

WILSON COMMUNITY COLLEGE
COMMUNICABLE DISEASE PROGRAM
| EXPOSURE CONTROL PLAN |

Locations of Copies:

Building A, Room 103c

Library, Building D, Room 101

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COMMUNICABLE DISEASES PROGRAM (EXPOSURE CONTROL PLAN)

I. PURPOSE

The purpose of the Exposure Control Plan is to significantly reduce the risk of infection for employees with potential to be exposed to blood or body fluids. The targeted diseases include Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

This plan and noted procedures are in compliance with the standards of the U.S. Department of Labor in 29 CFR 1910.1030 Occupational Safety and Health Administration (OSHA), pertaining to employees who may be subject to occupational exposure to bloodborne pathogens.

This plan identifies the job classifications that have been determined to have potential exposure to blood and other potentially-infectious materials at the college. This plan also describes the methods of compliance with applicable requirements of the Standard and a procedure for evaluating exposure incidents. All full-time and part-time employees of the College whose job classifications (Attachment 5) make them at risk for exposure to bloodborne pathogens are required to comply with this plan and with requirements of the Standard. Any failure to comply may be cause for disciplinary action.

College employees involved in the instruction of students at off-campus clinical sites will comply with the plan established by that facility as well as the Exposure Control Plan of the College.

Departments/Programs utilizing on-campus sites for instruction in which there is a high risk of exposure to bloodborne pathogens will establish specific exposure control policies and procedures as applicable to the situation in conjunction with the Program Coordinator.

A. RESPONSIBILITY

The Program Coordinator identified in Attachment 1, Section A is responsible for implementing the Exposure Control Plan and ensuring compliance with it and the Standard.

The Exposure Control Plan will be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures that affect occupational exposure, and to reflect new or revised employee positions with occupational exposure. The review and update of such plans shall also:

- Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and
- Document annual consideration and implementation of commercially available and safer medical devices designed to eliminate or minimize occupational exposure. Non-managerial employees affected by and/or using needles, or involved in the selection of needles and syringes, must be involved in the decision and provide input in choosing safer devices.

B. ACCESSIBILITY OF THE EXPOSURE CONTROL PLAN

Employees, during the employee's regular working hours or at such other time as is reasonable, may examine the Exposure Control Plan. Copies of this plan are available in areas designated under Attachment 1, Section B.

C. DEFINITIONS

Bloodborne Pathogens: pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

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

Contaminated Sharps: any contaminated object(s) that can penetrate the skin.

Engineering Controls: controls (e.g., sharps disposal containers) that isolate or remove the bloodborne pathogen hazard from the workplace.

Needleless Systems: a device that does not use needles for:

- (1) the collection of body fluids or withdrawal of body fluids after initial venous or arterial access is established;
- (2) the administration of medication or fluids; or
- (3) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Occupational Exposure: any reasonably-anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially-infectious materials that may result from the performance of an employee's duties.

Sharps with Engineered Sharps Injury Protections: a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Other Potentially Infectious Materials:

1. The following fluids: semen, vaginal secretions, cerebrospinal fluid (CSF), 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 in situations where it is difficult or impossible to differentiate between body fluids.
2. An unfixed organ or tissue (other than intact skin) from a human.
3. HIV-containing cells or tissue cultures, organ cultures, and HIV- or HIV-containing culture medium or other solutions, blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Personal Protective Equipment (PPE): specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, blouses) are not considered to be personal protective equipment.

Regulated Waste: 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; and pathological and microbiological wastes containing blood or other potentially-infectious materials.

Universal Precautions: an 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 infectious for HIV, HBV, or other bloodborne pathogens.

Work Practice Controls: controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

II. EXPOSURE DETERMINATION

The Program Coordinator, associate dean, dean and vice president (Attachment 1, Section C) are responsible for classifying tasks performed in their areas of responsibility that have a potential of exposure to blood or other infectious body fluids. Whenever possible, additional procedures are established to eliminate or reduce task-associated risks.

The Program Coordinator and individuals listed in Attachment 1, Section C shall ensure that all position descriptions, including administrative and support personnel, whether paid or volunteer, have been evaluated by the appropriate associate dean or dean and that a Risk of Exposure has been identified.

For jobs with a potential exposure, a list of tasks or procedures that present a potential occupational exposure to those employees will be prepared. Assignment of personnel to a new department in the same basic job may necessitate a formal change of job title to ensure that they will receive training according to that job's risk classification. Associate deans and deans on an annual or as needed basis must review this.

All associate deans, deans, program coordinators and supervisors are responsible for monitoring employees' job performance and for updating job descriptions/class activities if new tasks are being performed by individuals in a job/class which present a change in exposure status while on any of the College's campuses or their clinical sites.

Managers and supervisory personnel are also responsible for monitoring employees' training status and their compliance with Universal Precautions and other risk-reducing policies; being particularly attentive to recognize, act on, and prevent unsafe actions by anyone in their presence.

The program coordinator and committee members (Attachment 1, Section C) shall ensure that whenever a new position description is prepared, it is reviewed for exposure risks prior to being approved.

All employees share responsibility with and for their co-workers to ensure compliance with the letter, spirit, and intent of this institution's policies for the prevention of transmission of disease among employees, students, and visitors of the College. Therefore, each employee must know how to recognize occupational exposure and must communicate changes in the exposure classification to their supervisor if asked to perform tasks or procedures which involve an increased risk of exposure.

EXPOSURE CLASSIFICATIONS -Are listed in Attachment 5 for jobs and tasks presenting a potential risk of exposure. Attachment 1, Section D provides jobs that normally would not have an exposure risk unless certain unplanned tasks have to be performed, such as administering first aid as part of the college system or having to clean blood.

III. RECORDKEEPING

The College will maintain a record for each employee who is determined to be at risk for occupational exposure to bloodborne pathogens (Attachment 1, Section D).

Each employee's record should contain the following:

- a. Employee's name and Social Security Number,
- b. A copy of the employee's Hepatitis B vaccination status, including the dates of all Hepatitis B vaccinations or a signed declination form, and
- c. If an exposure occurs, (see Attachment L, Section E) will maintain copies of the incident report, the post-exposure follow-up, procedures performed, documentation of the route(s) of exposure, the results of the source individual's blood testing, if available, and a copy of the healthcare professional's written opinion.

A log of injuries from contaminated sharps will be maintained to help in evaluating effectiveness of preventing needlestick injuries. The (see Attachment 1, Section E) along with the departmental area is responsible for maintaining this log (Attachment 1, Section E).

RECORD MAINTENANCE

1. An employee's records will be kept confidential and not be disclosed or reported without the individual employee's written consent, except as required by federal, state, or local laws.
2. The College will maintain an employee's records for not less than thirty (30) years after the employee's termination.

TRAINING AND TRAINING RECORDS

1. Employee training records will include the following information related to specific education about bloodborne pathogens:

- a. The dates of the training sessions,
- b. The contents or a summary of the training session,
- c. The name(s) and qualifications of the person(s) conducting the employee training, d.
The names and titles of all persons attending the training sessions, and
- e. The training records must be kept for three (3) years.

2. Training will be done immediately after employment as required. Annual training is conducted per Attachment 1, Section F.

3. Training records will be maintained at the locations designated on Attachment 1, Section G and will be kept current by the Program Coordinator.

4. The College will ensure that all records required to be maintained by the OSHA Standard shall be made available upon request to federal and state officials for examination and copying.

5. Employee training records required by the OSHA Standard will be provided upon request for examination and copying to employees, to employee representatives, and to federal, state, and local officials in accordance with 29 CFR 1910.20.

6. The College shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.20(h).

7. If the College ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the College shall notify the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, at least three (3) months prior to their disposal. The College shall also transmit these records to the Director, if the Director requires them to do so, within the three (3) month period.

IV. METHODS OF COMPLIANCE

The college will practice and enforce Universal Precautions to prevent contact with blood or other potentially-infectious materials (i.e., semen, vaginal secretions, cerebrospinal fluid (CSF), synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, any body fluid that is visibly contaminated with blood and in situations where it is difficult or impossible to differentiate between body fluids).

1. Blood and body fluid precautions will be used consistently in a setting where the risk of blood exposure is present.

2. All identified employees will use barrier precautions to prevent exposure to the skin and mucous membranes (eyes, nose, mouth) when contact with blood or other potentially-infectious materials is anticipated.

3. Disposable gloves (single use) will always be replaced as soon as practical when visibly contaminated, torn, punctured, or when their ability to function as a barrier is compromised. Disposable gloves will not be washed or decontaminated for reuse.

4. Masks and protective eyewear combination (goggles or glasses with solid side shields), or face-shields which protect all mucous membranes will be worn when performing procedures that are likely to generate splashes, spray, spatter, or droplets of blood or other potentially-infectious materials.

5. Gowns, aprons, or other protective body clothing will be worn when performing procedures likely to generate splashes or splatters of blood or body fluids and in all occupational exposure situations.

6. The Hepatitis B vaccine will be offered and provided free of charge at a convenient time and place to all employees in the jobs determined to have a potential exposure to blood or other infectious body fluids.

7. Surgical caps or hoods and/or shoe covers will be worn in instances when gross contamination can reasonably be anticipated.

8. Hands or other skin surfaces will be washed immediately using a five-minute scrub if contaminated with blood or other body fluids. Hands will also be washed after removing protective gloves.

9. Safety precautions will be followed to prevent injuries caused by needles, scalpel blades, and other sharp instruments.

10. All sharps (e.g., needles, scalpels,) will be placed in properly labeled authorized containers with the international biological hazard symbol and the wording "Biohazard."

11. Identified employees with exudative lesions or weeping dermatitis will refrain from all direct patient contact during student activities and from handling patient-care equipment until the condition resolves.

12. Pregnant identified employees will be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.

A. WORK PRACTICES

1. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

2. Food or beverages will be consumed only in a safe designated area. Food and drinks will not be kept on the countertops, refrigerators or bench tops where blood or other potentially-infectious materials are present.

3. Employees will wash hands immediately, or as soon as feasible, after removal of gloves or other personal protective equipment. Antiseptic handcleansers or towelettes will be used if hand-washing facilities are not available.

4. Employees will wash their hands or any other skin for at least five (5) minutes; or flush the mucous membranes with water immediately, (if contamination is in the eyes, flush for 10-15 minutes) or as soon as possible, following contact with blood or other potentially-infectious materials.

5. Smoking is not permitted in any campus building.

6. The mucous membranes (eyes, nose, and mouth) will be protected when there is a likelihood of splatter or splashes from blood or body fluids. All procedures involving blood or other potentially-infectious materials will be performed in a manner which minimizes splashing, spraying, splattering, and the generation of droplets of these substances.

7. Mouth pipetting or suctioning of blood or other potentially-infectious materials is prohibited.

8. Contaminated needles or other contaminated sharps will not be bent, recapped, sheared, broken, or removed (a mechanical device or a one-handed technique may be used to recap or remove needles). Immediately, or as soon as possible after use, contaminated sharps will be placed in containers that are puncture-resistant, leak-resistant, and properly labeled or color-coded. All glass and hard plastics (intact or broken), which are to be discarded, will be treated as sharps.

9. Specimens of blood or other potentially-infectious materials will be placed in a designated regulated waste container.

10. Any blood or body fluid related accident (i.e. needle stick, blood or body fluid splatter or splash to the mucous membranes) would be reported immediately to the supervisor.

11. Equipment which has been contaminated with blood or other potentially-infectious materials will be decontaminated before being serviced or shipped unless it can be shown that decontamination of the equipment is not feasible. Equipment, or portions thereof, which are not decontaminated, requires that a warning label be affixed.

B. PERSONAL PROTECTIVE EQUIPMENT

All employees should have access to, become familiar with, and follow personal protective equipment policies established by each of the College's departments on all of the College's campuses and of those off-campus clinical sites in which they are participating in clinical experiences for students. Personal protective equipment will be provided, at no cost to the employee, when there is potential for an occupational exposure. A list of protective equipment is included in Attachment 1, Section H. Personal protective equipment may include the following:

Gloves, gowns, laboratory coats, face masks, face-shields or safety glasses, mouthpieces, resuscitation bags, pocket masks, or other ventilation equipment.

Personal protective equipment will be used for all occupational exposure situations; however, the employee may temporarily or briefly decline the use of equipment in the following scenario:

"Under rare and extraordinary circumstances, the employee uses his/her professional judgment that, in a specific instance, its use would have prevented delivery of healthcare or public safety services or would have posed an increased hazard to the safety of the employee."

Situations in which personal protective equipment was temporarily or briefly declined will be investigated and documented to determine if changes can be instituted to prevent future occurrences.

1. Appropriate personal protective equipment in appropriate sizes will be readily accessible in each work area. In most instances, personal protective equipment will be provided at off-campus clinical sites by the participating facility for college employees involved in patient care activities that may involve exposure. Types of equipment and its location will be determined by the facilities Exposure Control Plan.

2. Gloves will be worn when it can be reasonably anticipated that the employee may have 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.

3. Hypoallergenic gloves, glove liners, powderless gloves, and other similar alternatives will be readily accessible to employees who are allergic to gloves normally provided.

4. Cleaning, laundering, repair, replacement, or disposal of personal protective equipment will be provided at no cost to employee. The Program Coordinator should be contacted.

5. Personal protective equipment will be utilized when working with patients and potentially-infectious materials; disposable protective gloves will be used during direct patient care and handling of contaminated disposable waste items.

6. If a garment(s) is penetrated by blood or other potentially-infectious material, the garment must be removed immediately or as soon as feasible.

7. Personal protective equipment will be removed prior to leaving the work area where there is reasonable likelihood of occupational exposure.

8. Utility gloves will be decontaminated for reuse, if the integrity of the glove is not compromised. They must be cleaned in a 1:10 solution of bleach, and examined carefully before reusing. They must be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration.

9. Personal protective equipment for on-campus sites will be located in specific places as designated by individual departmental policies/procedures.

B. SHARPS

1. Only disposable needles will be used at the college and whenever applicable, safety needle devices purchased.

2. Contaminated sharps will be discarded immediately or as soon as possible in containers which are closable, puncture-resistant, leak-proof on the sides and bottom, and labeled with the international biological hazard symbol and the wording "Biohazard" or red puncture-resistant authorized containers.

3. The sharps containers will be easily accessible to personnel and located as close as possible to the areas where sharps are used.

4. The sharps containers will be maintained upright throughout use, replaced routinely and not be allowed to overflow.

5. During replacement or removal from the work area, the sharps containers will be closed to prevent the spillage or protrusion of contents during handling, storage, transport, or shipping. The sharps containers will be placed in a secondary container if leakage is possible.

6. Reusable containers will not be opened, emptied, or cleaned manually or in any other manner that will expose employees to the risk of a percutaneous injury.

7. Immediately, or as soon as possible, after use, contaminated reusable sharps must be placed in containers until properly decontaminated. These containers will be puncture resistant, leak-proof on the sides and bottom, and will either be red or affixed with a fluorescent orange or orange-red label with letters in contrasting colors and a biohazard symbol.

8. All reusable sharps will be properly sterilized or decontaminated after use as recommended by the Center for Disease Prevention and Control.

9. Contaminated reusable sharps will not be stored in a manner that requires employees to reach into the containers.

10. The Director of Facilities will maintain the Sharp Log for the College.

D. SPECIMENS

1. Specimens of blood, tissue, or other potentially-infectious materials collected or transported by the college will be placed in containers which prevent leakage during collection, handling, processing, storage, transport, or shipping.

2. The container will be red or affixed with a fluorescent orange or orange-red label with letters in contrasting colors and a biohazard symbol. The container must be closed prior to storage, transport, or shipping.

NOTE: If Universal Precautions are utilized in the handling of all specimens, the labeling/color coding system is not necessary, provided the containers are recognizable as containing specimens.

3. If outside contamination of the primary container occurs, the primary container is to be placed within a second container, which prevents leakage during handling, processing, storage, transport, or shipping and which is labeled or color-coded appropriately.

- a. If the specimen could puncture the primary container, the primary container will be placed within a secondary container that is puncture-resistant in addition to having the above characteristics.
- b. Spills of infectious material will be handled using an appropriate spill kit.

E. LAUNDRY

1. Employees handling contaminated linen will wear protective gloves and other appropriate PPE to prevent exposure to blood or other potentially-infectious materials during the handling and sorting of soiled linen and other fabric items.

2. Laundry that is contaminated with blood or other potentially-infectious materials or that may contain contaminated needles or sharps will be treated as if it were HBV/HIV infectious and handled as little as possible with a minimum amount of agitation.

3. Contaminated laundry will be bagged at the location where it was used.

4. Contaminated laundry will be placed and transported in bags that are labeled with the international biological hazard symbol and the wording "Biohazard."

5. The "Biohazard" labels used will be fluorescent orange or orange-red with the lettering in contrasting colors. The labels will be affixed to the containers by string, wire, adhesive, or any method that prevents their loss or unintentional removal.

6. Red bags or red containers may be substituted for labels.

7. Contaminated laundry that is wet and presents a reasonable likelihood of soak-through or leakage from the bag will be transported in bags or containers which prevent the fluids from the exterior.

8. All contaminated laundry shipped off-site to another facility which does not utilize Universal Precautions must be labeled or color-coded as follows:

- a. Contaminated laundry will be placed and transported in bags that are labeled with the international biological hazard symbol and the wording "Biohazard."

- b. The "Biohazard" labels used will be fluorescent orange or orange-red with the lettering in contrasting colors. The labels will be affixed to the containers by string, wire, adhesive, or any method that prevents their loss or unintentional removal.
- c. Red bags or red containers may be substituted for labels.
- d. The program coordinator or appropriate department head before shipping will contact the laundry service.

F. HOUSEKEEPING

The college department/area will be maintained in a clean and sanitary condition. A written schedule for cleaning and a method of decontamination, based on the location, type of surface, type of soil present, and procedures being performed in each area, has been developed with Housekeeping Services.

1. All equipment and environmental work surfaces will be cleaned and decontaminated after contact with blood or other potentially-infectious materials.
2. The process of decontamination will be conducted after completion of procedures; when surfaces are overtly contaminated; after the spill of blood or other potentially-infectious material; and at the end of the work shift, if the surface may have become contaminated since the last cleaning.
3. Only approved disinfectants will be used, such as a 10% solution of sodium hypochloride (household bleach) mixed fresh each day; or as listed in Attachment 1, Section 1.
4. Protective coverings such as plastic wrap, aluminum foil, or imperviously-backed absorbent will be removed at the end of the work shift or whenever they become overtly contaminated during the shift.
5. Any bins, pails, cans or other similar receptacles intended for reuse will be decontaminated on a regular basis or whenever there is visible contamination.
6. Broken glassware must be handled with the aid of a mechanical device (i.e., brush and dustpan, tongs, or forceps).

G. REGULATED WASTE

Regulated waste includes:

1. Liquid or semi-liquid blood;
2. Other potentially-infectious materials that would release blood or other potentially-infectious materials in a liquid or semi-liquid state if compressed;
3. Items that are caked with dried blood or other potentially-infectious materials and are capable of releasing these materials during handling;

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

5. Any item, such as bandages, gauze, linens, or used personal and protective equipment that becomes covered with or contains liquid blood or other potentially-infectious materials.

The following guidelines will be followed to meet the federal, state, and county guidelines; however, if the North Carolina and local medical bio hazardous waste regulations are more stringent, then these regulations will also be incorporated into the plan.

1. Specimens of blood or other potentially-infectious materials will be placed in containers which prevent leakage during the collection, handling, processing, storage, transport, or shipping.

2. For disposal of regulated waste, the College shall provide containers that are:

a. Closable.

b. Constructed to contain all contents and prevent leakage of fluids.

c. Colored red or orange-red label with letters in contrasting colors and a biohazard symbol.

3. The containers shall be closed prior to removal to prevent spillage or protruding of contents during handling, storage, transport, or shipping.

4. If outside contamination of the regulated waste container occurs, it will be placed in a second container with the same characteristics as the first container.

5. The College shall place the containers for regulated waste in every appropriate laboratory and classroom.

6. Immediately, or as soon as feasible after use, disposable sharps shall be disposed of in closable, puncture resistant, disposable containers that are leak-proof on the sides and bottom and that are labeled with a "biohazard" symbol or color-coded in red. A commercial sharps container is acceptable.

7. Any regulated waste is picked-up and transported by an outside contractor.

H. HAZARD COMMUNICATION

The College must affix florescent orange or orange-red labels with letters in a contrasting color to containers of regulated waste, refrigerators and freezers containing blood or other potentially-infectious material, and other containers that will be used to store, transport, or ship blood or other potentially-infectious materials. All such labels must have the universal biohazard symbol.

I. BLOOD SPILLS

At this college (except in special medical programs) employees and students are not to clean up another person's blood. This task is assigned to the housekeeping employees.

V. HEPATITIS AND HEPATITIS B VACCINE

A. INFORMATION ON HEPATITIS

1. Hepatitis means inflammation of the liver. Hepatitis B, which is a viral infection, is one of multiple causes of hepatitis. Many people with Hepatitis B recover completely, but approximately 10% become chronic carriers; one to two percent (1-2%) dies from fulminant hepatitis. In the group of chronic carriers, many have no symptoms and appear well, yet can transmit the virus to others. Others may develop a variety of symptoms and liver problems varying from mild to severe (chronic persistent hepatitis, chronic active hepatitis, cirrhosis, and liver failure). There is also an association between the Hepatitis B virus and hepatoma (a form of liver cancer).

2. Hepatitis B virus can be transmitted by contact with body fluids including blood (along with contaminated needles), semen, breast milk, and vaginal secretions. Health workers are at high risk of acquiring Hepatitis B due to frequent contact with blood or potentially contaminated body fluids and, therefore, the vaccine is recommended to prevent the illness.

B. INFORMATION ON HEPATITIS B VACCINE

1. Three (3) doses of Hepatitis B vaccine are needed to confer protection. Clinical studies have shown that after three (3) doses, ninety-six percent (96%) of healthy adults have been seroprotected. Doses are administered at zero (0), one (1), and six (6) months.

2. Employees who have occupational exposure will be provided, at no cost, the Hepatitis B vaccine and vaccination series, as well as post-exposure evaluation and follow-up procedures, including laboratory tests at an accredited laboratory.

3. Protocol for the above procedures will be performed under the supervision of a licensed physician or by another licensed healthcare professional and provided in accordance with the recommendations of the U.S. Public Health Service.

4. The healthcare professional responsible for the employee's Hepatitis B vaccination will be provided with a copy of 29 CFR 1920.1030 Bloodborne Pathogens if they do not have one.

5. The Hepatitis B vaccination will be available to employees within ten (10) working days of initial assignment involving potential exposure and after they have received training on the required subjects.

6. The Hepatitis B vaccine and any future booster(s) recommended by OSHA will be available to employees who have an occupational exposure, unless they have previously received the complete Hepatitis B vaccination series and antibody testing has revealed the employee is immune or the vaccine is contraindicated for medical reasons.

7. A Hepatitis B pre-screening program will not be a prerequisite for receiving the vaccination.

8. An employee who initially declines the Hepatitis B vaccination will be allowed to receive the vaccination at a later date.

9. Employees who decline to accept the Hepatitis B vaccination will be required to sign the declination statement, Attachment 2.

10. All part-time employees who may have occupational exposure to Hepatitis B will be offered the Hepatitis B vaccine free of charge, as long as they are employed by the College. If the employee's assignment ends at the College before the completion of the vaccination series, that individual will be responsible for completing the series at his or her own expense.

11. Employees who have already had the vaccine at another location must send or deliver a copy of their vaccination record to the (see Attachment 1, Section E) Office to be placed in the employee's file.

VI. POST-EXPOSURE

IMMEDIATELY TAKE THE FOLLOWING STEPS:

1. Immediately take appropriate precautionary measures. For eye, mouth, and other mucous membrane exposures, flush/rinse the exposed area thoroughly with running water for at least ten to fifteen (10-15) minutes.. For needle sticks, other punctures wounds, or contamination of any body part with blood, scrub for a minimum of five (5) minutes.

2. Report the incident to the appropriate persons (e.g., supervisor, program director, or associate dean, dean) IMMEDIATELY.

3. If the source individual is known and present, inform the individual of the incident and the need for him/her to be tested. Testing of the source individual must be done at no cost to him/her. If the source individual is known but unavailable, contact him/her as soon as feasible to inform him/her of the incident and the need to be tested.

4. If the source individual refuses to be tested or does not report for testing within a reasonable time, the source individual's physician should be contacted; or if the physician is not known, contact the County Health Department Director. The Health Department Director will then take appropriate action.

5. be sure to complete an Exposure Incident Report (Attachment 3). Additional information should be obtained if the source individual is known. It will be necessary to report the incident to the insurance representative within forty-eight (48) hours so that a worker's compensation form can be completed.

6. Arrangements for a confidential medical consultation and follow-up are made at no cost to the employee, and at a convenient time and location. The (see Attachment 1, Section E) or

Their designee, Attachment 4, sends a letter and incident report form to the physician. The College medical provider information is listed in Attachment 1, Section J.

7. The College will provide documentation detailing the route(s) of exposure, the circumstances under which the exposure incident occurred, and the identity of the source individual, unless such identification is not feasible or is prohibited by state or local law.

8. If known, the source individual's blood will be tested by a physician for HBV and HIV as soon as feasible, within forty-eight (48) hours; however,

9. If the source individual is already known to be infected with HBV or HIV, testing need not be repeated.

10. Whether the source individual's blood tests are done as a result of the exposure incident or previous testing has revealed the source individual to be infected with HBV or HIV, the results of the source individual's blood tests will be given to the exposed employee.

11. The employee will be informed of applicable laws and regulations concerning disclosure of the identity and the infectious status of the source individual at the time the source individual's testing results are given to the employee.

12. If the source individual cannot be identified, the exposed employee's blood will be tested for HBV and HIV as soon as feasible within forty-eight (48) hours and with consent.

13. If the exposed employee consents to baseline collection of blood, but refuses HIV testing, the laboratory is instructed to preserve the sample for ninety (90) days. (If, the employee elects to have the sample tested during this time period, this shall be done.)

14. If all tests on the source person and the exposed employee are negative, and the exposed employee has an adequate Hepatitis B immunity response, there will not be a need for further testing. Each case will be evaluated individually and test results reviewed. If the source person is positive for Hepatitis B or HIV at six (6) weeks, twelve (12) weeks, and six (6) months after exposure, the employee must give consent for re-testing on each occasion.

15. Follow-up of the exposed employee will include counseling, medical evaluation of any acute febrile illness that occurs within twelve (12) weeks post-exposure, and use of safe and effective post-exposure measures according to recommendations for standard medical practices.

16. Following an exposure incident, the College will provide the healthcare professional with the following information if the employee chooses to be treated by their personal physician:

- a. A copy of The Standard: 29 CFR 1910.1030 if they do not have one.
- b. A description of the exposed employee's duties as they relate to the exposure incident.
- c. Documentation of the route(s) of exposure and the circumstances under which the Exposure occurred.

- d. A result of the source individual's HIV and HBV testing if available.
- e. All records relevant to the appropriate treatment of the employee, including his/her vaccination status.

17. The department head and program coordinator must make an evaluation of the employee's work practices and protective equipment or clothing used at the time of the incident and changes made as indicated.

18. The College will provide the exposed employee with a copy of the evaluating healthcare professional's written opinion within fifteen (15) days of completion of the medical evaluation.

VII. TRAINING

A. TRAINING REQUIREMENTS

1. Training will be provided for employees who are at risk for occupational exposure to blood or other potentially-infectious materials and hazardous chemicals.

2. All affected employees are required to participate in annual training sessions offered during normal work hours at no cost to the employee.

3. Training sessions for employees will be scheduled:

- A. at the time of initial assignment to tasks involving occupational exposure.
- b. whenever tasks or procedures change which affect an employee's occupational exposure.
- c. when required due to unusual circumstances.

4. For employees who have received training on bloodborne pathogens in the year preceding the effective date of the Standard, only training with respect to the provisions of the Standard which were not included need be provided.

5. Annual training for all employees shall be provided within one (1) year of their previous training.

6. The College shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the exposure(s) created.

7. Materials appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

B. CONTENT OF TRAINING SESSIONS

1. The training program shall contain, at a minimum, the following elements:

- a. An accessible copy of the regulatory text of this Standard and an explanation of its contents.

- b. A general explanation of the epidemiology and symptoms of bloodborne diseases.
- c. An explanation of the modes of transmission of bloodborne pathogens.
- d. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan.
- e. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially-infectious materials.
- f. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
- g. Information on the types, proper use, location, removal, handling, decontamination, and disposal of protective equipment.
- h. An explanation of the basis for selection of personal protective equipment and how to gain access to it.
- i. Information on the Hepatitis B vaccine, including information on its efficacy, safety, methods of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
- j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially-infectious materials.
- k. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- l. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
- m. An explanation of the signs, labels, and/or color-coding required by the Standard.
- n. An opportunity for interactive questions and answers with the person conducting the training session.

WILSON COMMUNITY COLLEGE
Exposure Control Plan

Attachment 1

November 2013

A. Program Coordinator:

Ray Owens

Director of Facilities

Building A, Room 103c

Phone: (252) 246-1353

;

B. Exposure Control Plan copies are located:

Building A, Room 103c

Library, Building D, Room 101

Security Office, Building D, Room 103

C. Those responsible for classifying task and exposures:

Supervisors- Through appropriate Coordinator, Associate Dean, Dean, and Vice President.

D: Employees with the following departments have been identified as having a potential risk of blood or other infectious body fluids:

Associate Degree Nursing Instructor

Practical Nursing Instructor

Phlebotomy Instructor

Emergency Medical Science Instructor

Surgical Technology Instructor

*Housekeeping

*Security

Note: *Jobs that normally do not involve potential exposure, but may require performing unplanned exposure tasks such as administering initial emergency first aid; cleaning blood spill, etc.

E. Medical and Exposure Record are located:

- Continuing Education personnel maintained by Dean of Continuing Education
- Curriculum program maintained by appropriate Associate Dean.
- Administrative/staff personnel maintained by appropriate Director.
- Sharp Log records are maintained by the Director of Facilities.

F. Employees informed of these locations and other safety plans:

- At the time of initial assignment to tasks involving occupational exposure
- Whenever tasks or procedures changes which affect an employee's occupational exposure
- When required due to unusual circumstances
- During Fall Faculty/Staff Workshops
- During OSHA training sessions

G. Training records maintained by:

- Director of Facilities, Building A, Room 103c
- Human Resources Office, Building C, Room 106

II. What personal protective equipment is available?

Latex Gloves	Non-Latex Gloves	Eye Protection	Face Mask
' Apron/gowns	Safe Needle (sharps) device		

f. What cleaning solution do you use to decontaminate?

10% Bleach solution

Hepatitis B Vaccine Record Form

Attachment 2

Hepatitis B: Special Precautions:

I have read information on Hepatitis B and have had an opportunity to ask questions. I understand the benefits and risks of Hepatitis B vaccine, and voluntarily agree to be immunized. I understand that I must have 3 doses of the vaccine to confer immunity. As with all medical treatments, there is no guarantee that I will become immune. I am in general good health. I am not immunosuppressed, on hemodialysis, pregnant, or breast-feeding.

Name	SSN	Date of Birth	Age
Address	City	State Zip	Home Phone
Signature	Date	Department	

	Date:	Type:	Mfg & Lot#: (If known)	Exp. Date: (If known)	Given By: (If known)
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Hepatitis B Vaccine Declination Form

(Complete either section 1 or 2)

1. If you have never received Hepatitis B vaccine:

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 at no charge to myself.

Signature of employee: _____

Date: _____

2. If you have previously received Hepatitis B vaccine through another organization or employer:

I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. I decline hepatitis B vaccination at this time due to the fact that I have previously received all 3 hepatitis B vaccines through another organization; or I know that I already have immunity due to hepatitis B antibody count.

Signature of employee: _____

Year of hepatitis B vaccine: _____

Through what organization: _____

Wilson Community College

**Letter To Physician Evaluating Employee Injured
From Possible Blood Exposure Attachment 3**

Dear Dr. _____:

An employee at our Community College encountered a blood exposure injury on _____ . Please refer to the attached supervisor's injury report for the route of entry and circumstances regarding this incident. This employee has come to you for a medical evaluation, and you may treat as medically indicated. If you do not have one, we can supply a copy of the U.S. Public Health Service recommendations regarding these testing and treatment options.

The status of the source that may have infected the employee is indicated below:

- _____ The source cannot be determined.

- _____ The source has given their consent for HBV/HIV antibody testing to be done.

- _____ The source is known to be HBV or HIV positive.

A brief description of the employee's duties is as follows:

----- .

A copy of the medical evaluation must be delivered to the employee within 15 working days of the injury. In your report, please limit your findings to indicate that the employee has been informed of the results of the evaluation and has been informed of any medical condition possible resulting from the exposure during the incident and any further treatment that may be needed. All parties will treat the results of the investigation of this injury confidentially. Thank you for your assistance.

Sincerely,

Wilson Community College

Exposure Incident Form Attachment 4

Name of Employee: _____ SSN: _____
Date of Incident: _____ Time of Incident: _____
Location: _____

Type of Exposure (puncture, splash, cut, etc.): _____

Type of Infectious Material (blood, body tissue, body fluid, vomit...) and Amount if Known: _____

Parts of Body Exposed: _____

Severity of Exposure: (depth of puncture, etc.): _____

Circumstances (work being performed etc.):
I. How and why the exposure incident occurred:
2. The job duty being performed at the time.
3. Whether the duty being performed is a normal, routine part of the employee's job.

Methods of Control in Place: _____

Personal Protective Equipment Being Used: _____

If Personal Protective Equipment Was Not Being Used, Explain Why: _____

Action Taken (decontamination, clean-up, reporting, etc.): _____

Recommendations for Avoiding Future Incidents: _____

The Supervisor must complete this form in addition to the Injury Report Form. Contact (Attachment 1, Section E) for questions.

Attachment 5

Classifications to Exposure

Positions throughout the College have been categorized into three risk categories (I, II, III) consistent with the following designations.

Category I: Tasks that **USUALLY INVOLVE EXPOSURE** to blood, body fluids, or tissues. *All procedures or other job-related tasks that involve an inherent potential for mucous membrane or skin contact with blood, body fluids, are Category I tasks. Use of appropriate protective measures are required for every employee engaged in Category I tasks.*

Category II: Tasks that **USUALLY INVOLVE NO EXPOSURE** to blood, body fluids, or tissues, because of the nature of the tasks, blood and body fluids may be encountered. *The normal work routine usually involves NO exposure to blood, body fluids, or tissues, but exposure or potential exposure may result as a condition of employment. Appropriate protective equipment is readily available as specified in each procedure. Personnel performing Category II tasks need not wear all protective equipment at all times, but they should be prepared to put on appropriate equipment as required.*

Category III: Tasks that **INVOLVE NO EXPOSURE** to blood, body fluid, or tissues. *Category III work usually involve no exposure to blood, body fluids, or tissues (although situations can arise under which anyone might encounter potential exposure to body fluids.) Persons who perform these duties will not be called upon to perform, assist in, emergency medical care or first aid, or to be potentially exposed in some other way. Tasks that involve handling of implements or utensils, use of public or shared bathroom facilities or telephones, and casual personal contact such as handshaking are Category III tasks.*

Examples of Category I positions include: Housekeeper, Maintenance Technician, CE Health Programs Coordinator, Associate Degree Nursing Instructor, Practical Nursing Instructor, Surgical Technology Instructor, etc.

Examples of Category II positions include: Groundskeeper, Security Officer, etc.

Examples of Category III positions include most administrative, financial and student services related functions.

