



SAFETY PROGRAM

EXPOSURE CONTROL WRITTEN PROGRAM

Bloodborne Pathogens

May 23, 2023

ST CLOUD TECHNICAL AND COMMUNITY COLLEGE EXPOSURE CONTROL PLAN

POLICY

The St. Cloud Technical and Community College (SCTCC) is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist our workplace in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including;
- Universal precautions
- Engineering and work practice controls
- Personal protective equipment
- Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding an exposure incident

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

PROGRAM ADMINISTRATION

- The Safety & Security Director is responsible for the implementation of the ECP. The Safety & Security Director will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number: Safety & Security Director 308-6158.
- Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIC) must comply with the procedures and work practices outlined in this ECP.
- Facilities will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The Director of Facilities and Security & Security Director will ensure that

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adequate supplies of the aforementioned equipment are available in the appropriate sizes.
Contact phone number: 308-6012.

- The Safety & Security Director will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained. Contact phone number: 308-6158.
- The Safety & Security Director, will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Contact phone number: 308-6158.

EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications at our establishment in which **all** employees have occupational exposure:

<u>JOB TITLE</u>	<u>DEPARTMENT/LOCATION</u>
<u>Nursing Instructor/Lab Assistant</u>	<u>Practical Nursing / ADN</u>
<u>Dental Instructor/Lab Assistant</u>	<u>Dental Hygiene/Dental Assisting</u>
<u>Chemistry Instructor/Lab Assistant</u>	<u>Chemistry</u>
<u>Biology Instructor/Lab Assistant</u>	<u>Biology</u>
<u>Safety & Security Director/Safety Assistant</u>	<u>Safety & Security</u>

The following is a list of job classifications in which **some** employees at our establishment have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals.

<u>JOB TITLE</u>	<u>DEPART./LOCATION</u>	<u>TASK/PROCEDURE</u>
<u>General Maintenance</u>	<u>Facilities</u>	<u>Handling Regulated Waste</u>
<u>Emergency Response Team</u>	<u>SCTCC Campus</u>	<u>Respond to medical emergency</u>

Part-time, temporary, contract and per diem employees are covered by the standard. Provisions of the standard will be met for these employees on individual basis and according to their job description.

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

All employees will utilize universal precautions.

Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting The Safety & Security Director. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

SCTCC's Safety & Security Director is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

- Personal protective equipment (PPE)
- OSHA approved phlebotomy equipment

Sharps disposal containers are inspected and maintained or replaced by the Dental Instructors/Lab Assistant, the Nursing Instructors/Lab Assistant, or the Safety & Security Director/Safety Assistant as needed.

This facility identifies the need for changes in engineering control and work practices through the review of OSHA records, employee interviews, and committee activities, etc.

We evaluate new procedures or new products regularly. The Safety & Security Director, Facilities Department, and the Safety Committee, which includes Health Division Instructors will evaluate new procedures, products, and safety equipment.

Both front line workers and management officials are involved in this process and will determine which products to be used.

The Safety & Security Director, division heads and supervisors will ensure effective implementation of these recommendations.

Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training is provided by the Safety & Security Director and/or Dean of Health Sciences and Nursing, in the use of the appropriate PPE for the tasks or procedures employees will perform.

The types of PPE available to employees are as follows:

- Gowns
- Gloves
- Eye protection
- Pocket masks.

PPEs are in the first aid kits throughout the College, facilities storage areas and science and medical labs. These supplies may be obtained in the Facilities department or through program procurement.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
- Remove PPE after it becomes contaminated, and before leaving the work area.
- Used PPE may be disposed of in a biohazard bag to be safely stored in a locked container until picked up by the regulated biohazard waste collection company.
- Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

The procedures for handling used PPE is as follows: Dispose PPE in bio hazard bag to be picked up by regulated waste management company.

Housekeeping

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels), and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling **sharps disposal containers** is:

When sharps containers are full, a Hazardous Waste Pickup request should be submitted for facilities to remove the containers and place them in locked containers to be picked up by hired regulated waste company.

The procedure for handling **other regulated waste** is:

Place in locked containers to be disposed of by hired regulated waste container company.

Contaminated sharps are discarded immediately, or as soon as possible, in containers that are closable, puncture-resistant, leakproof on sides and bottoms, and labeled or color-coded appropriately. Sharps disposal containers are available at the Dental Labs, Nursing Labs and designated restrooms.

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware which may be contaminated is picked up using mechanical means, such as a brush and dust plan.

Laundry

The following laundering requirements must be met:

- Handle contaminated laundry as little as possible, with minimal agitation
- Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use red bags or bags marked with biohazard symbol for this purpose. When appropriate, dispose of articles by a hired regulated waste company.
- Wear gowns and gloves when handling and/or sorting contaminated laundry.
- Laundry services for the Health Science & Nursing programs are provided by the Aramark.

Labels

The Safety & Security Director/Safety Assistant will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify the Safety & Security Director if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

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HEPATITIS B VACCINATION

The Safety & Security Director will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after training to employees identified in the exposure determination section of this plan. Vaccination is 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.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the Safety & Security Department files.

Vaccinations will be provided by health care professional at your local health care clinic. Arrangements will be made by The Safety & Security Director, 308-6158.

Following the medical evaluation, a copy of the health care professional's Written Opinion will be obtained and provided to the employee. It will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact the Safety & Security Director at the following number: 308-6158 or fill out an online injury report.

An immediately available confidential medical evaluation and follow-up will be conducted. Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and decide to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).

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- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

The Safety & Security Director ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

The Safety & Security Director ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- a description of the employee's job duties relevant to the exposure incident
- route(s) of exposure
- circumstances of exposure
- if possible, results of the source individual's blood test
- relevant employee medical records, including vaccination status

Human Resources provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The Safety & Security Director 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 used (including type and brand)
- protective equipment or clothing that was used at the time of the exposure incident (*gloves, eye shields, etc.*)
- location of the incident
- procedure being performed when the incident occurred
- employee's training

The Safety & Security Director will record all percutaneous injuries from contaminated sharp in the Sharps Injury Log.

If it is determined that revisions need to be made, the Safety & Security Director will ensure that appropriate changes are made to this ECP. (*Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.*)

EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive training coordinated by the Safety & Security Director.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- a copy and explanation of the standard
- an explanation of our ECP and how to obtain a copy
- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and 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 for 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 this facility
- an opportunity for interactive questions and answers with the person conducting the training session.

Training materials for this facility are available with the Safety & Security Director.

RECORDKEEPING

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least **three years** in the Safety & Security Director's files.

The training records include:

- the dates of the training sessions
- the contents or a summary of the training sessions
- the names and qualifications of persons conducting the training
- the names and job titles of all persons attending the training session

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Safety & Security Director.

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

The Human Resources Director is responsible for maintenance of the required medical records. These **confidential** records are kept in the Human Resources Department files for at least the **duration of employment plus 30 years**.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the Human Resources Director.

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by The Human Resources Workers Compensation Coordinator.

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidences must include at least:

- the date of the injury

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- 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 is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

HEPATITIS B VACCINE DECLINATION (MANDATORY)

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 series at no charge to me.

Signed: _____
(Employee Name)

Date: _____