



NSCC Bloodborne Pathogens Exposure control Plan

29 CFR 1910.1030

Purpose

- a. The exposure control plan is designed to eliminate or minimize employee occupational exposure to human blood or other potentially infectious material (OPIM).
- b. OPIM include:
 1. Semen
 2. Vaginal secretions
 3. Amniotic fluid
 4. Saliva
 5. Any body fluid contaminated with blood.

Scope

- a. This Standard applies to all College personnel who, during the course of their employment, may come into contact with human blood or OPIM.

Responsibility

- a. Departmental supervisors shall be responsible for ensuring their employees comply with the provisions of this plan.
- b. Each College department is responsible for providing all necessary supplies such as personal protective equipment, soap, chlorine bleach, Hepatitis B vaccinations, etc. Most of these supplies are available from the Physical Plant Department.
- c. Hepatitis B vaccinations shall be administered through their County health dept.
- d. The Environmental Health and Safety Department shall be responsible for training College employees for disposing of biohazard waste contained in biohazard bags or receptacles.

Engineering and Work Practice Controls

- a. Universal precautions will be utilized by all employees in order to prevent contact with blood or OPIM. All blood or OPIM will be considered infectious.
- b. Engineering and work practice controls will be utilized to eliminate or minimize exposure to all employees working at NSCC.
 1. Employees must wash their hands or other skin with soap and water, or flush mucous membranes with water, as soon as possible following an exposure incident such as
 - splash of blood to the eyes
 - needle stick
 - blood splatter or splash onto skin
 2. Employees must wash their hands after removal of personal protective equipment (PPE). Employees shall familiarize themselves with the nearest hand washing facilities for the buildings in which they work. NSCC restrooms are public access; they will have available hand washing facilities in public restrooms. If hand washing facilities are not available, each department will provide its workers either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes.

3. Employees who encounter improperly disposed needles shall notify EHS of the location of the needle(s). Needles shall be disposed of in labeled sharps containers provided at the location. If sharps containers are not available at that the location, EHS will pick up and dispose of the needles in an appropriate, labeled sharps container.
4. Needles may be moved only by using a mechanical device or tool (forceps, pliers, broom and dust pan).
5. Breaking, bending, shearing or recapping of needles is prohibited.
6. No eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses is allowed in a work area where there is a reasonable likelihood of occupational exposure.
7. No food or drinks shall be kept in refrigerators, freezers, shelves, cabinets, or on counter tops where blood or OPIM are present.
8. Employees must perform all procedures involving blood or OPIM in such a manner as to minimize splashing, spraying, and splattering.

Housekeeping and decontamination

- a. 10% solution = One and a half cups chlorine bleach to one gallon of water to be used for decontaminating infected area(s) and tools.
- b. Lysol or other EPA-registered disinfectants. To see lists of registered disinfectants go to www.epa.gov and search registered disinfectants
- c. All contaminated work surfaces, tools, objects, etc. will be decontaminated immediately after any spill of blood or OPIM. The Chlorine bleach solution or disinfectant must be left in contact with contaminated work surfaces, tools, objects, or potentially infectious materials for 15 minutes before cleaning.
- d. Equipment that may become contaminated with blood or OPIM will be decontaminated before servicing or use.
- e. Broken glassware will not be picked up directly with the hands. Sweep or brush material into a dustpan.
- f. Known or suspected contaminated sharps shall be discarded immediately in containers that are closeable, puncture-resistant, leak-proof on sides and bottom, and marked with an appropriate biohazard label.
- g. When containers of contaminated sharps are being moved from the area of use or discovery, the containers shall be closed immediately before removal or replacement to prevent spills or protrusion of contents during handling, storage, transport, or shipping.
- h. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of needle sticks or percutaneous injury.

Other Regulated Waste

- a. Other regulated waste shall be:
 1. labeled or color coded and closed
 2. placed in containers that are closeable
- b. Biohazard containers shall be constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping.
- c. Biohazard bags and labels are available through the EHS department office.
- d. Incineration of biohazardous waste shall be handled by an outside biological waste destructor and disposal will be coordinated through the EHS dept.

Laundry Procedures

- a. Laundry contaminated with blood or OPIM will be handled as little as possible. Such laundry will not be sorted or rinsed in the area of use. EHS shall coordinate cleaning or disposal of contaminated laundry.

Personal Protective Equipment

- a. Where occupational exposure remains after institution of engineering and work controls, personal protective equipment (PPE) shall be utilized.
- b. Each of the College's department will provide gloves, face shields, eye protection, and aprons to employees and will replace or repair PPE as necessary, at no cost to employees.
- c. All PPE will be chosen based on the anticipated exposure to blood or OPIM. The PPE will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employee's clothing, skin, eyes, mouth, or mucous membranes under normal conditions of use and for the duration of time for which the PPE will be used.

Employees must:

1. Utilize PPE in occupational exposure situations.
2. Remove and decontaminate PPE that becomes contaminated by blood or OPIM immediately or as soon as possible.
3. Replace all PPE that are torn or punctured, or that lose their ability to function as a protective measure against bloodborne pathogens.
4. Remove all personal PPE before leaving the work area or work area of an accident.
5. Place all PPE in the appropriate designated area or container for storage, cleaning, repairing, decontamination, or disposal.

Hepatitis B Vaccine

- a. The Hepatitis B vaccination shall be made available after the employee has received the training in occupational exposure and within 10 working days of initial assignment.
- b. It shall be made available to all employees who have potential occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.
- c. If the employee initially declines Hepatitis B vaccination but at a later date decides to accept the vaccination, the vaccination shall then be made available.
- d. All employees who decline the Hepatitis B vaccination offered shall sign the OSHA required waiver indicating their refusal.
- e. If a routine booster dose of Hepatitis B vaccine is recommended by U.S. Public Health Service at a future date, such booster doses shall be made available at no cost to the employee.
- f. The Hepatitis B Vaccine shall be offered to all College employees who, during the course of their employment and regular job duties, may come into contact with human blood or OPIM.

Post Exposure Evaluation and Follow-up

- a. All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, it shall be reported immediately to their supervisor.
- b. Following a report of an exposure incident, the exposed employee shall go to the County Health Dept. for a confidential medical evaluation and follow-up, including at least the following elements:
 1. Documentation of the route(s) of exposure
 2. A description of the circumstances under which the exposure occurred

3. The identification and documentation of the source individual (The identification is not required if the employer can establish that identification is impossible or prohibited by state or local law.)
 4. The collection and testing of the source individual's blood for HBV and HIV serological status
 5. Post-exposure treatment for the employee, when medically indicated in accordance with the U.S. Public Health Service
 6. Counseling
 7. Evaluation of any reported illness
- c. The Healthcare professional evaluating an employee will be provided with the following information:
1. A copy of this plan.
 2. A copy of the OSHA Bloodborne Pathogen regulations (29 CFR 1910.1030)
 3. Documentation of the route(s) of exposure.
 4. A description of the circumstances under which the exposure occurred.
 5. Results of the source individual's blood testing, if available.
 6. All medical records applicable to treatment of the employee, including vaccination status.
 7. The employee will receive a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.
- d. The healthcare professional's written opinion for Hepatitis B vaccination is limited to the following information:
1. Whether the employee needs Hepatitis B vaccination;
 2. Whether the employee has received such a vaccination.
- e. The healthcare professional's written opinion for post-exposure evaluation and follow-up is limited to the following information:
1. That the employee was informed of the results of the evaluation.
 2. That the employee was informed about any medical conditions resulting from exposure to blood or OPIM that require further evaluation or treatment.
 3. All other findings or diagnoses will remain confidential and will not be in a written report.
 4. All medical evaluations shall be made by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional.
 5. All laboratory tests must be conducted by an accredited or licensed laboratory at no cost to the employee.
 6. All medical records will be kept in accordance with 29 CFR 1910.1020.

Training

- a. All high risk employees shall participate in the training programs designed to eliminate or reduce exposure. Training will occur before assignment to a task where occupational exposure may take place and at least annually thereafter. Additional training will be provided when changes such as modification of tasks or procedures affect the employee's occupational exposure.
- b. Any employee who is exposed to blood or OPIM shall receive training, even if the employee was allowed to receive the HBV vaccine after exposure.
- c. The training program will include at least the following elements:
 1. An accessible copy of the regulatory text of 29 CFR 1910.1030 and an explanation of its contents.
 2. A general explanation of the epidemiology and symptoms of bloodborne diseases.

3. An explanation of the modes of 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 or OPIM.
6. An explanation of the use and limitations of methods that will prevent or minimize exposure, including appropriate engineering controls, work practices, and PPE.
7. Information on the types, proper use, location, removal, handling, decontamination, and disposal of PPE.
8. An explanation of the basis for selection of PPE.