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**PROGRAM: Bloodborne Pathogens Program**

**Chapter 3**

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**1. Purpose**

The purpose of this plan is to protect the health and safety of employees who, due to the nature of their assigned duties and responsibilities, are potentially at risk of being exposed to blood or potentially infectious materials and to comply with the OSHA Standard 29 CFR 1910.1030 Bloodborne Pathogens Exposure Control.

**2. Scope**

All full-time faculty and staff, as well as, adjunct faculty and wage employees are required to receive Bloodborne Pathogens awareness training upon employment to include procedures for reporting and treating an exposure.

Employees in position classifications that have been identified as being engaged in activities that involve occupational exposures to blood or other body fluids shall be provided with the opportunity to receive the hepatitis B vaccination series, be provided with position and task specific bloodborne pathogens safety training, personal protective equipment, and procedures for reporting and treating an exposure.

Employees who perform unanticipated Good Samaritan acts are not covered by the standard since such actions do not constitute “occupational exposure” as defined by the standard.

Medical and exposure incident records shall be maintained according to OSHA requirements for the duration of employment plus 30 years. Training records shall be maintained according to OSHA requirements for 3 years from the date of when the training occurred

**3. Responsibilities**

The administration of the Bloodborne Pathogen Exposure Control Plan will be the joint responsibility of the Director of Safety and Security and the Director of Human Resources. Department Directors are to implement the provisions of this program into their day-to-day operations.

**A.** The Vice President for Administration shall be responsible for developing and maintaining procedures that are consistent with this plan and the safety policy.

**B.** Department Directors in conjunction with the Safety Department are to establish department specific exposure control plans and solicit input from employees regarding the selection of effective controls. Department Directors in conjunction with the Safety Department are to develop procedures for cleaning and handling contaminated materials, and for disposing of hazardous waste generated within their operations. Department Directors in conjunction with the Safety Department are to provide appropriate personal protective equipment that is readily accessible to identified

employees. . Department Directors in conjunction with the Safety Department will ensure warning labels or color-coded containers for hazardous waste are provided.

**C.** The Human Resource Department will provide hepatitis B vaccines under specific circumstances as defined by an exposure determination and/or medical follow-up for exposure incidents.

**D.** The Human Resource Department will provide Bloodborne Pathogen training to new employees during their orientation period. Human Resource Department will provide for retention of medical records for exposures for the duration of employment, plus 30 years.

#### **4. Definitions**

**Antibody.** A substance produced in the blood of an individual that is capable of producing a specific immunity to a specific germ or virus

**Assistant Secretary.** The Assistant Secretary of Labor for Occupational Safety and Health, or designated representative

**Biohazard Label.** A label affixed to containers of regulated waste, refrigerators/freezers and other containers used to store, transport or ship blood and other potentially infectious materials. The label must be fluorescent orange-red in color with the biohazard symbol and the word biohazard on the lower part of the label.

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

**Bloodborne Pathogens.** Pathogenic (disease producing) micro-organisms that are present in human blood and can cause disease 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 on an item or surface

**Contaminated laundry.** Laundry which has been soiled with blood or other potentially infectious materials (OPIM) or may contain sharps.

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

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

**DOLI VOSH.** Department of Labor and Industry – Virginia Occupational Safety and Health.

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

**Exposure Control Plan.** A written program developed and implemented by the employer which sets forth procedures, engineering controls, personal protective equipment, work practices and other methods that are capable of protecting employees from exposures to bloodborne pathogens, and meets the requirements spelled out by the OSHA Bloodborne Pathogens Standard

**Exposure Determination.** How and when occupational exposure occurs and which job classifications and/or individuals are at risk of exposure without regard to the use of personal protective equipment

**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

**Hand Washing Facilities.** A facility providing an adequate supply of running potable water, soap and single use towels, medicated towelettes

**HBV.** Hepatitis B virus

**HIV.** Human immunodeficiency virus

**Licensed Health Care Professional.** A person who's legally permitted scope and practice allows him or her to independently perform the activities required by paragraph (f) of the standard: hepatitis B vaccination and post exposure evaluation and follow-up.

**Medical Consultation.** A consultation which takes place between an employee and a licensed healthcare professional for the purpose of determining the employee's medical condition resulting from exposure to blood or other potentially infectious materials, as well as any further evaluation or treatment that is required.

**Mucus.** A thick liquid secreted by glands, such as those lining the nasal passages, the stomach and intestines, etc.

**Membranes.** A surface membrane composed of cells which secrete various forms of mucus, as in the lining of the respiratory tract and the gastrointestinal tract, etc.

**Occupational Exposure.** A 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.

**OSHA.** The Occupational Safety and Health Administration of the U.S. Department of Labor; the Federal agency with safety and health regulatory and enforcement authority for most U.S. industry and business.

**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 (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

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

**Pathogen.** A bacteria or virus capable of causing infection or disease

**Personal Protective Equipment.** Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (i.e., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment. Personal protective equipment may include, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection equipment, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through, to, or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membrane under nominal conditions of use and for the duration of time which the protective equipment is used.

**Prophylaxis.** The measures carried out to prevent diseases

**Regulated Waste.** Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

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

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

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

**Vascular.** Pertaining to or composed of blood vessels

**Work Practice Controls** Controls that reduce the likelihood of exposure by altering the manner in which the task is performed.

## 5. Procedures

### A. Exposure Determination

The Department of Human Resources in conjunction with the Safety Department will annually review position classifications to identify which employees are potentially at risk of being exposed to blood or other body fluids containing blood in the course of their work. These employees shall include those responsible for cleaning contaminated areas and for rendering first aid.

Decisions relating to bloodborne exposure by job classification will be documented by department, using the form found in Attachment A.

### Job Classifications at Risk to Exposure

The Department of Human Resources in conjunction with the Safety Department have identified Facility Department staff (custodial, plumbing), the faculty in Health Sciences/Nursing, Theatre Department employees, Culinary Arts, Funeral Services, and Child Development/child care staff could be exposed to bloodborne pathogens in the course of fulfilling their job requirements.

### Tasks and Procedures

The Director of Facilities, Health Sciences/Nursing Department Chair, and Directors and supervisors responsible for identified areas in conjunction with the Safety Department will determine and develop a list of specific tasks performed by employees in the above job classifications in which exposure to bloodborne pathogens may occur and the safety precautions and personal protective equipment that must be observed and used to prevent contact with bloodborne pathogens (See Attachment J)

## **B. Methods of Compliance to Reduce Exposure**

### Universal Precautions

Universal precautions will be used in order to prevent contact with blood or other potentially infectious materials (OPIM). All blood or other potentially contaminated body fluids will be considered to be infectious. Under circumstances in which differentiation among body fluid types is difficult or impossible, all body fluids will be considered potentially infectious materials.

### Engineering and Work Practice Controls

Engineering and work practice controls are to be reviewed to eliminate or minimize employee exposure. Employee input is to be solicited and documented as appropriate. (Attachment B, C)

### Exposure Incident Investigation

An exposure incident is defined as contact with blood or other potentially infectious materials on an employee's non-intact skin, eye, mouth, other mucous membrane or by piercing the skin or mucous membrane through such events as needle sticks. (Attachment D)

### Hand Washing

Hand washing facilities are readily accessible to employees, or when provision for hand washing facilities is not feasible, TCC will provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes.

Employees will wash hands or any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

Employees will wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. When antiseptic hand cleaners or towelettes are used, hands will be washed with soap and running water as soon as feasible. Gloves will not be reused.

### **C. Housekeeping and Waste Procedures**

Worksites are to be maintained in clean and sanitary conditions. Appropriate schedules for cleaning and method of decontamination will be based upon the location within the facility, type of surface to be cleaned, and the tasks or procedures being performed.

All equipment, materials, environmental and working surfaces will be cleaned and decontaminated after contact with blood or other potentially infectious materials.

- Contaminated work surfaces will be decontaminated with an appropriate disinfectant.
- Protective coverings, such as plastic wrap, aluminum foil, or imperiously-backed absorbent paper used to cover equipment.

All bins, pails, cans and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials will be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Materials, such as paper towels, gauze squares or clothing, used in the treatment of blood or OPIM spills that are blood-soaked or caked with blood will be bagged, tied and designated as a biohazard. The bag will then be removed from the site as soon as feasible and replaced with a clean bag. Bags designated as biohazard (containing blood or OPIM contaminated materials) bags will be red in color or affixed with a biohazard label.

A custodian will respond immediately to any major blood or OPIM incident so that the area can be cleaned, decontaminated, and the material removed immediately.

A marked biohazard container will be available in the (custodial) area for the containment of biohazards designated bags.

In the event that regulated waste leaks from a bag or container, the waste will be placed in a second container and the area will be cleaned and decontaminated by custodial staff.

Broken glass contaminated with blood or OPIM will not be picked up directly with the hands. The glass will be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps. All broken glass will be containerized.

Contaminated sharps, broken glass, plastic or other sharp objects will be placed into appropriate sharps containers. The sharps containers will be closeable, puncture resistant, leak proof, and labeled with a biohazard label. Containers will be maintained in an upright position. Containers will be easily accessible to staff and located as close as

feasible to the immediate area where sharps are used or can be reasonably anticipated to be found. If an incident occurs where there is contaminated material that is too large for a sharps container, the custodian will be contacted immediately to obtain an appropriate biohazard container for this material. Contaminated needles will not be bent, recapped, removed, sheared or purposely broken.

Disposal of all regulated waste will be in accordance with applicable regulations of the Virginia Department of Environmental Quality's (DEQs) Infectious Waste Management regulations.

Food and drink will not be kept in refrigerators, freezers, cabinets, or on shelves, counter-tops or bench tops where blood or other potentially infectious materials are present.

All procedures involving blood or other potentially infectious materials will be performed in such a manner as to minimize splashing, spraying, splattering, and generating droplets of these substances. Mouth pipetting/ suctioning of blood or OPIM is prohibited.

Specimens of blood or other potentially infectious materials will be placed in containers that prevent leaking during collection, handling, processing, storage, transport, or shipping. These containers will be labeled with a biohazard symbol or be colored red.

Equipment that may become contaminated with blood or other potentially infectious material is to be examined prior to servicing and shipping and is to be decontaminated, if feasible. If not feasible, a readily observable biohazard label stating which portions are contaminated is to be affixed to the equipment. This information is to be conveyed to all affected employees, the service representative, and/or manufacturer, as appropriate, prior to handling, servicing or shipping. Equipment to consider may include communication devices, and vocational equipment needing repair after an exposure incident.

Contaminated laundry will be handled as little as possible. Gloves must be worn when handling contaminated laundry. Contaminated laundry will be bagged or containerized at the location where it was used and will not be sorted or rinsed in the location of use. Containers must be leak-proof if there is reasonable likelihood of soak-through or leakage. All contaminated laundry will be placed and transported in bags or containers that are biohazard-labeled or colored red.

#### **D. Personal Protective Equipment (PPE)**

Where the potential of occupational exposure remains after institution of engineering and work controls, personal protective equipment will be used. The types of personal protection equipment (PPE) available to employees include:

- Gloves will be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; and when handling or touching contaminated items or surfaces.
- Disposable gloves will be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured or when the ability to function as a barrier is compromised. Disposable gloves will not be washed or decontaminated for re-use.

- Hypoallergenic gloves, glove liners, powder-less gloves, or other similar alternatives will be readily accessible to those employees who are allergic to the gloves typically provided.
- Masks, in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, will 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, i.e., custodian cleaning a clogged toilet, nurses or aides who are performing suctioning.
- Appropriate protective clothing will be worn in occupational exposure situations. The type and characteristics will depend upon the task, location, and degree of exposure anticipated.

Appropriate personal protective equipment is to be readily accessible at the worksite.

- Personal protective equipment will be cleaned, laundered, and disposed of at no cost to the employee.
- Personal protective equipment will be repaired and replaced as needed to maintain its effectiveness, at no cost to the employee.
- All personal protective equipment will be removed prior to leaving the work area. When personal protective equipment/supplies are removed, the equipment will be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
- If a garment(s) is penetrated by blood or other potentially infectious Materials (OPIM), the garment(s) will be removed immediately or as soon as feasible.
- Supervisors will ensure that their employees use the appropriate personal protective equipment

## **E. Hepatitis B Vaccination**

Hepatitis B vaccine will be available for employees whose designated job assignment includes the rendering of first aid treatment, or who have occupational exposure to blood or OPIM.

- The hepatitis B vaccination series is available to all employees who have occupational exposure after the employee(s) have been given information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration and the benefits of being vaccinated. The vaccinations will be offered at no cost to the employee and at reasonable times.
- The hepatitis B vaccination series is available after training and within 10 working days of initial assignment to all identified employees who have occupational exposure determinations unless the employee has previously received the complete hepatitis B series, antibody testing has



revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

- The hepatitis B vaccination series will be made available to the employee at a reasonable time and place, and performed by or under the supervision of a licensed physician according to the recommendations of the U.S. Public Health Service.
- Participation in a pre-employment screening program is not a prerequisite for receiving the hepatitis B vaccine.
- If an employee initially declines the hepatitis B vaccination series, but at a later date while still covered under the standard decides to accept the vaccination, it will be available at that time.
- Employees who decline to accept the hepatitis B vaccine offered will be required to sign the declination statement established under the standard. (Attachment E).
- If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service or other health care provided at a future date, the booster dose(s) will be made available at no charge to the employee.
- Records regarding HBV vaccinations or declinations will be maintained by the Department of Human Resources.
- The Human Resource Department will ensure that the health care professional responsible for employee's hepatitis B vaccination is provided with a copy of this regulation.

Hepatitis B vaccines will be available for employees who render first aid only as a collateral duty responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.

- The hepatitis B vaccine or vaccination series will be provided to those unvaccinated employees whose primary job assignment is not the rendering of first aid **only** in the event that they render assistance in any situation involving the presence of blood or OPIM as identified in Attachment A.
- All first aid incidents involving the presence of blood or OPIM will be reported to the immediate supervisor and to the Department of Human Resources by the end of the work day on which the incident occurred.
- The exposure incident investigation is to be conducted to determine whether or not, in addition to the presence of blood or other potentially infected materials, an "exposure incident," as defined by the standard, occurred.
- This determination is necessary in order to ensure that the proper post-exposure evaluation, prophylaxis and follow-up procedures are made

available immediately if there has been an exposure incident as defined by the standard.

- The full hepatitis B vaccination series will be made available as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or other potentially infectious materials regardless of whether or not a specific "exposure incident," as defined by the standard, has occurred.
- The hepatitis B vaccination record or declination statement will be completed for each exposed employee (See Attachment E, G). All other pertinent conditions will also be followed for those persons who receive the pre-exposure hepatitis B vaccine.
- This incident investigation form will be recorded on a list of recorded first aid incidents and will be readily available to employees.
- This reporting procedure will be included in the training program

## **F. Post-Exposure Evaluation and Follow-up**

### Exposure Incidents

Department will ensure that a confidential medical examination and follow-up is immediately available to the exposed employee and will include at least the following elements (See Attachment H):

- Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
- Identification and documentation of the source individual, if possible, or unless that identification is infeasible or prohibited by state or local law;
  - The source individual's blood will be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, we will establish that legally required consent cannot be obtained.
  - Results of the source individual's testing will be made available to the exposed employee immediately after consent is obtained, and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- The exposed employee's blood will be collected as soon as feasible and tested after consent is obtained. If the employee consents to baseline blood collection, but does not consent at that time for HIV serological testing, the sample will 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 will be done as soon as feasible.

- For post-exposure prophylaxis, the most current USPHS/CDC guideline will be followed.
- Counseling will be made available at no cost to employees and their families on the implications of testing and post-exposure prophylaxis.
- An evaluation of any reported illnesses will be conducted.

## **G. Medical Evaluations**

Medical evaluations and procedures, including prophylaxis, will be made available at no cost and at a reasonable time and place to the employee. All medical evaluations and procedures will be conducted by licensed medical staff.

- Information provided to the health care professional who evaluates the employee will include (See Attachment H):
  - A description of the employee's duties as they relate to the exposure incident;
  - Documentation of the route of exposure and the circumstances under which the exposure occurred;
  - Results of the source individual's blood testing, if consent was given and the results are available;
  - All medical records relevant to the appropriate treatment of the employee, including vaccination status which is this facility's responsibility to maintain.
- A copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation will be forwarded to the employee by this facility.
- The health care professional's written opinion for hepatitis B vaccination will be limited to whether hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
- The health care professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
  - This employee has been informed of the results of the evaluation; and
  - This employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials, which require further evaluation and/or treatment.
- All other findings or diagnoses will remain confidential and will not be included in the written report.

## H. Communication about Hazards to Employees

### Labeling

Warning labels will be affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials. Exception: Red bags or red containers may be substituted for labels.

- These labels will be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.
- These labels will be an integral part of the container or will be affixed as close as feasible to the container by string, wire, adhesive, or other methods that prevent their loss or unintentional removal.
- Labels for contaminated equipment must follow the same labeling requirements. In addition, the labels will also state which portions of the equipment remain contaminated.

### Information and Training

- The Human Resource Department in conjunction with the Safety Department is responsible for Bloodborne Pathogens training and will ensure that all current and new employees with potential for occupational exposure participate in an initial and annual training program at no cost to employees.
- Training will be provided at the time of initial assignment to tasks when occupational exposure may take place and at least annually thereafter.
- Additional training will be provided when changes, such as modifications of tasks or procedures, affect employee potential for occupational exposure. The additional training may be limited to addressing the new exposures created.
- Only material appropriate in content and vocabulary to the educational level, literacy and language of employees will be used in the training. Attachment H contains the required content for training.
- The person conducting the training will be knowledgeable in the subject matter covered by the elements contained in the training program, as it relates to this workplace. (See Attachment I)

## I. Recordkeeping

### Medical Records (See Attachment H)

The Human Resource Department will establish and maintain an accurate medical record for each employee with an occupational exposure. This record will include:

- Name and social security number of employee
- A copy of employee's hepatitis B vaccination record or declination form and any additional medical records relative to hepatitis B
- If exposure incident(s) have occurred, a copy of all results of examinations, medical testing and follow-up procedures
- If exposure incident(s) have occurred, a copy of the health care professional's written opinion
- If exposure incident(s) have occurred, a copy of the information provided to the health care professional: i.e., exposure incident investigation form and the results of the source individual's blood testing, if available and if consent has been obtained for release
- Employee medical records are confidential and are not disclosed or reported without the employee's expressed written consent to any person within or outside of the college except as permitted by law. These medical records will be kept separate from other personnel records.
- These medical records will be maintained for the duration of employment plus 30 years.

#### Training Records (See Attachment I)

The Human Resource Department is responsible for the following:

- Training records will include:
  - Date(s) of the training session
  - The contents or a summary of the training sessions
  - Name(s) and qualifications of person(s) conducting the training
  - Name and job titles of all persons attending the training session
- Training records will be maintained for 3 years from the date the training occurred.

#### Availability of Records

- All records required to be maintained by this standard will be made available upon request for examination and copying to VOSH (Virginia Department of Labor and Industry)
- Employee training records required by this standard will be provided upon request for examination and copying to employees, to employee representatives.

- Employee medical records required by this standard will be provided upon request for examination and copying to the subject employee and to anyone having written consent of the affected employee.
- Requirements involving the transfer of records set forth in this standard will be complied with.

## **J. Evaluation and Review**

The Safety Department in conjunction with the Department of Human Resources will conduct an annual evaluation and review of the effectiveness of this exposure control plan and will coordinate corrective action and update the plan as needed. The review and update will include:

- New and modified tasks and procedures that affect occupational exposure
- New and revised employee positions with occupational exposure
- Changes in technology to eliminate and reduce exposure
- Annual consideration and implementation of appropriate and safer medical devices designed to eliminate exposures

**Attachment A**  
**(Bloodborne Pathogens Exposure Control Plan)**  
**EXPOSURE DETERMINATION FORM**

**Facility:**

**Location:**

<b>Job Classification</b>	<b>All Employees Have Exposure</b>	<b>Some Employees Have Exposure (List Job Title)</b>	<b>None Have Exposure</b>

**Attachment B**  
**(Bloodborne Pathogens Exposure Control Plan)**  
**Technology Identification, Evaluation and Selection Team**

**Facility:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Process:** \_\_\_\_\_

**Employee Name**

**Position Title**

Employee Name	Position Title



**Attachment C**  
**(Bloodborne Pathogens Exposure Control Plan)**

**Engineering Controls/Workplace Practices**

**Evaluated**


**Selected**


**ATTACHMENT D**

**(BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN)**

**EXPOSURE INCIDENT INVESTIGATION FORM**

**Date of Incident:** \_\_\_\_\_ **Time of Incident:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Person(s) Involved:** \_\_\_\_\_

**Potentially Infectious Materials Involved:**

**Type:** \_\_\_\_\_ **Source:** \_\_\_\_\_

**Circumstances (what was occurring at the time of the incident):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How was the incident caused: (accident, equipment malfunction, etc.) List any tool, machine or equipment involved:**

\_\_\_\_\_

\_\_\_\_\_

**Personal protective equipment being used at the time of the incident:**

\_\_\_\_\_

\_\_\_\_\_

**Actions Taken (decontamination, clean-up, reporting, etc.)** \_\_\_\_\_

\_\_\_\_\_

**Recommendations for avoiding repetition of incident:** \_\_\_\_\_

\_\_\_\_\_

**Attachment E**  
**(Bloodborne Pathogens Exposure Control Plan)**

**HEPATITIS B VACCINE DECLINATION**

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 (HIV) 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, which is 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 understand that I can receive the vaccination series at no charge to me.

Employee Name (Please Print): \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ATTACHMENT F**

**RESPONSIBLE PARTY**

**TITLES WITH CORRESPONDING NAMES**

**(See Bloodborne Pathogens Program at specific campus locations for responsible employee's name)**

<b>Title</b>	<b>Name</b>
Facilities Managers	
Custodial Managers	
Laboratory Science Managers	
Warehouse Manager	
Director, Visual Art Center	
Director, Regional Automotive Center	
Director, Theatre Program	
Building Superintendents, Campus Student Centers	

**Attachment G**  
**(Bloodborne Pathogen Exposure Control Plan)**

**HEPATITIS B VACCINATION RECORD**

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 information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration and the benefits of being vaccinated. I also understand that the vaccine and vaccination series will be offered free of charge.

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I, \_\_\_\_\_ have completed the following inoculations using:

\_\_\_\_ Recombivax - HB Vaccine    or    \_\_\_\_\_ Enerix - B Vaccine

- |  |                 |
|--|-----------------|
| <input type="checkbox"/> Inoculation 1 Date: _____ | Given at: _____ |
| <input type="checkbox"/> Inoculation 2 Date: _____ | Given at: _____ |
| <input type="checkbox"/> Inoculation 3 Date: _____ | Given at: _____ |

**Attachment H**  
**(Bloodborne Pathogens Exposure Control Plan)**

**EMPLOYEE MEDICAL RECORD CHECKLIST**

**NAME:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**JOB CLASSIFICATION:** \_\_\_\_\_

Attach a copy of the employee's hepatitis B vaccination record or declination form.

Attach any additional medical records relative to hepatitis B.

\_\_\_\_\_

Brief Description of Exposure Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Log and attach copy of: (Check all that apply)**

- The information provided to the health care professional
- The Exposure Incident Investigation Report
- The results of the source individual's blood testing, if consent for release has been obtained and results are available
- The health care professional's written opinion

\_\_\_\_\_

**Attachment I**  
**(Bloodborne Pathogen Exposure Control Plan)**  
**INFORMATION AND TRAINING RECORD FOR**  
**EMPLOYEES WITH POTENTIAL EXPOSURE**  
**TO BLOODBORNE PATHOGENS**

**Date(s) of training:** \_\_\_\_\_

**Trainer(s) name and qualifications:**

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**Names and Job Titles of all employees attending this training: (See Attached)**

**Agenda and/or materials presented to participants included:**

- An accessible copy of the text of the OSHA Standard.
- A general explanation of the epidemiology and symptoms of bloodborne diseases.
- An explanation of the modes of transmission of bloodborne pathogens.
- An explanation of the exposure control plan and the means by which employees can obtain a copy of the written plan.
- An explanation of the appropriate methods for recognizing tasks/activities that may involve exposure to blood and other potentially infectious materials.
- An explanation of the use and limitations of methods that will prevent or reduce exposure: i.e., engineering controls, work practices, and personal protective equipment.
- Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment or other contaminated items.
- An explanation of the basis for selection of personal protective equipment.
- Information on the HBV vaccine, its efficacy, safety, method of administration, benefits of vaccination, and provision at no cost to the employee.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood and other potentially infectious materials.
- An explanation of the procedure to follow if an exposure incident occurs, the method of reporting, and the medical follow-up that is available.
- Information on the post-exposure evaluation and follow-up that is provided.
- An explanation of the signs, symbols, and color-coding of biohazards.
- A question and answer session between the trainer(s) and employee(s).
- List of contacts within the health community that can be resources to the employees if they have questions after training.

**Signature of Trainer(s):** \_\_\_\_\_

**Signature of Training Coordinator:** \_\_\_\_\_

**ATTACHMENT J**  
**(BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN)**

**Task and Procedures Review**

**Facility:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Type of Bodily Fluid/Substance to which exposure is likely:**

- 1. Blood**
- 2. OPIM**

**Job Classification:**

**Task/Procedure:**

**Type of Body Fluid Exposure:**

**Engineering Controls:**

**Personal Protective Equipment:**

**Supervisory Review:**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_