducted, if necessary (Appendix A).
6. The nurse shall inform the local hospital of the employee condition and that he/she is in transit to the hospital for blood tests.

B. Post Exposure Incident - After an exposure incident, a confidential medical evaluation and follow-up shall be made immediately available to the exposed employee including:

1. Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred.
2. Identification and documentation of the source individual (unless it can be established that identification is infeasible or prohibited by State or Local Law).

C. Medical Evaluation - All medical evaluations and procedures performed as part of post-exposure evaluation and follow-up, including prophylaxis, are:

1. Provided at no cost to the employee.
2. Made available to the employee at a reasonable time and place.
3. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional.
4. Provided according to recommendations of the US Public Health Service current at the time these evaluations and procedures take place. All laboratory tests shall be conducted by an accredited laboratory at no cost to the employee.
5. A copy of the evaluating healthcare professional's written opinion shall be obtained and provided to the employee within 15 days of the completion of the evaluation.

SECTION 7.0 - EDUCATION AND TRAINING

- A. All employees with reasonably anticipated exposure to blood or other potentially infectious materials shall participate in the Bloodborne Pathogens Education Program during working hours. This shall occur at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter.
- B. Additional training shall be provided when changes such as modification of tasks or new tasks affect the employee's occupational exposure. This additional training may be limited to addressing the new exposure created.

SECTION 8.0 - RECORD KEEPING

- A. An accurate medical record for each employee with occupational exposure shall be maintained. This record shall include the name and social security number of the employee, a copy of the employee's hepatitis B vaccination status (including the dates of all the hepatitis B vaccinations), any medical records relative to the employee's ability to receive vaccination, a copy of all results of examination and medical testing, and follow-up procedures required as part of any post-exposure medical evaluation, including the employer's copy of the information provided to the healthcare professional as part of that evaluation.
- B. Employee medical records will be kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law. Such records shall be maintained for at least the duration of employment plus 30 years.
- C. Training records shall be maintained and shall include the dates of the training sessions, contents or a summary of the training sessions, the names and qualifications of persons conducting the training, and the names and job titles of all persons attending the training sessions. Training records shall be maintained for 3 years from the date on which the training occurred.
- D. All employees medical records or training records shall be made available upon request to the Assistant Secretary and the Director of the Occupational Safety and Health Administration

(OSHA) for examination and copying.

- E. Training and documentation records required under this Standard shall become part of the employee's record on file in the office which does the training. Employee medical records will be kept in the Health Center.

SECTION 9.0 - EMPLOYEE RESPONSIBILITIES

- A. In addition to the specific responsibilities outlined above, employees performing tasks with reasonably anticipated exposure to blood or other potentially infectious materials are required to inform their shift supervisor/department head if proper protective clothing and equipment is unavailable; or if the equipment appears inadequate to provide appropriate protection from such exposure.
- B. Employees are required to report to the Office of Environmental Health and Safety any incidents or observations suggesting inadequate use of personal protective clothing and equipment or other control measures by an employee.
- C. EMPLOYEES ARE REQUIRED TO COMPLY WITH PROVIDENCE COLLEGE'S EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS. THE USE OF UNIVERSAL PRECAUTIONS, ENGINEERING CONTROLS, AND PERSONAL PROTECTIVE EQUIPMENT IS MANDATORY.
- D. Employees that do not follow these requirements are subject to disciplinary action.