Bloodborne Pathogens and Exposure Control Plan

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Purpose

The purpose of this plan is to ensure that exposure of employees to blood or other potentially infectious materials is controlled and that those employees are properly trained. This plan is meant to meet the requirements of the OSHA Bloodborne Pathogens Standard (29CFR1910.1030).

Scope

This plan applies to all employees that may be exposed to blood or other potentially infectious materials as specified below.

Roles and Responsibilities

Employees

It is the responsibility of the employees covered by this plan to know how to access this plan and to abide by the requirements herein.

Management/Faculty:

It is the responsibility of management/faculty:

• To understand how this plan applies to their employees and

To ensure that the plan is being followed including:

• Enrollment in medical surveillance;

• Administration of the HBV vaccine and;

• Completion of bloodborne pathogen training. Available in Taleo. Experienced faculty/staff may administer the bloodborne pathogen training in lieu of EHS training as long as the training covers all of the covered elements described later in this plan.

Environmental Health and Safety

It is the responsibility of EHS:

• To ensure that this plan stays up to date,

• To provide training that meets the requirements of the bloodborne pathogen standard

• To provide the mechanism by which bloodborne pathogen exposures are reported and

• To assist departments in complying with the requirements of this plan.

Procedures

Exposure determination

The Bloodborne Pathogen Standard requires the employer to make a determination of what positions have the potential for exposure to blood or other potentially infectious materials (OPIM) as defined by the standard (including human cell culture). The two classifications are defined below

Exposure Classification I: Job classifications where all employees may reasonably expect to be exposed

to blood or OPIM.
• Law Enforcement personnel
• Physicians and Nurses
• Employees designated to perform first aid
Exposure Classification II: Job classifications where some employees may reasonably expect to be exposed to blood or OPIM (with the specific tasks given in parentheses).
• Clinical faculty and staff (that work with blood or OPIM)
• Research faculty and staff (that work with blood or OPIM)
• EHS personnel (that collect waste contaminated with blood or OPIM)
• Faculty and teaching assistants (that handle blood or OPIM)
Exposure Classification III: Job classifications that may encounter blood or OPIM but do not do so on a
routine basis.
• Custodians
• Facilities Maintenance staff
• Building managers
• EHS personnel (other than listed above)
• Research faculty and staff (other than listed above)
• Clinical faculty and staff (other than listed above)
• Faculty and teaching assistants (other than listed above)
Work that may result in exposure includes:
• Drawing or processing blood
• Processing human body fluids that are OPIM
• Performing human cell culture
• Picking up contaminated waste
• Performing first aid on an individual that is bleeding
• Cleaning areas or equipment contaminated with blood or OPIM
• Laundering materials contaminated with blood or OPIM
Safety Rules
• Assume all human and animal body fluids are infectious (Universal Precautions)
• Use engineering controls and work practices to eliminate or reduce employee exposure.
• Use personal protective equipment (PPE) when necessary as determined by a hazard assessment. PPE may include gloves, lab coat or gown, facemask and face shield.
• Keep engineering controls in good working order and under current certification whenever necessary. Report problems with engineering controls immediately.
• Make handwashing facilities readily available in areas where blood or OPIMs are present.
• Employees must wash hands immediately after PPE removal, i.e., gloves, and if there is any contact with blood or OPIM.
• Needles should be used one-time only. Contaminated needles and other sharps shall not be bent, recapped, or removed unless there is no alternative and, in the case of recapping or removal, a one-handed method or mechanical device must be used.
• Contaminated sharps must be disposed of in containers that are puncture resistant, labeled or color-coded properly, leak-proof on sides and bottom, and closable on top.
• Eating, drinking, smoking, chewing, applying lip balm or cosmetics, and handling contact lenses are prohibited in areas where blood or OPIM are present.
• Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.

• Splashing, spraying, spattering and droplet generation (aerosols) will be minimized by using centrifuge covers and other techniques designed to reduce aerosol formation.
• Mouth pipetting is prohibited.
• Blood specimens or OPIM are transported and stored in leak-proof containers.
• Equipment is decontaminated with disinfectant included in Arkansas State University List of Approved Disinfectants for Use against Bloodborne Pathogens prior to servicing. This list is derived from the registered disinfectants that appear on both EPA List E and EPA List F.
• Each work area handling bloodborne pathogens must have a written cleaning schedule including autoclaving, decontamination procedure using Arkansas State University List of Approved Disinfectants for Use against Bloodborne Pathogens, and laundry handling. The supervisor is responsible for this schedule. An autoclave must also be conveniently available.
• Each supervisor is responsible for reviewing the effectiveness of the individual controls, and making corrections to conform to the Bloodborne Pathogens Standard.

Personal Protective Equipment

Required personal protective equipment shall be used in accordance with a performed hazard assessment. The assessment may be done by the person in charge of the area (faculty or manager) or
the EHS director. The EHS director must approve the level of PPE used.
• Disposable PPE should be used whenever possible.
• Reusable PPE shall be laundered on the premises whenever contamination is suspected. No PPE may be taken home to be laundered.
• PPE shall be supplied, replaced and cleaned at no cost to the employee.

Training

• All employees in exposure classification I, II or III must complete BBP training as early as practicable. Additional in-person training may be performed by a faculty or staff member knowledgeable on the subject or by the EHS director.
• All the employees must take an annual refresher either in person or online.

The training that is given must include each of the following elements:
• Explanation of epidemiology, symptoms, and transmission modes of bloodborne diseases.
• How to recognize bloodborne hazards.
• How to prevent or reduce exposure.
• How to minimize aerosol production.
• Handling needles properly.
• Information and instruction on Personal Protective Equipment location, selection, removal, decontamination, and disposal.
• Instruction on hand washing procedures.
• Information on biological waste handling and disposal.
• Information on the Hepatitis B vaccine.

In-person training, provides opportunity for interactive questions and answers with a technicallyqualified person.
• Explanation of the contents of Standard 1910.1030.
• Explanation of and access to the Exposure Control Plan.
• Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
• Explanation of color coding and labeling per 1910.1030(g).
• Handling of biological waste.

Training records should be kept by the individual giving the training and supplied upon request.

Hepatitis B Vaccine

Employees in exposure classification I or II or those newly assigned to either of these classifications will
be offered the HBV vaccination within 10 working days of initial assignment.

- The employee may decline the vaccination by signing the Hepatitis B Vaccine Status Form.
- The cost(s) of the vaccinations will be borne by the employee's department.
- The employees that receive the vaccination may not work with blood or OPIM until at least 10 days after receiving the first of the three HBV injections.
- Employees that were born in 1995 or after may have had the HBV vaccine series as a child. This must be confirmed by the employee and noted in the record.

Exposure Procedure

IMMEDIATELY FOLLOWING EXPOSURE

Exposure to blood or other potentially infectious materials that could result in infection with a bloodborne pathogen can happen by one of two routes:

- Puncture with a contaminated needle or other sharp object or
- Blood or OPIM entering the open wound of the exposed individual.

If the exposure is the result of a medical emergency, the employee should be taken to the nearest emergency medical center. The steps following may take place after the employee has been taken for
emergency medical care.

- If an exposure occurs, the exposed employee must immediately report the exposure to his or her supervisor.
- The supervisor should immediately call the Injury Nurse Hotline (855-339-1893) to report the exposure.
- The employee should receive medical attention as soon as possible. CDC recommendations state that prophylaxis is most effective when initiated within two hours of the incident; therefore, it is imperative that the employee go to one of the below listed medical facilities providing services for the Workers' Compensation program as soon as possible.
- The supervisor and employee must complete all of the steps required by the Workman's Compensation procedure after this point. For more information on this procedure view here.

Post-Exposure Follow-up

The results of the medical evaluation are to be strictly confidential between the healthcare professional
and employee. The exposed employee's supervisor will obtain a written notice from the healthcare professional and provide a copy to the employee following completion of the medical evaluation. The
notice will not contain any findings or diagnoses. The notice to the supervisor should contain the following:

- A statement that the employee has been notified of the evaluation results
- A statement that the employee has been notified of any medical conditions that may arise from the exposure which may require further treatment
- All records must be kept in accordance with the Recordkeeping section of this Plan

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