BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN
for
South Puget Sound Community College

For Compliance with OSHA Standard
29 CFR 1910.1030 and WISHA Standard 11.40

Revised October 2013
I. Introduction

A. In accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030 and WISHA Bloodborne Pathogens Standard 11.40, the following exposure control plan has been developed.

B. South Puget Sound Community College is committed to providing a safe and healthful work environment for our students, faculty, and staff. This is our plan to eliminate or minimize occupational exposure to bloodborne pathogens.

C. Students, Faculty, and Staff who have occupational exposure to blood or other potentially infectious material (OPIM) must follow the procedures and work practices in this plan.

D. Employees can review this plan at any time during their work shifts. SPSCC will provide a copy, free of charge, to an employee within 15 days of a request.

E. This plan includes:
   1. Purpose
   2. Identify those who are at risk for exposure
   3. Controlling Employee Exposure to Bloodborne pathogens
   4. Training and Hazardous Communication
   5. Post Exposure Evaluation and Follow-up Recordkeeping
   6. Note: Part-time, temporary, contract, and per diem employees are covered by WAC 296-823, Occupational Exposure to Bloodborne Pathogens.

II. Purpose

A. The purpose of this exposure control plan is to:
   1. Eliminate or minimize student, faculty, and staff exposure to blood or other body fluids;
   2. To identify student, faculty, and staff exposed to blood or other potentially infectious materials (OPIM).
   3. To provide students, faculty, and staff exposed to blood and OPIM information and training. A copy of this plan is available to all student, faculty, and staff at the College. Copies of this exposure Control Plan are assimilated within the curriculum and given to students, and they are a part of the College Handbook.
III. Definitions

A. Blood—human blood, human blood components, and products made from human blood.

B. Bloodborne pathogens—pathogenic microorganisms that are present in human blood and cause disease in humans. The pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

C. Contaminated—items or surfaces that have, or may have, been in contact with blood or other potentially infectious materials.

D. Sharps—any object that can penetrate the skin, such as needles, scalpels, broken glass, and broken capillary tubes.

E. Decontamination—physical or chemical means used 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.

F. Engineering Controls—Controls that isolate or remove bloodborne pathogens from the workplace. Examples are sharps containers and self-sheathing needles.

G. OSHA—Occupational Safety and Health Administration

H. 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.

I. Other Potentially Infectious Materials (OPIM)—
   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 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), and 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.
   3. OPIM does not include urine, feces, sweat, tears, vomitus, or saliva unless visible blood is present; therefore, the Standard does not apply to these substances.

IV. Exposure Determination

A. Leads, Supervisors, Deans, and VP’s should perform an annual review of exposure determination for everyone in their area who perform duties or activities that may be expected to incur occupational exposures to blood or OPIM. This exposure determination is made without regard to use of personal protective equipment (PPE).
B. The following are classifications in our establishment in which ALL have occupational exposure to bloodborne pathogens:

<table>
<thead>
<tr>
<th>Department</th>
<th>Class</th>
<th>Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>(example: Day Care)</td>
<td>(Staff)</td>
<td>(Child First Aid)</td>
</tr>
<tr>
<td>Security</td>
<td>Director, Sergeants, Officers</td>
<td>Emergency Response, First Aid, suspect control</td>
</tr>
<tr>
<td>Day Care Center</td>
<td>YMCA Child Care Staff</td>
<td>Care and First Aid for Children</td>
</tr>
<tr>
<td>Head Start / Early Childhood Education</td>
<td>Staff, Students</td>
<td>Care and First Aid for Children</td>
</tr>
<tr>
<td>Dental</td>
<td>Faculty, Staff, Students</td>
<td>Instruction of and assisting with clinical procedures</td>
</tr>
<tr>
<td>Nursing</td>
<td>Faculty, Staff, Students</td>
<td>Instruction of and assisting with clinical procedures</td>
</tr>
<tr>
<td>Medical Assisting</td>
<td>Faculty, Staff, Students</td>
<td>Instruction of clinical procedures, Phlebotomy, Parenteral injections, Throat cultures</td>
</tr>
<tr>
<td>Forensics</td>
<td>Faculty, Students</td>
<td>Instruction of and performance of forensic examination procedures</td>
</tr>
<tr>
<td>Buildings and Grounds</td>
<td>Plumber</td>
<td>Repair of items that may have been used for disposal of blood or OPIM</td>
</tr>
<tr>
<td>Security</td>
<td>Custodians</td>
<td>Routine cleaning of restrooms where blood or OPIM may be encountered and cleaning releases blood or OPIM</td>
</tr>
<tr>
<td>Athletics Department</td>
<td>Coaching Staff</td>
<td>Initial First Aid for Athletic Injuries</td>
</tr>
<tr>
<td>Athletics Department</td>
<td>Faculty</td>
<td>Initial First Aid for Athletic Injuries</td>
</tr>
</tbody>
</table>

C. The following are classifications in our establishment in which SOME have occupational exposure to bloodborne pathogens:

<table>
<thead>
<tr>
<th>Department</th>
<th>Class</th>
<th>Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Science</td>
<td>Biology Faculty, Educational Assistant</td>
<td>Lab analysis of human blood or OPIM</td>
</tr>
<tr>
<td>Security</td>
<td>Office Assistant, Student Employees</td>
<td>Providing customer service at front desk for those needing minor first aid (i.e. Band-Aids)</td>
</tr>
<tr>
<td>Enrollment Services</td>
<td>Classified Staff</td>
<td>Providing customer service at front desk for those needing minor first aid (i.e. Band-Aids)</td>
</tr>
<tr>
<td>Financial Aid</td>
<td>Classified Staff</td>
<td>Providing customer service at front desk for those needing minor first aid (i.e. Band-Aids)</td>
</tr>
<tr>
<td>Culinary Arts</td>
<td>Faculty, Staff, Students</td>
<td>Kitchen workers exposed to blood or OPIM as a result of accidents during food preparation</td>
</tr>
</tbody>
</table>
V. Contact names and phone numbers:

A. The College President (596-5206) has the ultimate responsibility for the health and safety of the college. He supports and enforces this plan in its entirety.

B. The Vice President of Planning, Effectiveness, and Operations (596-5268) is responsible for implementing the exposure control plan.

C. The Director of Campus Security (596-5299) in coordination with the Safety Committee will maintain, review, and update the exposure control plan at least annually, and whenever necessary to include new or modified tasks and procedures.

D. The Chief of Human Resources (596-5500) will make this plan available to employees, and WISHA (Washington Industrial Health and Safety Act) representatives.

E. The Chief of Human Resources (596-5500) will be responsible for making sure all medical actions required are performed, and that appropriate employee medical records are maintained.

VI. Responsibilities

A. Faculty, Supervisors (including Deans, Directors, etc.) must ensure that everyone under their supervision works in a safe and healthy environment and are aware of the potential hazards of the assigned duties. They must ensure that the provisions of this plan are followed by all everyone with occupational exposure, by doing the following:

1. Providing a copy of this exposure control plan,
2. Enforcing compliance with this plan,
3. Ensuring everyone receives the proper training before assignment to duties with occupational exposure,
4. Ensuring all employees attend an annual training session,
5. Requesting a makeup session for employees who miss one of the prearranged annual training sessions provided, and
6. Performing follow-up procedures for all exposure incidents.

B. Students, Faculty, and staff must work in a safe manner to protect themselves and others around them. They must follow the specifications of this plan while performing their tasks and duties.

C. Educators that use blood or OPIM as part of the learning experience must inform their students of the risks involved with the work, how to conduct themselves in a safe manner, and of the availability of the hepatitis B vaccine.

D. Campus Security coordinates and / or provides the OSHA-mandated bloodborne pathogen annual training to employees who are covered by this Exposure Control Plan.
VII. CONTROLLING EMPLOYEE EXPOSURE TO BLOODBORNE PATHOGENS

A. Infection control or isolation system used; Students, Faculty, and Staff must:

1. Use appropriate work practices, standard (universal) precautions, to prevent contact with blood or OPIM. Using Universal Precautions means that all blood, or OPIM, will be considered infectious regardless of its source.

2. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. Engineering and work practice controls will consist of safety needles, sharps containers, biohazardous waste containers, eye wash stations, and hand washing stations. The previous controls will be examined and maintained on a regular schedule by Supervisors and/or Deans of each area.

3. Wash their hands immediately (or as soon as feasible) after removal of gloves or other personal protective equipment.
   a. Handwashing shall be done by all faculty, instructional tech(s), staff, and students who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring such exposure.
   b. It is anticipated that most people will have access to hand washing facilities. Those who perform work outside of the facilities, i.e., members of the Campus Security or Buildings and Grounds Departments, should be equipped with portable antiseptic for immediate use. If this alternative is used, the employee must wash their hands with soap and water as soon as feasible.

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

5. Gloves shall be worn where it is reasonably anticipated that students and staff will have hand contact with: blood, other potentially infectious materials, non-intact skin, or mucous membranes. Gloves are also to be worn when: performing vascular access procedures and handling or touching contaminated items or surfaces.

6. Disposable gloves used at this facility will not to be washed or decontaminated for re-use. Disposable gloves will be replaced as soon as practical when they become contaminated or as soon as feasible when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised.

7. Utility gloves will be discarded when their ability to function as a barrier is compromised.

8. Staff and students shall ensure that after the removal of personal protective gloves, hands and any other potentially contaminated skin area will be washed immediately or as soon as feasible with soap and water or an alcohol based rub.


10. Food and drink should not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or OPIM are present.

11. Following contact with blood or OPIM, the area of contact will be washed with soap and water. Mucous membranes are flushed with water.

12. Examine and maintain or replace equipment and devices on a regular schedule to make sure they remain effective.
13. Make sure that you don’t bend, recap, or remove contaminated needles or other contaminated sharps unless you can demonstrate that there is no feasible alternative or that it’s required by a specific medical or dental procedure
   a. Bending, recapping or needle removal must be done by using a mechanical device or a one-handed technique.
14. Place contaminated reusable sharps immediately, or as soon as possible after use, in appropriate containers until properly decontaminated. Containers must be all of the following:
   a. Puncture resistant
   b. Labeled or color-coded as described in this chapter
   c. Leak proof on the sides and bottom
   d. Meet the same requirements as the container for disposable sharps, except they don’t need to be closable.
15. Store or process contaminated reusable sharps so employees aren’t required to reach into the container or sink by hand.
16. In medical assisting laboratory work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, students are not to eat, drink, apply cosmetics or lip balm, smoke or handle contact lenses.
17. Make sure reusable sharps containers aren’t opened, emptied, or cleaned manually or in any other manner that would expose employees to contaminated sharps.
18. The medical assisting staff shall ensure if students incur exposure to mucous membranes, then those areas shall be washed or flushed with water as soon as feasible following contact.
19. Make sure all procedures involving blood or OPIM are performed so splashing, spraying, spattering, and generation of droplets are minimized.
   a. Examples include:
      i. Appropriate operation and use of recommended controls for surgical power tools, lasers and electrocautery devices
      ii. Use of personal protective equipment when contact with blood or OPIM is reasonably anticipated
      iii. Making sure cleaning procedures don’t generate unnecessary splashes, spraying, spattering, or generation of droplets.
20. Attach appropriate labels to:
   a. Containers used to store, transport, or ship blood or other potentially infectious materials (OPIM) including:
      i. Refrigerators
      ii. Freezers
      iii. Sharps containers
      iv. Contaminated equipment
      v. Laundry bags and containers
      vi. Specimen containers
      vii. Regulated waste containers.
VIII. Personal Protective Equipment (PPE)

A. Where a possible occupational exposure remains after implementing engineering and work controls, employees must use personal protective equipment that SPCC provides for employees. The college will replace or repair this employee equipment as necessary. Students are required to provide non-latex disposable gloves and lab coats.

B. Appropriate PPE may consist of gloves, gowns, lab coats, eye protection, face shields or masks, and mouthpieces or other ventilation devices, depending on the anticipated exposure.

C. Supervisors must:
   1. Determine what level of PPE their staff needs.
   2. Assure that their staff have appropriate PPE and wear it as needed, and
   3. Make PPE readily accessible or issue it to the employee, in the appropriate sizes.

D. Employees, Students must:
   1. Use protective equipment in all occupational exposure situations.
   2. Wear appropriate face and eye protection. Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated.
   3. Wear appropriate gloves when you:
      a. Can reasonably anticipate hand contact with blood or OPIM
      b. Handle or touch contaminated items or surfaces
      c. Replace gloves if torn, punctured, contaminated, or otherwise damaged.
      d. Decontaminate reusable gloves if they don’t show signs of cracking, peeling, tearing, puncturing, or other deterioration.
      e. Never wash or decontaminate disposable gloves for reuse.
      f. Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
   4. Remove PPE after it becomes contaminated, and before leaving the work area garments that become contaminated with blood or OPIM immediately, or as soon as possible.
   5. Remove blood- or OPIM-contaminated garments immediately or as soon as feasible, in a manner that avoids contact with the contaminated surface.
6. Replace all items that are torn or punctured, or that lose their ability to function as a barrier to bloodborne pathogens,
7. Remove all PPE before leaving the work area. Gloves should always be the last item removed, and
8. Place all items in the appropriate designated area or container for storage, cleaning, decontamination, or disposal.
9. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
10. All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.
11. Methods which will be employed at this facility to accomplish this goal are: covers on centrifuges, proper technique using disposable pipets and inoculating loops, low water volume running through faucets, and appropriate use of PPE.
12. Specimens of blood or other potentially infectious materials will be placed in a container recognizable as biohazardous collection containers which prevent leakage during the collection, handling, processing, storage, and transport of the specimens. The container used for this purpose will be labeled in accordance with the requirements of the OSHA standard.
13. Any specimens which could puncture a primary container will be placed within a secondary container which is puncture resistant. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.
14. The staff is responsible for ensuring that equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible. Manufacturer’s recommendations and appropriate use of barriers will be incorporated during all equipment decontamination.

XVI. Housekeeping
A. Faculty, Supervisors of each area where occupational exposure may occur are responsible for making sure these areas are maintained in a clean and sanitary condition. Follow these housekeeping rules to protect people from exposure:
1. The facility will be cleaned and decontaminated with 10:1 bleach solution following each class if the work surfaces may have become contaminated since the last cleaning. All contaminated work surfaces will also be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials.
2. Rest rooms surfaces, including sinks, toilets, personal hygiene receptacles, and floors, must be disinfected daily using an EPA registered disinfectant.
3. Personal hygiene receptacles in rest rooms must be lined with a disposable bag or other suitable product.
4. Work surfaces where blood or OPIM are used shall be cleaned and decontaminated at the end of the work day or lab period using the above procedures.
5. Contaminated broken glassware or other sharp objects should never be picked up with hands; use tongs or other similar means instead. The object must be placed into a puncture resistant container and disposed of as medical waste.
6. Protective coverings used to cover equipment and surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated, or at the end of the day if they become contaminated during the day.
7. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would injure an employee.
8. Contaminated lab coats, work clothing, security uniforms, must be stored in a biohazard bag until they can be laundered. Laundering should only be done by personnel who have received bloodborne pathogen training or by a laundry service. Lab coats should not be taken home for laundering.

9. Objects, instruments, security leather gear, or other porous articles, tools, or equipment that are contaminated and can’t be laundered should be properly disposed of in a properly labeled biohazard bag.

10. Security handcuffs, batons, flashlights or other non porous tools or equipment should be disinfected using a 10:1 bleach solution or other cleaner specifically designed for decontamination of bloodborne pathogens.

11. Dispose of liquid waste in the sanitary sewer system. Waste materials supersaturated with blood or grossly caked with blood that could easily be released must be disposed of as infectious waste. These items must be placed in a leak-proof red bag with the biohazard label, and then stored for disposal by a medical waste handler.

11. Regulated waste is placed in containers which:
   a. Contain all contents
   b. Do not leak
   c. Are appropriately labeled or color-coded (see Labels section of this plan)
   d. Are closed prior to removal to prevent contact spilling or protruding during handling.

XVII. Response to Spills of Blood or Other Infectious Material

A. Report blood spills of unknown origin to Campus Security (x 5299). A custodian will be assigned to clean the area, using the procedures described in this section.

1. Spills of known origin should be reported to Security who will assign a custodian to clean up the spill.

2. Spills occurring as a result of teaching activities involving blood or other infectious material should be cleaned up by the instructor.

3. Equipment required for cleaning up blood spills include:
   a. Personal protective equipment including utility gloves, nitrile gloves and eye protection
   b. Plastic buckets
   c. Red bags with biohazard label
   d. Disinfectant
   e. Mops or sponges
   f. Paper towels

2. Visible blood or OPIM, wherever it may be encountered (rest rooms, labs, etc.), must be cleaned up according to steps listed below, or by using a purchased blood spill clean-up kit, following the manufacturer’s instructions. Only personnel with Bloodborne Pathogen training may be involved in clean up.

   a. Secure the area.
   b. Wear appropriate personal protective equipment depending on the extent of the spill. At a minimum, gloves MUST be worn.
   c. Cover spill with paper towels.
   d. Mix a fresh batch of approved disinfectant. This solution must be made fresh and cannot be stored for more than 24 hours because it loses its disinfecting power.
   e. Allow the disinfectant solution to sit for 5-10 minutes and then wipe up the spill. The area can then be thoroughly washed with soap and water.
   f. Wash water may be disposed to the sanitary sewer.
   g. Items such as mops, sponges, etc. used in the clean up must be disinfected immediately or discarded and replaced with new items. To disinfect, place item in a bucket of disinfectant (described above) and soak for at least 10 minutes before rinsing with clean water. Items that will be discarded should be placed in a red plastic bag with the biohazard label and closed tightly.
   h. Wash hands immediately after removing gloves.
i. Have these materials on hand for cleaning up spills:
   i. A durable container to store the clean up supplies
   ii. Several biohazards labeled bags
   iii. Disinfectant – use correct amounts of correct pack germicidal cleaner according to directions, either spray bottle or mop bucket
   iv. Inert absorbing material (spill shark kits, or Absorbent)
   v. A small dust pan and hand brush
   vi. Personal protective equipment, including several pairs of latex gloves, goggles, face masks, coveralls, and paper boots
   vii. A heavy cardboard box
   viii. A roll of paper towels
   ix. Antiseptic wipes

XVIII. Regulated Waste
   A. Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closeable, puncture resistant, leak proof on sides and bottom and labeled.
   B. During use, containers for contaminated sharps shall be easily accessible to students and staff and located as close as is possible to the immediate area where sharps are used or can be reasonably anticipated to be found. The containers shall be maintained upright throughout use and replaced routinely and not be allowed to overfill.
   C. When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
   D. The container shall be placed in a secondary container if leakage of the primary container is possible. The second container shall be closeable, constructed to contain all contents and prevent leakage during handling, storage, and transport, or shipping. The second container shall be labeled or color coded to identify its contents.
   E. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose students to the risk of percutaneous injury.
   F. Other regulated waste shall be placed in containers which are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping.
   G. The waste must be labeled and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
   H. Disposal of all regulated waste shall be in accordance with applicable United States, Washington State, and local regulations.

XIX. Laundry
   A. Laundering is done as follows:
      1. All personal protective clothing will be cleaned and laundered by the students and staff.
      2. Students are responsible for the appropriate transport of their clothing. 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 lab area. Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked bags in the dirty utility room. Laundry generated at this facility will be cleaned by the instructor, where an equivalent of Universal Precautions will be used.
      3. Handle contaminated laundry as little as possible, with minimal agitation.
      4. Place contaminated laundry in leak-proof, labeled or color-coded containers before transporting. Use color coded bags or bags marked with the biohazard symbol for this purpose.

XX. Hepatitis B Vaccine and Post-Exposure Evaluation and Follow-up
   A. It is highly recommended prior to enrollment that all students majoring in Health Sciences programs obtain Hepatitis B immunization.
   B. The college does not provide immunizations but it is the student’s responsibility to begin the series, and ensure the integrity of the vaccinations. Vaccinations may be obtained through their own physician or the public health department.
C. All employees covered by this Exposure Control Plan will be offered immunization against Hepatitis B Virus (HBV) at no cost to the employee. The series of vaccines will be made available after the employee has received the training in occupational exposure and within ten working days of initial assignment.

D. Employees who decline the vaccine must sign the OSHA required waiver. If the employee initially declines the vaccination, but at a later date decides to accept it, the vaccination shall then be made available as long as they are still covered by this Plan.

E. Vaccination is encouraged unless:
   1. We have documentation that the employee has previously received the series.
   2. Antibody testing reveals that the employee is immune.
   3. Medical evaluation shows that vaccination is contraindicated.

XXI. Labels and Signs
A. Students, faculty and staff shall ensure that biohazard labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport or ship blood or other potentially infectious materials.

B. The universal biohazard symbol shall be used. The label shall be fluorescent orange or orange-red.

C. Regulated waste must be handled in accordance with the rules and regulations of the organization having jurisdiction and marked with a biohazardous label.

XXII. Training
A. Students:
   1. The staff shall ensure that student training is provided at the time of initial assignment to tasks where occupational exposure may occur, and that it shall be repeated and demonstrated throughout lab class. Training shall be tailored to the education and language level of the student and offered during class. The training will be interactive and cover the following:
      a. A discussion of the epidemiology and symptoms of bloodborne diseases
      b. An explanation of the modes of transmission of bloodborne pathogens
      c. An explanation of the SPSCC Bloodborne Pathogen Exposure Control Plan, and a copy will be provided for each student.
      d. The recognition of tasks that may involve exposure.
      e. An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices and PPE use.
      f. Information on the types, use, location, removal, handling, decontamination, and disposal of PPEs.
      g. An explanation for the basis of selection of PPEs.
      h. Information of the Hepatitis B vaccination, including efficacy, safety, method of administration, and benefits.
      i. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
      j. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.
      k. An explanation of the signs, labels and any color coding systems.
      l. The person conducting the training shall be knowledgeable in the subject matter.

B. Employees
   1. Employees covered under this policy shall be trained before assignment to a task where occupational exposure may take place, and at least annually thereafter.
2. Additional training will be provided when changes to tasks or procedures affect the employee’s occupational exposure.
3. Supervisors with responsibility for employees covered by this Plan must also attend an annual training session.
4. Supervisors will be provided a list of employees under their supervision who must attend a training session. They will be required to certify that these employees have attended an annual training session either at SPSCC or another location. The form in Appendix B must be completed and signed by the supervisor, and then returned to Human Resources for record keeping.
5. It is the Supervisor’s responsibility to request a makeup training session for their employees who fail to attend one of the prearranged training sessions.
6. Requests for a makeup sessions must be made to the Human Resources department.
7. Training records will be maintained by the Human Resources Department.
8. The training program will include at least the following elements:
   b. Explanation of the following:
      i. The Exposure Control Plan and how to obtain a copy,
      ii. The epidemiology and symptoms of bloodborne diseases,
      iii. The routes of transmission,
   c. The appropriate methods for recognizing tasks and other activities that may involve exposure to blood or OPIM,
   d. The use and limitations of methods that will prevent or reduce exposure, including engineering and work place controls, and personal protection equipment, and
   e. How personal protective equipment is selected.
   f. An opportunity for questions and answers.
   g. Epidemiology, symptoms, and transmission of bloodborne pathogens.
   h. Copy and explanation of WAC 296-823, Occupational Exposure to Bloodborne Pathogens.
   i. Explanation of our exposure control plan and how to obtain a copy
   j. This must also be done at the annual refresher training.
   k. Methods used to identify tasks and other activities that may involve exposure to blood and OPIM.
   l. What constitutes an exposure incident.
   m. The use and limitations of controls, work practices, and PPE.
   n. The basis for PPE selection and an explanation of:
      i. Types
      ii. Uses
      iii. Location
      iv. Handling
      v. Removal
      vi. Decontamination
      vii. Disposal
   o. Information on the hepatitis B vaccine, including:
      i. Effectiveness
      ii. Safety
      iii. Method of administration
      iv. Benefits of being vaccinated
      v. Offered free of charge
   p. Actions to take and persons to contact in an emergency involving blood or OPIM
   q. Procedures to follow if an exposure incident occurs, including:
      i. How to report the incident
      ii. Medical follow-up available.
   r. Employee’s evaluation and follow-up after an exposure incident
   s. Signs, labels, and color coding used
XXIII. POST EXPOSURE EVALUATION AND FOLLOW-UP
   A. Any staff/student who has been potentially exposed to bloodborne pathogens are expected to follow this established protocol:
      1. An exposure incident must be immediately reported to Campus Security (x5299) and the instructor / supervisor. The incident will be documented and investigated fully.
      2. Immediately cleanse the area thoroughly with soap and water or rinse any contamination of mucous membranes or eyes thoroughly using the eye wash station.
      3. Inform staff of incident after cleansing.
      4. Fill out Exposure Incident Form (see appendix A) obtained from staff.
      5. Go to Emergency Department at any hospital or see a private physician for post exposure follow up treatment. It is recommended that treatment begin within 2 hours of exposure.

   B. Students are liable for any financial expenses incurred. If staff has been exposed, fill out an exposure incident form for employees and an injury/occupational illness report.

   C. Following treatment, the following will be performed:
      1. Document the routes of exposure and how the exposure occurred.
      2. Identify and document the source individual, unless that’s not possible or is prohibited by state or local law.
      3. Obtain consent and arrange to test the source individual as soon as possible to determine HIV, HCV, and HBV infectivity.
      4. If the source individual is already known to be HIV, HCV, and/or HBV positive, new testing is not needed.
      5. Document that the source individual’s test results were conveyed to the employee’s health care provider.
      6. Provide the exposed employee with the source individual’s test results.
      7. Provide the exposed employee with information about laws on confidentiality for the source individual.
      8. Obtain consent and provide a blood test for the exposed employee as soon as possible for HBV, HCV, and HIV.
      9. If the employee does not give consent for HIV serological testing, preserve the baseline blood sample for at least 90 days. If the exposed employee decides to have the sample tested during this time, perform testing as soon as feasible. Provide the exposed employee with a copy of the healthcare professional’s written opinion.
     10. 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. All laboratory tests must be conducted by an accredited laboratory at no cost to the employee. All medical records will be kept in accordance with 29 CFR 1910.20.

   D. Incident Review
      1. The circumstances of any exposure incidents will be reviewed to determine:
         a. Controls in use at the time
         b. Work practices that were followed
         c. Description of the device used (including type and brand)
         d. Protective equipment or clothing in use at the time
         e. Location of the incident
         f. Procedure being performed when the incident occurred
         g. Employee’s training

XXIV. Recordkeeping
   A. The staff is responsible for maintaining the following training records. These records will be kept in the instructor’s office. Training records shall be maintained for three years from the date of training. The following information shall be documented:
      1. All evaluation competencies performed by the student;
      2. An outline describing the material presented;
3. The names and qualifications of persons conducting the training.
4. Any student exposure incidents
XXV. Plan Evaluation and Review
The Safety Committee is responsible for annually reviewing this plan, and its effectiveness, and for updating this program as needed.

<table>
<thead>
<tr>
<th>Table 3: Contents of Written Report</th>
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<tr>
<td>Regarding the Hepatitis B Vaccine</td>
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<tr>
<td>Regarding post-exposure evaluation and Follow-up</td>
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Appendix A
EXPOSURE INCIDENT FORM
FOR
SOUTH PUGET SOUND COMMUNITY COLLEGE

This form is to be used for students who, during the course of their training, incur a laboratory exposure incident. Although not employees of the college, students are trained to follow OSHA/WISHA recommendations for post-exposure incidents. Should an exposure incident occur, students are to follow OSHA/WISHA recommendations, by completing this form. Students declining to follow OSHA/WISHA post exposure prophylaxis recommendations, are to sign a waiver verifying 1) appropriate training has been received; 2) awareness of the risks involved and 3) acceptance of said risks.

Student Name_________________________________________ - Date of Incident ____________

Location of Incident_________________________________________

Student's Hepatitis B status:_____________________________________

Student's other relevant medical information: ___________________________________________

Source individual's (if known) HBV/HIV health history status:__________________________

Detail of incident as reported (what happened, how did you treat the wound at time of incident?)

Has student been advised to seek a medical evaluation of the incident? (Emergency Department, Private Physician) ___________________________________________________________

Students choice of action:

______________________________________________________________________________ Date ___________

Signature and job title of person filling out form

______________________________________________________________________________ Date ___________

Student signature
Appendix B

EMPLOYEE EXPOSURE INCIDENT FORM
South Puget Sound Community College

Employee Involved __________________________________________ Date of Incident ____________

Location of Incident __________________________________________

Employee's Hepatitis B status: __________________________________________

Employee's other relevant medical information __________________________________________

Date incident was reported and filed with Campus Security ____________________________

If known or appropriate, source individual's HBV/HIV health history status ____________________

Has the employee been advised to seek medical evaluation? YES NO

If no, why not? ________________________________________________________________

If yes, what was employee's choice of action? __________________________________________

Detail of incident as reported to include any PPE's worn, exposure, immediate treatment:

If employee is seeking medical prophylaxis, please provide the information below as soon as possible. Check the following when the information becomes available. All documentation should be kept on file with Human Resources. All information and documentation is private information. Cite related notes or concerns in spaces provided. Initial and date any entries made by persons other than the person completing this form.

___ Employee received serological testing

___ South Puget Sound Community College was notified

___ Employee received counseling

___ Employee received post exposure prophylaxis

___ Employer has written evaluation for the healthcare provided on file

This form was initially filled out by:

__________________________________________________________________________ Date ______________

Name and job title

__________________________________________________________________________ Date ______________

Employee signature
HEPATITIS B VACCINE DECLINATION STATEMENT
South Puget Sound Community College

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.

Reasons:

Chooses not to accept vaccine

Vaccinated previously

Contraindicated – allergic to vaccine preparation

______________________  _____________________
Signature                  Witness

______________________  _____________________
Date                      Date