

Southside Virginia Community College
Safety Plan
Bloodborne Pathogen Exposure Control Plan

I. Introduction

The OSHA/VOSH 1910.1030 Bloodborne Pathogens Standard was issued to reduce the occupational transmission of infections caused by microorganisms sometimes found in human blood and certain other potentially infectious materials. Although a variety of harmful microorganisms may be transmitted through contact with infected human blood. Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV) have been shown to be responsible for infecting workers who were exposed to human blood and certain other body fluids containing these viruses, through routes like needlestick injuries and by direct contact of mucous membranes and non-intact skin with contaminated blood/materials, in the course of their work. Occupational transmission of HBV occurs much more often than transmission of HIV. Although HIV is rarely transmitted following occupational exposure incidents, the lethal nature of HIV requires that all possible measures be used to prevent exposure of workers.

This exposure control plan has been established by Southside Virginia Community College in order to minimize and to prevent, when possible, the exposure of our employees to disease-causing microorganisms transmitted through human blood, and as a means of complying with the Bloodborne Pathogens Standard. All employees who are exposed to blood and other potentially infectious materials as a part of their job duties are included in this program. (See Section II-Exposure Determination for a discussion of job categories and tasks that have been identified as having exposure.) This plan will be reviewed at least annually and updated as necessary by the office of the Vice President of Finance and Administration. Copies of this plan are available (for review by any employee) in the following locations:

Vice President of Finance & Administration's office
Head of Nursing Program's office
Buildings & Grounds Supervisor's office

II Exposure Determination

All job categories in which it is reasonable to anticipate that an employee will have skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials (listed below) will be included in this exposure control plan. Exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment).

List A – All Employees Are Exposed

All employees in job categories listed here are included in the plan.

<u>Job Classification</u>	<u>Tasks/Procedures</u>
Full-time Nursing Faculty Clinical/Adjunct Faculty	Repair and/or inspection of equipment Contaminated by blood or other body substances
CPR Instructors	Collections and disposal of infectious waste, especially sharps
Maintenance personnel who Clean Nursing Lab	Cleaning and disinfecting environment or equipment after contamination with blood Or other potentially infectious body substances.

List B – Some Employees Are Exposed

Job classifications in which some employees may have occupational exposure are included on this list. Since not all the employees in these categories are expected to incur exposure to blood or other potentially infectious materials, the tasks or procedures that would cause these employees to have occupational exposure are also listed. The job classifications and associated tasks for these categories are as follows:

<u>Job Classification</u>	<u>Tasks/Procedures</u>
Buildings and Grounds Workers Including Custodians and Utility Servicemen	Cleaning and maintenance of facilities

III. Methods of Compliance

Universal Precautions

All blood or other potentially infectious materials (as described in II – Exposure Determination) shall be handled as if contaminated by a Bloodborne pathogen. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

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 also be used. The following engineering controls will be utilized:

Sharps Container.

The above controls will be maintained or replaced on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows:

Nursing faculty will replace sharps containers when filled to appropriate level.

Hand washing and other general hygiene measures

Hand washing is a primary infection control measure which is protective of both the employee and the patient. Appropriate hand washing must be diligently practiced. Employees shall wash hands thoroughly using soap and water whenever hands becomes contaminated and as soon as possible after removing gloves or other personal protective equipment.

Sharps Management

Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited.

Sharps containers must be closable, puncture resistant, labeled or color-coded, and leak proof on sides and bottom, and maintained upright throughout use. Contaminated disposable sharps shall be discarded, as soon as possible after use, in the disposable sharps containers.

Overfilling of sharps containers creates a hazard when needles protrude from openings. Nearly full containers must be promptly disposed of (or emptied and decontaminated in the case of reusable sharps) and replaced. Nursing faculty are responsible for maintaining sharps containers.

Precautions in Handling Specimens

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. The container must be closed before being stored, transported, or shipped. Containers for this purpose are located in the nursing lab.

Containers must be labeled/color-coded if they go out of the facility (labeling must also be used in-house if all specimens are not handled using universal precautions.)

If outside contamination of the primary container occurs, or if the specimen could puncture the primary container, the primary container shall be placed within a secondary container which prevents leakage, and/or, resists puncture during handling, processing, storage, transport or shipping.

Management of Contaminated Equipment

Assess equipment for contamination, and decontaminate if possible, before servicing or shipping. Equipment which has not been fully decontaminated must have label attached with information about which parts remain contaminated. The nursing faculty is responsible for decontamination and/or properly labeling.

Personal Protective Equipment – General Guidelines

All personal protective equipment will be provided, repaired, cleaned, and disposed of by the employer at no cost to employees. Employees shall wear personal protective equipment when doing procedures in which exposure to the skin, eyes, mouth, or other mucous membranes is anticipated. The articles to be worn will depend on the expected exposure. Gloves, gowns, laboratory coats, face shields, masks, eye protection, mouthpieces, resuscitation bags, pocket masks are available. A variety of sizes are in stock. Employees who have allergies to regular gloves may obtain hypoallergenic gloves.

If a garment is penetrated by blood or other potentially infectious material, the garment shall be removed as soon as possible and placed in a designated container for laundering or disposal. All personal protective equipment shall be removed before leaving the work area; it shall be placed in assigned containers for storage, washing, decontamination or disposal.

Contaminated garments and linens will be placed in clear plastic bags when returning them to the hospital.

Precautions for Hands

Gloves shall be worn in the following situations:

- ✚ When it can be reasonably anticipated that hands will contact blood or other potentially infectious materials, mucous membranes, and non-intact skin:
- ✚ When performing vascular access procedures (only exception is for phlebotomists in volunteer blood donation centers):
- ✚ When handling or touching contaminated items or surfaces

Disposable Gloves

Replace as soon as feasible when gloves are contaminated, torn, punctured, or when their ability to function as a barrier is compromised.

Do not wash or decontaminate single use gloves for re-use.

Utility Gloves

Decontaminate for re-use if the gloves are in good condition. Discard when gloves are cracked, peeling, torn, punctured or show other signs of deterioration (whenever their ability to act as a barrier is compromised.)

Protection for Eyes/Nose/Mouth

Employees shall wear masks in combination with eye protection devices (goggles or glasses with solid side shields) or chin-length face shield 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. Situations which would require such protection are included in Addendum A.

Housekeeping-General Policy

The workplace will be maintained in a clean and sanitary condition. A written housekeeping procedure guide, which gives the appropriate methods and frequency of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed, must be followed.

Equipment, Environmental and Working Surfaces

Clean contaminated work surfaces with appropriate disinfectant. Remove and replace protective coverings over equipment and environmental surfaces as soon as feasible when overtly contaminated or at the end of the work shift if they may have become contaminated.

Regularly inspect/decontaminate all reusable bins, pails, cans and similar receptacles which may become contaminated with blood or OPIM. If these articles become visibly contaminated, they should be decontaminated immediately or as soon as feasible.

Special Sharps Precautions

Clean up broken glass which may be contaminated using mechanical means such as a brush and dustpan, tongs, or forceps. DO NOT pick up directly with the hand.

Reusable containers are not to be opened, emptied, or cleaned manually or in any other manner which will expose employees to the risk of percutaneous injury. DO NOT reach by hand into a container which stores reusable contaminated sharps.

Regulated Waste

Includes:

- ✚ 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
- ✚ Pathological and microbiological wastes containing blood or other potentially infectious materials.

Waste Containers

Any of the substances listed above must be placed in containers which are: closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping.

Containers must be closed prior to moving/removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. If the outside of the container becomes contaminated, it is to be placed in a second container which must have the same characteristics as the initial container as discussed above.

Communication of Hazards to Employees

Employees will be informed of hazards through an annual training program discussed in Section VI of this written plan.

Warning labels, of fluorescent orange or orange-red with lettering or symbols (either the word BIOHAZARD or the biohazard SYMBOL) in a contrasting color, 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. Contaminated equipment shall also be labeled in this manner: information about the portions of the equipment that remain contaminated shall be added to the label.

IV. Hepatitis B Vaccination Policy

General Statement of Policy

All employees who have been identified as having exposure to Bloodborne pathogens will be offered the hepatitis B vaccination series at no cost to them. In addition, these employees will be offered post-exposure evaluation and follow-up at no cost should they experience an exposure incident on the job.

Hepatitis B Vaccination

The vaccination is a series of three injections. The second injection is given one month from the initial injection. The final dose is given six months from the initial dose.

The vaccination will be made available to employees after they have attended training on Bloodborne pathogens and within 10 working days of initial assignment to a job category with exposure. The vaccination series will not be made available to employees who have previously received the complete hepatitis B vaccination series, to any employee who has immunity as demonstrated through antibody testing; or to any employee for whom the vaccine is medically contraindicated.

V. Procedures for Evaluation and Follow-up Exposure

An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

Employees who experience an exposure incident must immediately report their exposure to their immediate supervisor and to the Vice President of Finance & Administrative Services. When an employee reports an exposure incident, he/she will immediately report their exposure to their immediate supervisor and to the Vice President of Finance & Administration. When an employee reports an exposure incident, he/she will immediately be offered a confidential medical evaluation and follow-up including the following elements:

- ✚ Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred.
- ✚ Identification and documentation of the source individual unless identification is infeasible.

Southside Virginia Community College shall 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 written opinion will be limited to the following information:

- ✚ The employee has been informed of the results of the evaluation;
- ✚ The employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

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

VI. Employee Training

Employees will be trained regarding Bloodborne pathogens at the time of initial assignment to tasks where exposure may occur and annually during work hours. Additional training will be provided whenever there are changes in tasks or procedures which affect employees' occupational exposure; this training will be limited to the new exposure situation.

VII. Recordkeeping Procedures

Procedures are in place for maintaining both medical and training records. If Southside Va. Community College should cease business and there is no successor employer to receive and retain the records for the prescribed period, then the Director of the National

Institute for Occupational and Health (NIOSH) will be notified at least three months prior to the disposal of records. The records will be transmitted to NIOSH, if required by the Director, within the three month period.

Medical Recordkeeping

A medical record will be established and maintained for each employee with exposure. The record shall be maintained for the duration of employment plus 30 years in accordance with 29 CFR 1910.20. The office of the Vice President of Finance & Administration will be responsible for maintaining medical records.

Confidentiality of Medical Records

The record will be kept confidential. The contents will not be disclosed or reported to any person within or outside the workplace without the employee's express written consent, except as required by law or regulation. Employee medical records required under 1910.1030 shall be provided upon request for examination and copying to the subject employee and to the Commissioner of the Virginia Department of Labor and Industry in accordance with 29 DFR 1910.210.

Training Record

Training records shall be maintained for 3 years from the date on which the training occurred.

Training records shall be provided upon request for examination and copying to employees, to employee representatives and to the Commissioner of the Virginia Department of Labor and Industry in accordance with 29 CFR 1910.20.