

(Adapted from Oregon OSHA's Bloodborne Pathogens 2261 Pamphlet)

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## **Purpose**

TVCC is committed to the prevention of incidents or happenings which result in employee injury and illness and to comply with the Oregon OSHA bloodborne pathogens standard, Oregon Administrative Rule (OAR) 437-02-1910.1030. Through this regulation, or written exposure control plan, we share assigned responsibility and hereby adopt this exposure control plan as an element of the Treasure Valley Community College safety and health program as administered through the safety committee. A copy of this plan is available to all employees at TVCC's main website, in the Human Resources office, and in the Physical Plant office.

**The purpose of this exposure control plan is: 1) To eliminate or minimize employee occupational exposure to blood or other body fluids. 2) To identify employees occupationally exposed to blood or other potentially infectious materials (OPIM) in the performance of their regular job duties. 3) To provide employees exposed to blood and OPIM information and training. 4) To comply with OR-OSHA bloodborne pathogen standard, OAR 437-02-1910.1030. 5) To comply with the Needlestick Safety and Prevention Act.**

This regulation will include:

Definitions

Exposure Determination

Methods of Compliance

Hepatitis B Virus Vaccination

Post Exposure Evaluation and Follow-up

Training

Recordkeeping

Evaluation and Review

## **Definitions**

**BLOOD** – Means human blood, human blood components, and products made from human blood.

**BLOODBORNE PATHOGENS** – Pathogenic microorganisms that are present in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

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

**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.

**ENGINEERING CONTROLS** – Controls (e.g. sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogen hazard from the workplace.

**EXPOSURE INCIDENT** – A specific eye, mouth, 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.

**HBV** – Hepatitis B Virus

**HIV** – Human Immunodeficiency Virus

**OCCUPATIONAL EXPOSURE** – 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.

### **OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM) –**

- 1) The following human blood fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial 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) Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
- 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** – Breaks through the skin or mucous membranes such as cuts, abrasions, bites, needle sticks.

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

**SOURCE INDIVIDUAL** – Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

**UNIVERSAL PRECAUTIONS** – An approach to infection control. According to the concept of Universal Precautions, all blood and certain human body fluids are treated as if known to be infectious for HBV, HIV and other bloodborne pathogens.

**WORK PRACTICE CONTROLS** – 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).

### **Exposure Determination**

TVCC has performed an exposure determination for all common job classifications that may be expected to incur occupational exposures to blood or OPIM. This exposure determination is made without regard to use of PPE. The exposure determination shall contain the following:

- A. Job classifications in which **all** TVCC employees (including work study) which have occupational exposure. Employees will be required to receive HBV inoculations:
  - 1. Applied Health Clinical and Laboratory Instructors
    - a. Nursing
    - b. CNA / Pre-Med / Pre-Dental
    - c. EMT Training
  - 2. Science Departments
  - 3. Law Enforcement/Corrections
  - 4. Instructional Staff for Health / Physical Ed
  - 5. Athletics
    - a. Trainers
    - b. Coaches
  - 6. Childcare
- B. A list of all job classifications in which **some** employees have occupational exposure; Job classifications in which some employees have occupational exposure. Inoculations for these employees are optional:
  - 1. Industrial Technology Instructors
    - a. Welding
  - 2. Natural Resources Instructors
    - a. Forestry
    - b. Wild Land Fire Management
  - 3. Physical Plant
    - a. Custodian Staff
    - b. Maintenance Personnel
    - c. Transportation
  - 4. Agriculture
    - a. Animal Science
    - b. Ranch Management
  - 5. Faculty/Instructional Staff
    - a. Coordinator
    - b. Instructors
    - c. Aides
  - 6. Student Housing

- a. Resident Assistants
  - b. Custodial Staff
- C. A list of all tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs. Tasks and procedures in which occupational exposure occurs:
1. Nursing
    - a. Nursing Labs (needle sticks, blood and body fluids)
    - b. Medical Assistant Program (laboratory experiments involving blood and body fluids)
  2. Science
    - a. Anatomy & Physiology
      - i. Assisting with First Aid
      - ii. Cleaning up spilled blood
      - iii. Disposing of blood products from lab experiments
    - b. Biology (blood typing, dissections)
    - c. Chemistry
      - i. Procedures using needles
      - ii. Manipulation of glassware/glass tubing
      - iii. Violent reactions
  3. Physical Plant
    - a. Maintenance personnel repairing any aforementioned, contaminated equipment, or sewage systems
    - b. Custodial personnel cleaning areas where contamination may occur, restroom maintenance
  4. First Aid Responding
    - a. Contact with blood, non-intact skin, mucous membrane exposure, bodily fluid exposure
    - b. Mouth to mouth contact with mouth guard
  5. Faculty / Instructional Staff
    - a. First Aid / Emergency Response
  6. Residence Employees
    - a. First Aid Assistance
  7. Childcare
  8. Athletics

### **Methods of Compliance**

**This organization embraces “universal precautions,”** which is a method of infection control that requires the employer and the employee to assume that all human blood and specific human body fluids are infected with bloodborne pathogens. Where it’s difficult or impossible to identify body fluids, all are to be considered potentially infectious.

**Engineering and work practice controls** shall be used to minimize or eliminate exposure. Each procedure shall be evaluated to determine the safest and most effective means of reaching the desired outcome. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. The Safety Committee will examine the controls to ensure their effectiveness.

1. Hand washing facilities shall be made available to all employees who incur exposure to blood or other potentially infectious materials.

Employees / students shall wash their hands immediately after removal of gloves or other personal protective equipment. Any areas of skin which have come in contact with blood or other potentially infectious materials shall be washed with soap and water immediately or as soon as feasible. Exposed mucous membranes shall be flushed immediately with water.

If hand washing facilities are not available, (i.e. on field trips) antiseptic towelettes will be provided in the First Aid Kit. Hand washing will occur as soon as feasible.

2. Containers for reusable sharps. Contaminated sharps that are reusable shall be placed in labeled, leak-proof sharp containers immediately after use, or as soon as it is feasible. (Instructors must notify their students where reusable sharp containers are located, the responsibility for removing sharps from containers, and how often the containers will be checked to remove the sharps).
3. Work area restrictions. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in **ALL** work areas where there is likelihood of occupational exposure.

Food and drink **shall not** be stored in/on refrigerators, freezers, shelves, cabinets, counter tops or bench tops where blood or other potentially infectious materials are present.

All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

4. Specimens of blood or other potentially infectious materials shall be treated as contaminated and communicable then placed in labeled, leak-proof container during collection, handling, processing, storage, transport, or shipping.

If there is a possibility of puncture, the primary container must be placed within secondary containment which is puncture resistant in addition to being properly labeled.

5. Personal Protective Equipment (PPE) – In those areas where there is occupational exposure, personal protective equipment (PPE) will be provided at no cost to the employees. PPE shall include but not be limited to gloves, gowns, laboratory coats, face shields or masks, eye protection, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices.

Educational instructors shall ensure that the employee/student uses appropriate PPE unless the employee temporarily and briefly declined to use PPE when under rare and extraordinary circumstances; it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of Healthcare or posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

Appropriate PPE in the appropriate sizes will be readily accessible in the areas where occupational exposure is likely to occur. PPE will be repaired or replaced as needed to maintain its effectiveness.

Educational instructors shall insure that appropriate PPE in the appropriate sizes are readily accessible at the work site or are issued without cost to employees. Hypo-allergenic gloves, glove liners, powder-less gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

All PPE shall be removed and placed in an appropriate designated area for laundering, storage, or disposal, prior to leaving the work area.

All personal protective equipment will be cleaned, laundered and disposed of by the employer at no cost to the employees. All repairs and replacements will be made by the employer at no cost to employees.

All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the work area.

Disposable gloves will be worn for all procedures where it can be reasonably anticipated that there will be contact with blood, other potentially infectious materials, mucous membranes, non-intact skin, or when touching contaminated items or surfaces.

Disposable gloves used at this facility are not to be washed for reuse. Gloves shall be replaced as soon as practical when contaminated, torn, punctured, or when their ability to function as the barrier is compromised. Contaminated, used or breached gloves shall be disposed of in the specified manner.

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

Appropriate protective clothing (such as but not limited to, gowns, aprons, lab coats, clinic jackets...) shall be worn in situations where occupational exposure may occur. The type and characteristics will depend upon the task and degree of exposure.

Surgical caps, hoods, and/or shoe covers or boots shall be worn in situations where gross contamination can be anticipated.

The work place shall be maintained in a clean and sanitary condition. All equipment and working surfaces shall be cleaned and decontaminated by maintenance/janitorial staff after contact with blood or other potentially infectious materials.

Appropriate disinfectants shall be used for cleaning surfaces immediately or as soon as feasible, when they have been contaminated, and at the end of the shift if contamination may have occurred since the last cleaning.

Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs or forceps. Cleanup materials (brushes, forceps...) used for picking up contaminated or potentially contaminated materials shall be properly disinfected or disposed of after use.

Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the container where these sharps have been placed.

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked (biohazard labeled, or red color-coded) bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use.

### **Hepatitis B Vaccine, Post-Exposure Evaluation, and Follow-Up**

TVCC will offer the hepatitis B vaccine and vaccination series at no cost to exposed employees within 10 working days of initial assignment. TVCC will offer post-exposure follow-up at no cost to employees. The Director of Human Resources and/or responsible department chair will ensure that all medical evaluations and procedures, including the hepatitis B vaccine and vaccination series and prompt post-exposure follow-up, including prophylaxis, are made available at no charge to the employee and performed by the Health Department.

**Exposure** – When an employee has an exposure incident, it will be promptly reported to the Director of Human Resources at (541) 881-5835.

**Post-Exposure Evaluation and Follow-Up** – Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

1. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
2. Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;
  - a. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine the HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
  - b. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
  - c. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
3. Collection and testing of blood for HBV and HIV serological status;
  - a. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
  - b. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
4. Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the standard. All post-exposure follow-ups will be performed by **St. Alphonsus Medical Center**.

The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

1. A copy of this regulation;
2. A description of the exposed employee's duties as they relate to the exposure incident;

3. Documentation of the route(s) of exposure and circumstances under which exposure occurred;
4. Results of the source of the individual's blood testing, if available; and
5. All medical records relevant to the appropriate treatment of the employee including vaccination status, which are the employer's responsibility to maintain.

**Healthcare Professional's Written Opinion** – The Director of Human Resources will obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. The healthcare professional's written opinion for HBV vaccination will be limited to whether HBV is indicated.

### **Training and Recordkeeping**

The responsible department chair will ensure that employees are trained prior to initial assignment to tasks in which occupational exposure may occur, and that training shall be repeated within 12 months. The training program will be interactive, be tailored to the education level and language of the employee(s), be offered during the normal work shift, and be at no cost to the employee(s).

Training shall be provided as follows:

1. At the time of initial assignment of tasks where occupational exposure may take place; and
2. At least annually thereafter.

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

1. An accessible copy of the regulatory text of this standard and an explanation of its contents;
2. A general explanation of the epidemiology and symptoms of bloodborne diseases;
3. An explanation of the modes or transmission of bloodborne pathogens;
4. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
6. An explanation of the use and limitations of the methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
7. Information on the types and proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
8. An explanation of the basis for selection of personal protective equipment;
9. Information on the hepatitis B vaccine, including information on its efficacy, safety method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

11. 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;
12. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
13. An explanation of the signs and labels and/or color coding required by paragraph (g)(1); and
14. An opportunity for interactive questions and answers with the person conducting the training session.

The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

Employers shall provide additional training when changes occur, such as modification of tasks or procedures or institution of new tasks or procedures that affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

Training Records – The Director of Human Resources and/or responsible department chair is responsible for maintaining the following records. These records will be kept in a secure file.

The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020. Training records shall include the following information:

1. The date(s) of the training sessions;
2. The contents or a summary of the training sessions;
3. The names and qualifications of persons conducting the training; and
4. The names and job titles of all persons attending the training sessions.

Training records shall be maintained for 3 years from the date on of training. Employee records will be made available to the employee.

**Recordkeeping** – The Director of Human Resources is responsible for maintaining medical records as indicated below. These records will be kept in the Human Resources Office.

**Medical Records** – The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020.

This record shall include:

1. The employee name and employee ID number;
2. A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required;
3. A copy of all results of examinations, medical testing, and follow-up procedures as required;
4. The employer's copy of the healthcare professional's written opinion as required; and
5. A copy of the information provided to the healthcare professional as required.

**Confidentiality** – The employer shall ensure that employee medical records are kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside the workplace except in accordance with 29 CFR 1910.1020 or as may be required by law.

The employer shall maintain the records as required for at least the duration of employment plus 30 years and in accordance with 29 CFR 1910.1020.

**Evaluation and Review**

The Safety Committee is responsible for annually reviewing this program and its effectiveness and updating it as needed.