

EXPOSURE CONTROL PLAN

For Coppin State University

Prepared on: July 1, 2005

EXPOSURE CONTROL PLAN

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Statement of Purpose

This exposure control plan has been prepared to minimize or eliminate employee exposure to blood borne pathogens. This plan was developed in accordance with the **OSHA "Occupational Exposure to Blood borne Pathogens; Final Rule"** contained in 29 CFR Part 1910.1030.

Exposure Determination

The Standard requires that each organization to assess whether or not employees are subject to occupational exposure to blood associated pathogenic microorganisms without regard to personal protective clothing and equipment.

JOB CLASSIFICATIONS

SPECIFIC TASKS & PROCEDURES

Food Service Personnel

handling food contaminated with vomitis, blood, or OPIM

Housekeepers

handling regulated waste, cleaning up spills or equipment

Drivers

providing first aid

Faculty

providing first aid

Staff

providing first aid

Administration

providing first aid

Campus Police

responding to incidents or emergencies

- Occupational Exposure: Reasonably anticipated skin, eye, mucous membrane, or parenteral contact (i.e., needle stick) with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Responsibilities

Supervisors are to ensure that the provisions of this plan are followed by all employees with occupational exposure. This includes providing a copy of this exposure control plan to employees, enforcing compliance with this plan, ensuring new employees are properly trained, ensuring all employees attend an annual training session, and performing follow-up procedures for all exposure incidents.

Employees are to perform tasks and procedures in a manner that minimizes or eliminates employee exposure and perform duties as established in this exposure control plan and as trained.

CSU provides the OSHA-mandated blood borne pathogen information and training sessions at least annually to each supervisor and employee with occupational exposure.

Methods of Compliance

General

Universal Precautions are observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids are considered potentially infectious materials.

Engineering and Work Practice Controls

Engineering and work practice controls are to be used to eliminate or minimize employee exposure for each task within the work area. Where occupational exposure remains after institution of these controls, personal protective equipment is used. Engineering controls are used where there is a reasonable likelihood of occupational exposure.

There are sharps containers in the cabinet for pipet tips and syringes in labs as well as biohazard sharps containers for used needles as appropriate.

Engineering controls are examined and maintained or replaced on a regular schedule by the supervisor and employee to ensure their effectiveness.

Supervisors review the controls semi-annually and revise as necessary.

The following minimum requirements are followed:

Hands are washed immediately or as soon as feasible after removal of gloves or other personal protective equipment.

Following contact with blood or other potentially infectious materials, hands and any other skin will be washed with soap and water. Mucous membranes are flushed with water.

When hand washing facilities are not available, the supervisor will provide antiseptic hand cleanser and paper towels or antiseptic towelettes. Hands are washed with soap and water as soon as feasible.

Contaminated needles and other contaminated sharps are not to be bent, sheared or broken.

Recapping needles by hand is prohibited. Recapping and needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

Immediately or as soon as possible after use, contaminated sharps must be placed in puncture resistant, labeled, leak proof containers. Sharps containers are located in each lab area and are removed by the supervisor and replaced when full.

Eating (chewing gum, use of throat lozenges) drinking, smoking, applying facial cosmetics (including lip balm) and handling contact lenses are prohibited in all work areas. Prior to the consumption of any food after handling potentially infectious materials, employees will remove potentially contaminated PPE, wash hands, and exit the work area.

Food and drink are prohibited from lab or work areas, (i.e., refrigerators, freezers, shelves, cabinets, on counter tops or bench tops where blood or other potentially infectious materials are present.

All procedures involving blood or other potentially infectious materials are performed in a manner that minimizes splashing, spraying, spattering, and generation of droplets of these substances.

Personal Protective Equipment (PPE)

Personal protective equipment is provided by the supervisor, at no cost to the employee, when there is a chance of occupational exposure.

Appropriate personal protective equipment may consist of, but is not limited to, gloves, gowns, lab coats, face shields, masks, eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. PPE is considered appropriate if it does not permit blood or other potentially infectious material to pass through to the employee's work clothes, street clothes or undergarments, skin, eyes, or other mucous membranes under normal working conditions and for

the duration of time that PPE shall be used. All personal protective equipment is to be readily accessible and in the appropriate sizes. It is the employee's responsibility, when there is occupational exposure, to use the appropriate personal protective equipment.

Every one who works in a laboratory must wear eye protection and a laboratory coat. Latex or non latex gloves are worn whenever blood or blood derived materials are handled. Face shields are worn whenever there is a risk of splashes to the face or when large volumes of potentially hazardous fluids are handled.

Gloves are worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures and when handling or touching contaminated items or surfaces.

Hypoallergenic gloves, glove liners, and similar alternatives are available to employees who have documented allergy to the gloves that are usually supplied to their work area.

Boxes of gloves (small, medium and large) are kept in each cleaning area. The supervisor reorders supplies when low.

Disposable gloves are be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

Disposable gloves are not washed or decontaminated for re-use. Utility gloves (i.e., rubber household gloves) for housekeeping chores involving potential blood contact and for instrument cleaning and decontamination procedures can be used. Utility gloves may be decontaminated and reused, but should be discarded if they are peeling, cracked, or discolored, or if they have puncture, tears or other evidence of deterioration or their ability to function as a barrier is compromised.

Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, are worn whenever splashes, spray, spatter or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated.

Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments are worn in occupational exposure situations.

Housekeeping

The work site is maintained in a clean and sanitary condition according to a written schedule for cleaning and method(s) of decontamination. The schedule is based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

All equipment and working surfaces are to be cleaned and decontaminated after contact with blood or other potentially infectious materials. Contaminated work surfaces are to be decontaminated with an appropriate disinfectant after completion of procedures, immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials and at the end of the work day.

Protective coverings (plastic wrap, aluminum foil, bench paper, etc.) used to cover equipment and surfaces are to be removed and replaced as soon as feasible when they become contaminated.

All reusable bins, pails, cans and similar receptacles which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials are to be inspected and decontaminated on a regular basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Broken glassware will not be picked up directly with the hands. Mechanical means, such as tongs, forceps, or a dustpan will be utilized.

Contaminated sharps are discarded immediately or as soon as feasible in covered, puncture-resistant, leak proof, labeled containers (extras located where). These containers are accessible to personnel and located as close as is feasible to the immediate area where sharps are used. Containers will not be allowed to overfill. Containers are replaced when they are 2/3 full.

Regulated waste (Medical and Sharps) is to be placed in covered leak proof, labeled containers that are closed prior to removal. If outside contamination of the container occurs, it is placed in a second container which is also leak proof, labeled and closed prior to removal. Specify locations of infectious waste containers.

When moving containers of contaminated sharps from the area of use, the containers will be closed prior to removal and placed in a secondary container if leakage is possible. The secondary container will be covered, labeled and constructed to contain all contents and prevent leakage during handling, storage, transport or shipping.

Hepatitis B Vaccination & Post-Exposure Evaluation/Follow-Up

CSU makes available the Hepatitis B Vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

All medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are made available at no cost to the employee.

Hepatitis B Vaccination

Hepatitis B vaccination is made available to the employee after his or her attendance at a blood borne pathogen training and information session, conducted by CSU. The vaccine is made available to all employees with occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons, or the individual declines. The vaccine will be provided according to current recommendations of the U.S. Public Health Service. There is no current recommendation for booster doses. Pre-screening before receiving the hepatitis B vaccination is not routinely performed at CSU.

All employees who decline to accept hepatitis B vaccination offered by CSU will be required to sign a Hepatitis B Vaccine Declination form (Appendix A). If an employee decides to accept the vaccination at a later date, CSU will make available hepatitis B vaccination at that time. Declination forms are found in Appendix A and are kept on file the Nursing Center. To receive the hepatitis B vaccine and vaccination series contact the Nursing Center

Post-exposure Evaluation and Follow-up

The Nursing Center will initiate a confidential medical evaluation and follow-up to an employee, following a report of an exposure incident. Employees with an exposure incident will report to the Nursing Center.

For all exposure incidents, the route(s) of exposure and the circumstances under which the exposure incident occurred (to include details of the use or non-use of engineering controls, work practice controls or PPE) are documented. The source individual is identified and documented, unless identification is not feasible or prohibited by state or local law. After consent is obtained, the source individual's blood is tested for HBV and HIV status. If the exposed employee gives consent, a baseline blood sample is collected immediately following the incident with subsequent periodic samples taken at a later date. Results of the source individual's testing will be made available to the exposed employee and the employee will be informed of laws/regulations regarding the privacy rights of the source individual. The results of the source individual's blood test and

employee's blood test are confidential and will be known only to the exposure Nurse/Physician and the exposed employee. Counseling and other features of post exposure evaluation will be offered whether or not the employee elects to have baseline HIV/HBV serological testing.

Communication of Hazards to Employees

Information and Training

Supervisors are to ensure that employees with occupational exposure participate in a training program, provided at no cost to the employee by CSU. Employees are to complete training at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter.

Elements of the blood borne pathogen training program are listed in [Appendix B](#). Training aids utilized by CSU include videotapes, written materials and slides.

Labels and Signs

Each work area must keep an Emergency Notification Sign posted on the entry doors. This sign lists the names of persons who should be contacted in the event of any emergency involving the work site. While this Emergency Notification Sign may not specifically include a place for off hours telephone, they will be included whenever possible. This information will be reviewed at least annually and redated on bottom left corner.

The use of radioactive or chemically hazardous substances in the work area also requires special signs.

Signs which prohibit smoking, eating, drinking, etc. will be posted in areas where work is conducted.

Eye protection is required in all areas where there is a splash potential to the eye. Safety glasses for visitors will also be available.

Signs indicating the location of fire blankets, safety showers, fire extinguisher, and other safety devices are also available.

Entrances to laboratories, storage areas, and associated facilities have signs as necessary to warn other researchers, visitors, emergency personnel, custodians, etc. of radioactive, biological, or chemical hazards which may be present.

Record keeping

Training Records

Training records are kept by CSU for at least 3 years from the date on which the training occurred.

All training sessions are documented in writing, with records kept by CSU. The training record includes:

- dates of training sessions
- contents of training sessions
- names/qualifications of persons conducting training
- names/job titles of all persons attending training sessions

Medical Records

Confidential medical records for employees with occupational exposure are kept by the Nursing Center for the duration of employment plus 30 years.

Medical records include:

- employee's name and social security number
- employee's hepatitis B vaccination status including vaccination dates and any medical records related to the employee's ability to receive vaccinations
- results of examinations, medical testing, post-exposure evaluation and follow-up procedures
- health care professional's written opinion
- a copy of the information provided to the health care professional

The Nursing Center will ensure that employee medical records are kept confidential and are not disclosed or reported without the employee's written consent to any person within or outside the workplace except as required by this Standard and by law. Medical records are retained and coordinated by the Nursing Center. Employee health records are maintained for the duration of employment plus 30 years.

Actively Involving Employees in the Review and Update of the Exposure Control Plan

Our exposure control plan is reviewed and updated at least annually (and whenever necessary) to include:

- New or modified tasks or procedures that affect occupational exposure
- New or revised job position(s) that involve occupational exposure
- Reviews and evaluations of exposure incidents that have occurred since the previous update
- Reviews and responses to information indicating that the existing exposure control plan is deficient in any area

All employees are encouraged to provide suggestions on improving the procedures they area. Employees contribute to the review and update of the exposure control plan by:

- Participating as members of committees (e.g., safety and health, labor-management, infection control, product evaluation and selection, purchasing of equipment)
- Attending meetings to discuss safety and health issues and improvements
- Reporting issues or potential problems to supervisors
- Providing ideas, recommendations, or suggestions
- Filling out reports, questionnaires, or other documents
- Participating in other procedures as described below

The process for actively involving employees in the review and update of the plan is as follows:

Appendix A HBV Declination Form

Please complete the enclosed form and forward the completed copy to the Nursing Center.

In accordance with the OSHA Bloodborne Pathogen Standard, CSU CNC will make available the hepatitis B vaccine and vaccination series to all employees who have **occupational exposure** to blood and other potentially infectious materials. CSU will provide the vaccination series at **no charge** to the employee. All employees who qualify for vaccination have the option to accept or decline.

Please complete the appropriate section below and return this form to the Nursing Center

NAME: _____
DEPARTMENT: _____
JOB TITLE: _____
E-MAIL: _____
PHONE NUMBER: _____

_____ Check here if you have been immunized.

REQUEST FOR HEPATITIS B VACCINE

I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge. I would like to receive this vaccine if I am not already immune. Please contact me at the address above as soon as possible so I may be tested for immunity and receive this vaccine series.

Employee's Signature

Date

HEPATITIS B VACCINE DECLINATION

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 by contacting the Medical provider.

Employee's Signature

Date

Appendix B

Blood Borne Pathogens Training Program

Purpose

To minimize or eliminate occupational exposure to blood and other potentially infectious materials, (e.g., human body fluids and tissues) since an exposure could result in transmission of blood borne pathogens, which could lead to disease or death.

Scope

Covers all employees who could be "reasonably anticipated" as a result of performing their job duties to have contact with blood and other potentially infectious materials. CSU examples include medical personnel, laboratory researchers, campus police, the athletic department, plumbers, and building service personnel.

NOTE: "Good Samaritan" acts such as assisting a co-worker with a nosebleed would not be considered occupational exposure.

Training Requirements

Employees receive training upon employment or assignment to tasks involving the potential for occupational exposure. Annual retraining is required.

Blood borne Pathogens and Occupational Transmission

Definition

Blood borne pathogens are microorganisms (e.g., virus) found in human blood and body fluids that may cause disease in humans.

Examples

Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV).

Occupational routes of transmission:

- needle stick or cuts/puncture with sharp object
- splash or splatter to face or exposed skin
- contact with non-intact skin (chapped or dry hands)

Exposure Control Plan

Review of job titles and specific job tasks where there is reasonably anticipated exposure.

Review of Universal Precautions and Standard Operating Procedures (SOP):

1. Engineering and Work Practice Controls
2. Personal Protective Equipment
3. Housekeeping (cleaning/decontamination schedule)
4. Labels and Signs

Hepatitis B Vaccine (HBV)

- Safe and effective vaccine available for immunization against HBV.
- A series of 3 vaccinations.
- Vaccination against HBV is made available FREE of CHARGE to all employee who have occupational exposure to blood and other potentially infectious materials.
- Employees must sign a Declination Form if they choose not to be vaccinated, but may later request and receive the vaccine at no cost.

Exposure Management

Review of exposure incidents (e.g., needle stick).

Procedure to follow in the event of an exposure.

1. Wash the exposure area with soap and water.
2. Notify your supervisor **IMMEDIATELY**.
3. Go to the Nursing Center

Medical assessment, treatment, counseling, follow-up:

1. Confidential.
2. No cost to employee.

Recordkeeping Requirements

- Training records (EH&S).
- Medical records (Health Services).

Additional Information

- Contact your supervisor.

Contact Human Resources