BLOODBORNE PATHOGENS
EXPOSURE CONTROL PLAN
TABLE OF CONTENTS

1.0 POLICY AND PROGRAM ADMINISTRATION ..........................................................1
  1.1 Roles and Responsibilities.................................................................1
      1.1.1 Risk Management Environmental Health & Safety ..........................1
      1.1.2 BBP Program Administrator .........................................................2
      1.2 Department Supervisors ....................................................................2

2.0 DEFINITIONS ....................................................................................................3

3.0 EMPLOYEE EXPOSURE DETERMINATION .....................................................6
  3.1 Job Classifications with Reasonably Anticipated Risk for Occ. Exposure ....6
  3.2 Job Classifications with Unanticipated Risk for Occupational Exposure .....6
  3.3 Other .......................................................................................................8
  3.4 Contract Employees ...............................................................................8

4.0 METHODS OF IMPLEMENTATION AND CONTROL ........................................9
  4.1 Universal Precautions .............................................................................9
      4.1.1 Sanitizing and Disinfecting Protocol ..............................................9
      4.1.2 Disinfectant Requirements ............................................................11
  4.2 Exposure Control Plan ..........................................................................11
  4.3 Engineering and Work Practice Controls ..............................................12
      4.3.1 Engineering Controls .................................................................12
      4.3.2 Work Practice Controls .............................................................13
      4.3.3 Annual Review of Engineering and Work Practice Controls ........14
      4.3.4 Employee Participation in Engineering /Work Practice Control ....15
  4.4 Personal Protective Equipment ............................................................15
  4.5 Housekeeping .......................................................................................17
  4.6 Laundry ....................................................................................................18
  4.7 Labels .....................................................................................................19

5.0 EMERGENCY FIRST AID ............................................................................20

6.0 HEPATITIS B VACCINATION .....................................................................22

7.0 POST-EXPOSURE EVALUATION AND FOLLOW-UP .............................23
  7.1 Procedures for Evaluating the Circumstances Surrounding an Exposure Event .................................................................24

8.0 EMPLOYEE TRAINING ...............................................................................26
9.0 RECORDKEEPING .................................................................27
  9.1 Training Records .................................................................27
  9.2 Medical Records .................................................................27
  9.3 OSHA Recordkeeping ............................................................28
  9.4 Sharps Injury Log .................................................................28

APPENDICES

Appendix B Job Hazard Analysis
Appendix C Post-Exposure Prophylaxis Packet
Appendix D Sharps Inventory Form
Appendix E Operator’s Manual, Model 614B Laboratory Centrifuge
Appendix F Hepatitis B Vaccine Declination Form
Appendix G Sharps Injury Log
1.0 POLICY AND PROGRAM ADMINISTRATION

American University (AU) is committed to providing a safe and healthful work environment for its entire staff. In pursuit of this endeavor, the following Bloodborne Pathogens Exposure Control Plan (BPECP) has been developed to eliminate or minimize occupational exposure to bloodborne pathogens (BBPs) in accordance with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens standard found in the Code of Federal Regulations (CFR) 29 CFR 1910.1030 (Appendix A).

The BPECP is a key document to assist AU in implementing and ensuring compliance with the BBP standard. The BPECP pertains to AU employees identified in section 3.0 of this document. This BPECP is based upon OSHA’s model plan and, as required by the standard, includes:

1. Determination of employee exposure
2. Implementation of various methods of exposure control, including:
   - Universal precautions
   - Engineering and Work practice controls
   - Personal protective equipment (PPE)
   - Housekeeping
3. Hepatitis B vaccination
4. Post-exposure evaluation and follow-up
5. Communication of hazards to employees and training
6. Recordkeeping
7. Procedures for evaluating circumstances surrounding an exposure incident

1.1 Roles and Responsibilities

1.1.1 Risk Management & Environmental Health & Safety (RMEHS)

- Develop and administer this program
- Identify and designate a BBP Program Administrator
1.1.2 **BBP Program Administrator**

- Maintain, review, and update this program annually and whenever necessary to include new or modified tasks or procedures
- Develop and implement bloodborne pathogen awareness training
- Foster implementation and adoption of the Exposure Control Plan
- Assist individual departments whose employees have recognized risk of occupational bloodborne pathogen exposure
- Recordkeeping and review of records as needed
- Manage the hepatitis B vaccination program for eligible employees
- Provide advice and recommend proper personal protective equipment to potentially exposed employees

1.1.3 **Department Supervisors**

Individual departments, including the Student Health Center, the Department of Athletics, Public Safety, the Child Development Center, and Facilities Management have the following responsibilities:

- Direct implementation of this program
- Aid in recordkeeping: maintaining an up-to-date Sharps Injury Log
- Aid in recordkeeping: filing a Sharps Inventory Form with RMEHS annually
- Oversee and encouraging safe employee work practices
- Schedule necessary training
- Provide final determination of necessary personal protective equipment for employees
2.0 DEFINITIONS

The following definitions, taken directly from OSHA’s Bloodborne Pathogens Standard found at 29 CFR 1910.1030(b), apply to this BPECP.

**Blood** – Human blood, human blood components, and products made from human blood.

**Bloodborne Pathogen** – 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), human immunodeficiency virus (HIV) and hepatitis C (HCV).

**Clinical Laboratory** – A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

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

**Contaminated Laundry** – Laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.

**Contaminated Sharps** – Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

**Decontamination** – The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

**Employee Representative** – A person having written consent of the employee to access the employee’s medical and/or records.

**Engineering Controls** – Controls (e.g. sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

**Exposure Incident** – A specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee’s duties.

**Licensed Healthcare Professional** – A person whose legally permitted scope of practice allows him
or her to independently perform the activities required by paragraph (f) [of the Bloodborne pathogens standard] “hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.”

**Handwashing Facilities** – A facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

**HBV** – Hepatitis B virus.

**HIV** – Human immunodeficiency virus.

**HCV** – Hepatitis C virus

**Needleless Systems** – A device that does not use needles for (1) the collection of bodily 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** – Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance on an employee’s duties.

**OPIM - Other Potentially Infectious Materials**– Means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, 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 fluid in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

**Parenteral** – Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

**Personal Protective Equipment** – Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g. uniforms, pants, shirts, and blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

**Regulated Waste** – 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; and
pathological and microbiological wastes containing blood or other potentially infectious materials.

**Sharps Injury** (also, **Needlestick Injury**) – A percutaneous (through the skin) piercing wound set by a needle or other sharp instrument or object containing another person’s blood or body fluid.

**Source Individual** – Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individual who donate or sell blood or blood components.

**Sterilize** – The use of physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

**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, and other bloodborne pathogens.

**Work Practice Control** – Are controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).
3.0 EMPLOYEE EXPOSURE DETERMINATION

3.1 Job Classifications with Reasonably Anticipated Risk for Occupational Exposure

The following is a list of positions at AU where occupational exposure to blood or OPIM may reasonably be expected to occur. Individuals with job titles identified in this section are required by law to participate in all aspects of AU’s Exposure Control Plan. These job titles were identified as being at reasonably anticipated risk of exposure based on responses to the Job Hazard Analysis form (Appendix B), which indicated that either the use of sharps or administration of first aid was a part of the employee’s official job duties. Documentation of these individual’s hepatitis B vaccination status will be maintained by the Office of Risk Management and/or a third-party medical provider regardless of whether an exposure event has occurred.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Department</th>
<th>Tasks with Potential Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Physician</td>
<td>Student Health Center</td>
<td>Administering injections, collecting blood, initial first aid, gynecological examinations</td>
</tr>
<tr>
<td>Health/Nurse Practitioner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registered Nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patrol Officer</td>
<td>Public Safety</td>
<td>CPR, initial first aid</td>
</tr>
<tr>
<td>Athletic Trainer</td>
<td>Athletic Department</td>
<td>CPR, initial first aid</td>
</tr>
<tr>
<td>CDC Teacher</td>
<td>Child Development Center</td>
<td>Initial first aid, changing diapers and/or soiled clothing</td>
</tr>
<tr>
<td>Lead Teacher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrator CDC</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3.2 Job Classifications with Unanticipated Risk for Occupational Exposure

The following is a list of job classifications at AU in which some employees have a small anticipated risk for occupational exposure, but are not defined by OSHA as having a reasonably
anticipated risk for exposure. Although their anticipated risk for exposure to infectious materials is less than those identified in section 3.1 and are not required by OSHA to adhere to the University’s Exposure Control Plan, AU requires that these employees be fully enrolled and held accountable for adhering to the requirements stated in this document.

Directors and supervisors are responsible for knowing their employee’s potential risks regarding bloodborne pathogen exposure and are encouraged to attend training in support of these individuals.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Department</th>
<th>Tasks with Potential Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plumber</td>
<td>Facilities Operations</td>
<td>Contact with raw sewage¹</td>
</tr>
<tr>
<td>Facilities Maintenance</td>
<td></td>
<td>Incident support</td>
</tr>
<tr>
<td>Technician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment Manager</td>
<td>Athletics and Recreation</td>
<td>Handling soiled laundry²</td>
</tr>
<tr>
<td>Operations Manager</td>
<td></td>
<td>Incident support</td>
</tr>
<tr>
<td>Facility Manager</td>
<td></td>
<td>Incident support</td>
</tr>
<tr>
<td>Shift Supervisor</td>
<td></td>
<td>CPR, initial first aid</td>
</tr>
<tr>
<td>Lead Instructor</td>
<td></td>
<td>CPR, initial first aid</td>
</tr>
<tr>
<td>Groundskeeper</td>
<td>Grounds and Transport Operations</td>
<td>Picking up needles, used condoms, etc.</td>
</tr>
<tr>
<td>Shuttle Operator</td>
<td></td>
<td>Incident support</td>
</tr>
<tr>
<td>University Police Dispatcher</td>
<td></td>
<td>Incident support</td>
</tr>
<tr>
<td>Shift Supervisor</td>
<td>Public Safety</td>
<td></td>
</tr>
</tbody>
</table>

¹Although contact with raw sewage (not originating from a health care facility) poses a number of health hazards, OSHA does not consider these hazards to be related to bloodborne pathogens, unless otherwise determined a hazard by the employer. AU has elected to include all of plumbing employees that may potentially be exposed to raw sewage in their BPECP to ensure the highest level of safety and training possible for its employees.
OSHÀ considers contaminated laundry to be laundry that has been soiled with blood or other potentially infectious materials (OPIM) or may contain sharps. Therefore, any laundry workers with duties to launder athletic uniforms or towels contaminated with blood or OPIM will be considered an employee with potential occupational exposure. Contaminated laundry will be segregated from other laundry according to procedures identified in Section 4.6 (Laundry) and only handled by employees appropriately trained and vaccinated (unless declination is signed) according to the provisions of this BPECP.

3.3 Other

AU does not identify any other employee groups as potentially exposed to bloodborne pathogens or OPIM while conducting their job tasks. Therefore, they are not covered by OSHA’s requirements for bloodborne pathogens. However, AU encourages all employees interested in attending a training session to do so. This optional training is for information and awareness purposes only. The hepatitis B vaccination series is not offered to this group prior to an occupational exposure event. However, an employee who feels that they should be provided the hepatitis vaccine series due to the nature of their job may approach the BBP Program Administrator or their supervisor and Safety staff to discuss the matter on a case-by-case basis.

3.4 Contract Employees

There are currently no known contract employees with potential occupational exposure on campus. Contract employees are required by contract to implement and execute their own BPECP in its entirety. AU does not oversee or monitor this independent program, and is therefore not responsible for providing training, vaccination, or post-exposure prophylaxis to these individuals. AU does, however, provide site-specific training to educate employees about known hazards in the workplace (if applicable) and the necessary personal protective equipment (if any).

AU reserves the right to require proof of contract employee training and vaccination by the contracted company in job roles believed to be at risk of occupational exposure. Contracts written with clearly defined roles and responsibilities for both parties regarding bloodborne pathogens is highly encouraged.
4.0 METHODS OF IMPLEMENTATION AND CONTROL

4.1 Universal Precautions

All AU employees trained to the bloodborne pathogen standard are taught to practice universal precautions. Universal Precautions is an approach to infection control that treats all human blood and certain human body fluids as if they are known to be infectious. All employees are required to practice universal precautions when working with blood or OPIM.

4.1.1 Sanitizing and Disposal Protocol

Proper containment, clean-up, and disinfection must occur in all scenarios involving blood or OPIM. AU has adopted the following procedure for this event and all employees are expected to adhere to these standards when cleaning potentially infectious materials.

Standard Operating Procedure (SOP) for Clean-up of Small Blood Spills
Follow these procedures for cleaning up spills of blood and blood products. The same procedures can be used for cleaning up other body fluids. Do not attempt to clean larger spills that go beyond your ability to clean with the supplies on hand. Contact the Office of Risk Management for questions.

Step 1: Required Personal Protective Equipment

• Prior to beginning the clean-up, don a pair of rubber, latex, PVC or similar type gloves.

For small blood spills no other PPE should be required. For larger spills where there is a possibility of contaminating your face or other parts of your body, do not attempt to perform the clean-up.

Step 2: Equipment

The following items may be needed in handling the spill:

• EPA-registered disinfectant (for use with HIV and HBV agents); a 10% bleach solution may be substituted if no other options are available
• gloves
• red biohazard bags
• biohazard labels (available from RMEHS)
• leak-proof sharps containers
• brush & dustpan, or tongs or forceps for picking up sharps
• disinfectant wipes
**Step 3: Decontamination Procedures**

Cover the spill area with a paper towel and then pour disinfectant. Allow solution to soak into the contaminated material. Work from the outside edges of the spill inward when applying the disinfectant.

Any glass, needles, or other sharp objects that may puncture the skin may not be picked up by hand. Only mechanical means such as a brush and dustpan, tongs, or forceps are allowed. Wipe up bleached material with paper towels or absorbent pads. It may be necessary to use a scrub brush to remove the material if it impacted a hard porous surface such as concrete. If non-porous surfaces, such as a carpet have been contaminated, an approved and qualified outside vendor may be required to clean the area.

**Step 4: Disposal**

Place all clean-up materials, including gloves and any personal protective equipment worn into a labeled biohazard bag (red bag) and place into either another labeled biohazard bag or container. Ensure lids are firmly sealed on all waste containers when spill clean-up is complete and call the BBP Program Administrator for a pickup. Keep biohazard waste container in a secured area until received by Risk Management.

**Step 5: Decontaminate Re-useable Equipment**

Decontaminate with the bleach solution all potentially contaminated re-useable tools or protective equipment used in the cleanup. This includes dustpans, brooms, forceps, buckets, etc. Anything that cannot be effectively cleaned (bleach solution must be able to make contact with all surfaces) must be disposed as waste. After the contaminated area has been cleaned, use fresh water to remove bleach residue from all surfaces.

**Step 6: Wash Your Hands**

If hand-washing facilities are not available at the job site use disinfectant wipes and then wash your hands as soon as possible.

**Biohazard Exposure**

If you believe you were exposed (skin puncture or splash to eyes or mucous membranes) to biohazard material that had not been decontaminated with the bleach solution follow these recommended steps:

- **Skin exposure:** Vigorously wash affected skin with plenty of soap and water while removing contaminated clothing and shoes.
- **Eye exposure:** Wash eyes for at least 10 minutes with copious amounts of water, lifting the upper and lower eyelids occasionally.
- **Seek follow-up medical attention** by contacting your supervisor for referral to AU’s post-exposure procedure.
4.1.2 Disinfectant Requirements

Because pathogens that may be found in potentially infectious materials are often resistant to certain cleaners, the use of a cleaning product on a potentially infectious spill does not guarantee proper disinfection of the area. EPA-registered disinfectants that are designated for use with HIV and HBV agents are the only products to be used to clean contaminated surfaces. In addition to using an EPA-registered disinfectant for spill clean-up, directions provided by the manufacturer on how to decontaminate the surface must be followed. These directions include the following requirements:

1. personal protection devices for the worker performing the task;
2. that all the blood must be cleaned thoroughly before applying the disinfectant;
3. that the disposal of the infectious waste is in accordance with federal, state, or local regulations; and
4. that the surface is left wet with the disinfectant for 30 seconds for HIV-1 and 10 minutes for HBV."

The directions should be observed in conjunction with the procedure outlined in section 4.1.1 of this document. Questions and guidance in selecting an appropriate disinfectant for the situation at-hand should be directed to the BBP Program Administrator.

4.2 Exposure Control Plan

Bloodborne pathogens standard training includes details of and instruction for implementation of the BPECP. Review of the BPECP is included in annual refresher training. Each affected department identified in Sections 1.1 and 3.0 will maintain a copy of the BPECP along with the Post-Exposure Prophylaxis Packet (Appendix C) at a location deemed accessible and appropriate by that department’s management team. The master copy of the BPECP for AU is maintained by Risk Management & Environmental Health & Safety. This plan is available to all AU employees. The ECP can be found on the Risk Management & Environmental Health & Safety website: http://www.american.edu/finance/rmehs/index.cfm
Department managers are responsible for ensuring that their employees with job titles identified in Section 3.0 are properly trained. Department Managers should ensure that affected employee’s direct supervisors are aware of the training requirements. Supervisors with transient student staff (e.g. Fitness Center and laboratory workers) should review the BPECP prior to each semester to ensure that it is accurate and up-to-date. All changes should be forwarded to Risk Management & Environmental Health & Safety to ensure the Master BPECP is appropriately revised.

4.3 Engineering and Work Practice Controls

Engineering and work practices controls are part of the essential components to reducing the risk of occupational exposure to the bloodborne pathogens. Accordingly, AU will use both engineering and work practice controls to minimize the risk of occupational exposure incidents.

4.3.1 Engineering Controls

The “Needlestick Safety and Prevention Act” of November 6, 2000, mandates that employers annually identify, evaluate, and implement safer medical devices in the workplace. Therefore, syringes with engineered protective systems (such as sheathed or retractable needles) should be used by employees for injections unless there is no such system available for the procedure being performed. Additionally, an inventory of sharps currently in use on AU’s campus is maintained by the Student Health Center. Part of this process necessitates the involvement of non-managerial healthcare workers in evaluating and choosing devices that provide the maximum available protection against needle sticks. The Sharps Inventory serves as part of American University’s record that the sharps currently being used by university employees have been annually reviewed and vetted against the latest advancements in healthcare safety. Current copies of the inventory are housed in the Environmental Health & Safety office.
The Student Health Center currently uses a Quest Laboratory Centrifuge, model 614B. This model features a lid safety switch, which prevents the machine from operating while the lid is open and prevents the lid from being opened while the machine is running. Additionally, a 4 Amp circuit breaker cuts power to the machine in the event of an electrical short circuit. The manufacturer, Drucker Company, has published an operator’s manual that cites specific safety features and recommends proper care and maintenance of the machine to ensure safe operation. A copy of this manual can be found in Appendix E.

4.3.2 Work Practice Controls

Contaminated or potentially contaminated needles shall not be bent, recapped, sheared, or removed. Potentially contaminated needles, glass or other sharps will be disposed of in sharps containers (that meet the requirements defined in Section 4.5 - Housekeeping) immediately after use. All sharps containers will be disposed before they reach the marked fill line and will not be emptied by hand. Sharps containers at the student health center will not be reused. Under no circumstance should an AU employee place their hand inside a container whose contents include sharps contaminated with blood or OPIM.

Contaminated, or potentially contaminated, broken glass or needles will not be picked up directly with the hands. The tool(s) used in the cleanup of broken glass (e.g. forceps) will be decontaminated or discarded. Vacuum cleaners are not appropriate to pick up contaminated glass and will not be used for this purpose.

No eating, smoking, drinking, or application of cosmetics or lip balm is allowed where blood or OPIM are present. For the purposes of this BPECP, hand cream is not considered a cosmetic. However, petroleum-based hand creams may adversely affect the integrity of protective gloves and should not be used.
All procedures involving blood or OPIM shall be performed in a manner to minimize splashing, spraying, spattering, and generation of droplets of these substances. Mouth pipetting/suctioning of blood or OPIM is prohibited. Equipment that may become contaminated with blood or OPIM will be examined prior to servicing or shipping and shall be decontaminated as necessary, unless it is documented that decontamination of such equipment (or portions of such equipment) is not feasible. An appropriate disinfectant is defined as an EPA-listed tuberculocidal germicide or bleach mixture diluted between 1:10 and 1:100 with water. Quaternary ammonium compounds that have not been listed by the EPA as a tuberculocidal germicide are not acceptable to OSHA. All the biomedical waste will be place in closable, leak-proof containers prior to transport. In case of contamination of the outside of the primary container is likely, then a second container such as plastic bag should be place over the primary container to prevent contamination and/or leakage during handling, storage or transport.

Employees working with the laboratory centrifuge in the Student Health Center are encouraged to become familiar with the Operator’s Manual (Appendix E) and are expected to follow it’s guidelines for proper operation, care, and preventative maintenance. At no time may the features of the machine be altered without prior written approval from the manufacturer.

4.3.3 Annual Review of Engineering and Work Practice Controls

The Risk Management & Environmental Health & Safety will review and update the exposure control plan at least annually (every 12 months) and whenever necessary to reflect new or modified tasks, procedures, or potentially exposed job titles. This review will reflect innovations in procedures and technological developments that will eliminate or reduce exposure to bloodborne pathogens.
4.3.4 Employee Involvement in Engineering and Work Practice Controls

As part of the annual review process, the BBP Program Administrator will reach out to departments and employees who are identified in this document as potentially exposed. Evidence of these meetings and summary notes can be found in the RMEHS share drive, L:\RMEHS\EHS_Programs\Bloodborne Pathogen-Infection Control\2012 Review. This is done with the aim of seeking input from non-managerial employees in the identification, selection, and evaluation of effective engineering and work practice controls. Although AU is not required to request input from each and every potentially exposed employee, the employees selected each year represent a variety of exposure situations encountered on campus. Employee names and job titles are recorded as part of the meeting summary notes documents. Additionally, employees are asked to fill out a Sharps Inventory Form (Appendix D) annually in order to aid in the assessment of equipment for safety.

4.4 Personal Protective Equipment

Personal protective equipment (PPE) to prevent or minimize exposure to BBPs is provided to AU employees at no cost to the employee. The types of PPE available to employees are recommended by the BBP Program Administrator and ultimately determined by the department supervisor with specific job tasks in mind. Therefore, PPE may differ between departments. The following is a generalized list of what PPE is normally recommended for employees with reasonably anticipated risk for occupational exposure to blood or OPIM:

- Disposable latex and Nitrile gloves
- Impermeable disposable lab aprons
- Face shields, goggles, and/or protective eyeglasses
- Mouth-to-mouth resuscitative face shields

Responsibility for ensuring that PPE is readily available and in good condition is shared between the affected employees and their supervisors.
Health practitioners in the Student Health Center maintain their own inventory of PPE in their respective examination rooms. These individuals are responsible for maintaining a well-stocked room that minimally includes: disposable examination gloves, eye protection, mouth-to-mouth resuscitation face protection, a surgical type facemask, and a disposable lab apron.

Athletic coaches and trainers with first aid/CPR responsibilities will maintain PPE with their respective first aid kits. These individuals are responsible for maintaining a complete kit of PPE that minimally includes: disposable gloves, eye protection, mouth-to-mouth resuscitation face protection and a disposable gown to cover clothing.

Employees that handle contaminated clothing are responsible for disposable examination gloves and eye protection for working with contaminated laundry.

All employees must observe the following precautions and work practices involving PPE:

- Hands must washed be immediately, or as soon as feasible, after removal of gloves or other PPE.
- PPE must be removed after it becomes contaminated with blood or OPIM and before leaving the work area.
- Used PPE may be disposed in common trash or laundry if it has not been contaminated with blood or OPIM. Otherwise, it will be managed and disposed of as regulated waste in accordance with procedures and practices specified in Section 4.5.
- Appropriate gloves must be worn where it is reasonably anticipated that there may be hand contact with blood or OPIM, or when handling or touching contaminated items or surfaces. Gloves must be replace if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
- Disposable gloves will not be washed or decontaminated for reuse. Utility gloves may be decontaminated for reuse if their integrity is not compromised. The utility gloves must be disposed of if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Any garment that is contaminated with blood or OPIM must be removed immediately (or as soon as feasible) in a manner to avoid contact with the outer surface.
- Appropriate face or eye protection will be worn whenever there is a reasonably anticipated hazard of a splash, spray, or spatter of droplets of blood or OPIM to the eyes, nose, or mouth.
The procedure for handling used PPE is as follows:

- Disposable gloves will be disposed of in red bags (described in Section 4.5) and handled as regulated waste.
- Contaminated laundry (e.g. reusable lab coats) will be stored in red bags and laundered as contaminated laundry.
- Reusable PPE (such as eye glasses, goggles, and face shields) should be promptly washed after use. If the PPE was contaminated, or potentially contaminated, with blood or OPIM, it will be decontaminated with an appropriate disinfectant. An appropriate disinfectant is defined as an EPA-listed tuberculocidal germicide or bleach diluted between 1:10 with water. Quaternary ammonium compounds that have not been listed by the EPA as a tuberculocidal germicide are not acceptable to OSHA.

4.5 Housekeeping

Regulated waste will be placed in containers that are closable, constructed to contain all contents, prevent leakage, appropriate labeled or color-coded (see Section 4.7 - Labels), and closed prior to removal to prevent spillage or protrusion of contents during handling.

Contaminated sharps will be discarded as soon as possible, in containers that are closable, puncture-resistant, leak-proof on the sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers must be easily accessible and as close as feasible to the immediate area where sharps are used. Sharps disposal containers are located in the following locations:

- Each examination room (five rooms) in the Student Health Center
- The Student Health Center lab
- Athletic Training Office; Bender room G17.1
- Athletic Training Office; portable container

Sharps disposal containers and other regulated wastes will be sealed and disposed of through a licensed biological waste disposal provider. AU currently uses SteriCycle/DCS to provide these services.
4.6 Laundry

The Athletic Department routinely launders athletic uniforms, towels and related materials. Although these materials are not normally considered contaminated materials, blood or OPIM may be present. Small, dry, non-flaking blood stains on laundry is not considered by OSHA to be a contaminated material. Blood-soaked or significantly stained laundry (by blood or OPIM) should be neutralized, put in biohazard bag, and appropriately handled. This may include disposal as regulated waste or laundered by a subcontracted entity with appropriate controls for BBP-contaminated laundry. Similarly, contaminated laundry generated by the Student Health Center will be placed in a red, labeled biohazard bag and either discarded or laundered by an appropriate subcontracted entity with appropriate controls for BBP-contaminated laundry.

The following laundering requirements for contaminated laundry must be met:

- Contaminated laundry shall be handled as little as possible with a minimum of agitation.
- Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.
- Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.
- Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.
- Employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.
- When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or appropriately color-coded.
4.7 Labels

Warning labels will be affixed to containers of regulated waste; refrigerators and freezers containing blood or OPIM; and other containers used to store, transport or ship blood or OPIM. Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempt from these OSHA labeling requirements. Similarly, individual containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment, and disposal are exempt from these labeling requirements.

The following labeling methods will be used at AU:

- All containers with regulated waste will have a background that is either fluorescent orange or orange-red in color and marked with lettering and symbols in contrasting color. The Biohazard symbol and the word “Biohazard” is required.
- If the label(s) cannot be directly affixed to the container, it must be affixed as close as feasible by a string, wire, adhesive, or other method to prevent its loss or unintentional removal.

The following is OSHA’s required label as described above:
5.0 EMERGENCY FIRST AID

OSHA guidance regarding employees that are trained and designated as responsible for rendering first aid or medical assistance as part of their job duties are covered under the BBPs standard. However, OSHA will consider it a “de minimis” violation (a technical violation carrying no penalties) if employees who administer first aid as a collateral duty to their routine work assignments, are not offered the pre-exposure hepatitis B vaccination, provided that certain conditions are met. The “de minimis” classification for failure to offer hepatitis B vaccination in advance of exposure does not apply to personnel who provide first aid at a clinic, first aid station, dispensary or to health care, emergency response or public safety personnel expected to render first aid in the course of their work. These conditions are:

1. Exceptions are limited to employees who render first aid solely as a collateral duty, responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.

2. Reporting procedures must be in place to ensure that all first aid incidents involving exposure are reported to the employer before the end of the work shift during which the incident occurs.

3. Reports of first aid incidents must include the names of all first aid providers and a description of the circumstances of the accident, including the date and time as well as a determination of whether the whether an exposure incident has occurred.

4. Exposure reports must be included on a list of first aid incidents that is readily available to all employees and provided to OSHA upon request.

5. First aid providers must receive training under the BBP standard that covers the specifics of the reporting procedures.

6. All first aid providers who render assistance in any situation involving the presence of blood or OPIM, regardless of whether or not a specific exposure incident occurs, must have the vaccine made available to them as soon as possible but in no event later than 24 hours after the exposure incident.
Accordingly, all of the above requirements will be met at AU. All such incidents must be reported to an employee’s supervisor by the end of the work shift. The BBP Program Administrator must be notified immediately following the administration of first aid – regardless of whether first aid is part of the employee’s job duties or not. An internal report of the accident will be completed and an exposure determination will be conducted. If applicable the employee will be provided with the Post-Exposure Prophylaxis Packet (Appendix C).
6.0 HEPATITIS B VACCINATION

The BBP Program Administrator will provide training to employees enrolled in this program on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability to during each BBP training session conducted.

The hepatitis vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination for this plan. Although personal recommendation of vaccination can only be made by a professional physician, vaccination is generally encouraged unless:

1. Documentation exists that the employee has previously received the series,
2. Antibody testing reveals that the employee is immune, or
3. Medical evaluation shows that vaccination is contraindicated.

If an eligible employee elects to receive the hepatitis B vaccination, a qualified medical provider will conduct a medical evaluation to determine the employee’s need for vaccination. If deemed appropriate by the provider, vaccinations will then be provided to the employee at no cost to them. AU currently uses Washington Occupational Health Associates (WOHA) to provide such services to employees.

If an employee chooses to decline vaccination, the employee must sign a declination form (Appendix F) and return it to the BBP Program Administrator. Employees who initially decline may request and obtain vaccination at a later date at no cost to them. Original documentation of refusal of the vaccination is kept by the BBP Program Administrator.
7.0 POST-EXPOSURE EVALUATION AND FOLLOW-UP

An exposure incident can be identified by answering “yes” to any of the following questions:

- Did you get blood or other potentially infectious materials in your eyes, nose, or mouth?
- Did blood or OPIMs come into contact with broken skin (less than 24 hours old), including cuts or open skin rashes, or breaking of your skin in a bite?
- Did penetration of your skin by blood of OPIM contaminated sharp (needle, lancet, glass, teeth, etc.) occur?

If unsure of whether certain events pose risk of disease transmission, the National Clinician’s Post-Exposure Prophylaxis Hotline (PEPline) serves as a resource for bloodborne exposure-related information. The phone number is 888-448-4911.

If an exposure incident occurs, the employee must promptly contact both their immediate supervisor and BBP Program Administrator. When the supervisor is notified, the supervisor must supply the employee with the Post-Exposure Prophylaxis packet (Appendix C) and ensure that the BBP Program Administrator has been notified. It is the duty of the supervisor to ensure that the post exposure evaluation requirements (as outlined in the PEP Packet) are properly fulfilled.

Unless a medical declination is signed, a confidential medical evaluation and follow-up will be conducted by a licensed health care professional with appropriate capabilities for dealing with exposure to bloodborne pathogens. Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed by the affected employee:

- Report the incident to direct supervisor and BBP Program Administrator
- Complete the Consent/Refusal for HIV, HBV, and HCV Infectivity Testing Form and the Incident Report for Employee form
- If applicable, request that the source individual complete the Consent/Refusal for HIV, HBV, and HCV Infectivity Testing Form
- Report to healthcare provider with source individual, inform them of AU’s Worker’s Compensation Insurance
- Provide physician with the Incident Report form and a copy of 29 CFR 1910.1030
- Work with the BBP Program Administrator to document the routes of exposure and how the exposure occurred via the RMEHS Exposure Incident Form.
Upon notification from the affected employee, it is the responsibility of the supervisor to:

- Give the employee the PEP packet
- Secure transportation to the hospital for the employee and source individual (if applicable)
- Ensure that the BBP Program Administrator has been notified of the incident
- Complete the Incident Report for Supervisor form and return it to the BBP Program Administrator within 24 hours of the incident

The BBP Program Administrator will ensure that healthcare professionals responsible for an employee’s hepatitis B vaccination and/or post-exposure evaluation are provided a copy of OSHA’s Bloodborne Pathogens standard. Additionally, the BBP Program Administrator will ensure that the healthcare professional evaluating an employee after an exposure receives the following:

- A description of the employee’s job duties relevant to the exposure incident
- Route(s) of exposure
- Circumstances of exposure

### 7.1 Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

Risk Management & Environmental Health & Safety BBP Program Administrator will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used (including type and brand)
- Protective equipment or clothing that was used at the time of the exposure incident,
- Location of the incident
- Procedure being performed when the incident occurred
- The frequency and effectiveness of the employee’s training

Due to the frequency of sharps use at both the Student Health Center and Athletic Training Office, a designated individual from each office will record all percutaneous injuries from contaminated sharps that occur within the department on the Sharps Injury Log (Appendix G) for the Student Health Center and Athletic Training Office, respectively. This information will be forwarded within 24 hours to Risk Management & Environmental Health & Safety where it will be recorded on the Master Sharps Injury Log for AU. A new Sharps Injury Log is created annually and
will be forwarded by RMEHS to the Student Health Center during the annual review of the BPECP. If it is determined that revisions are necessary, the Director of the Student Health Center will work with the BBP Program Administrator to ensure that appropriate changes are made to this document.

All other percutaneous injuries to AU employees that occur from contaminated sharps will be immediately reported to the employee’s supervisor and Risk Management & Safety Services. This information will be promptly (within 24 hours) forwarded to Risk Management & Environmental Health & Safety and recorded on the Master Sharps Injury Log for AU. If it is determined that revisions necessary, Risk Management & Environmental Health & Safety will ensure that appropriate changes are made to this BPECP.
8.0 EMPLOYEE TRAINING

All employees who are determined to have occupational exposure to bloodborne pathogens will receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program will minimally cover the following elements as required by OSHA’s BBP standard:

- A explanation of the standard and where to access a copy
- An explanation of AU’s BPECP and where to access a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and other potentially infectious materials (OPIM), including what constitutes an exposure incident
- An explanation of the use and limitations of engineering controls, work practices, and PPE
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- An explanation of the basis of PPE selection
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- 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
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- An explanation of the signs and labels and/or color coding required by the standard and used at AU
- An opportunity for interactive questions and answers with the person conducting the training session

Training records, including the date(s) of training, qualifications of the person(s) providing the training, an attendee sign-in sheet, and class handouts will be maintained in the RMEHS office by the BBP Program Administrator.
9.0   RECORDKEEPING

9.1   Training Records

Training records will be completed for each employee upon satisfactory completion of a training session. Training records will be managed by the BBP Program Administrator and stored in the RMEHS office. These records will be maintained for a minimum of three years. The training records will include:

- The dates of training sessions
- The contents or summary (e.g. a course syllabus) of the training sessions
- The names and qualifications of persons conducting the training
- The names and job titles of all persons attending the training sessions

9.2   Medical Records

Medical records will be maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1030(h) - Access to Employee Exposure and Medical Records.

The BBP Program Administrator will ensure that required medical records are confidentially maintained for the duration of employment plus 30 years. To ensure confidentiality, RMEHS has contracted Washington Occupational Health Associates (WOHA) to provide medical consultation and record storage for employees recognized by RMEHS as having an occupational need for such services. According to contract, these records will not be destroyed without prior approval from AU.

Employee medical records will be provided from WOHA to the employee or the employee’s representative (with written authorization of the employee) within 15 working days upon initial request. Such requests should be submitted to the BBP Program Administrator for processing.
9.3 **OSHA Recordkeeping**

An exposure incident will be evaluated to determine if the case meets OSHA’s Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities will be completed by the BBP Program Administrator.

9.4 **Sharps Injury Log**

In addition to the 29 CFR 1904 recordkeeping requirements, all percutaneous injuries from contaminated sharps will also be recorded on the Sharps Injury Log. A Sharps Injury Log is maintained as a record (in written and electronic form) of each exposure incident involving a sharp. All incidents must include the following information:

- The date of the injury
- The type and brand of the device involved
- The department or work area where the incident occurred
- An explanation of how the incident occurred

This log will be reviewed by the BBP Program Administrator at least annually as part of the annual evaluation of the program and will be maintained for at least five years following the end of the calendar year in which the incident occurred. Because both the Student Health Center maintains its own departmental Sharps Injury Logs, the BBP Program Administrator will forward the Health Center a new copy annually. Personal identifiers are to be excluded when entering information into the injury logs.