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Title: **Exposure Control Plan (Bloodborne Pathogens)**

Effective Date: 1/12

Revision: 1.3 (7/15)

**PURPOSE:** In accordance with the provisions of the U. S. Department of Labor's Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030, the following exposure control plan has been developed. For purposes of ensuring the College's compliance with occupational safety and health standards, all OSHA requirements at this facility are enforced by the New York State Department of Labor's Bureau of Public Employee Safety and Health (PESH). NYSDOL/PESH has full jurisdiction over all College employees.

**SCOPE:** Suffolk County Community College is committed to providing a safe and healthy environment for all employees, students and visitors. Although some provisions of the standard apply only to **employees**, the use of Universal Precautions and sound Infection Control procedures apply in all areas. This document is to be reviewed annually by the Office of Public Safety or as changes occur.

### **DEFINITIONS:**

**Bloodborne Pathogens:** Pathogenic microorganisms 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).

**Dilute Bleach:** A 1:10 mixture of household bleach and water.

**Occupational Exposure:** Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

### **Other Potentially Infectious Materials:**

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.

### **PROCEDURES:**

#### **I. Exposure Determination**



OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (for example, employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. At SCCC the following job classifications are in this category:

College Public Safety Officer (and Supervisors)  
Childcare Center Caregivers/Directors  
Nurse  
Lifeguard  
Custodial Staff  
Sewage Treatment Operator  
Athletic Instructors/Coaches  
Culinary Arts Faculty

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Faculty/Staff in the following departments MAY have exposure:

Nursing, Emergency Medical Technician, Occupational Therapy, Theatre Arts, Automotive, Veterinary Science, Science

## **II. Implementation Schedule and Methodology**

OSHA also requires that this plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

### **A. Compliance Methods**

Universal precautions will be observed throughout the College in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious, regardless of the perceived status of the source individual.

**Engineering and work practice controls** will be utilized to eliminate or minimize exposure to employees at this facility. Engineering controls will be used in preference to other control methods to eliminate or minimize worker exposure to blood or to other potentially infectious materials. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized.

The following engineering controls will be utilized at various facilities or areas within the College:

- Disposable sharps
- Fume hoods
- Mechanical pipetting of possible infectious material
- Puncture-resistant sharps disposal containers
- Tongs or other manipulative aids

The above engineering controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is to be at least annually. All department and division heads have the responsibility to review the effectiveness of the individual controls.



The performance of the review may be delegated to an authorized individual, such as the supervisor or manager for a specific work group or lab, however, the department/division head remains responsible to ensure that this is accomplished as scheduled.

**Handwashing facilities** are also available to those employees who may incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. At any area where immediate access to handwashing facilities is not feasible, such as in field emergency medical care provided by safety personnel, the individual department is to provide either an antiseptic cleanser in conjunction with a clean cloth/paper towels or antiseptic towelettes. If these alternatives are used, then the hands are to be washed with soap and running water as soon as feasible.

After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. If employees incur exposure to their skin or mucous membranes, then those areas shall be washed or flushed with water as appropriate as soon as feasible following contact.

**Contaminated needles and other contaminated sharps** will not be bent, recapped, sheared or purposely broken. OSHA allows an exception to this if procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required, then the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique.

**Disposable sharps** are to be placed in the puncture-resistant containers which have been provided expressly for this purpose. These containers are located strategically in all areas where sharps are or may be used. Containers are retrieved on a regular basis by the designated contractor employees for disposal.

### **III. Work Area Restrictions**

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

Mouth pipetting/ suctioning of blood or other potentially infectious materials is **strictly prohibited**.

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. Methods which will be employed at this facility to accomplish this goal include:

- Covers on centrifuges
- Fume hoods
- Splash guards

#### **A. Specimens**

Specimens of blood or other potentially infectious materials will be placed in a container which prevents leakage during the collection, handling, processing, storage, and transport of the specimens.

The container used for this purpose will be labeled or color coded in accordance with requirements of the OSHA standard. Department/division heads should note that the standard provides for an exemption for specimens from the labeling/color coding requirement of the standard provided that universal precautions are utilized in the handling of all specimens and the



containers are recognizable as containing specimens. This exemption applies only while the specimens remain in the facility. Any specimen which punctures a primary container will be placed within a secondary container which is puncture resistant. In an emergency, the College Assistant Director of Public Safety and Environmental Health should be contacted for assistance. 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.

#### **B. Contaminated Equipment**

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.

#### **IV. Personal Protective Equipment**

All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Protective clothing will be provided to employees by their respective supervisors. Examples of personal protective equipment which are available to College employees are:

1. Impervious Rubber Gloves
2. Lab Coat
3. Face Shield
4. Clinic jacket
5. Protective eyewear (with side shields)
6. Surgical Gown
7. Shoe covers
8. Utility Gloves
9. Examination Gloves
10. Emergency ventilation devices

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

All garments which are penetrated by blood shall be removed immediately or as soon as feasible. Prior to leaving the work area, all personal protective equipment shall be placed at the appropriate areas designated by each department/division head.

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes.

Gloves will be available from individual department supervision.

Disposable gloves used at College facilities are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not



compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised. Double gloving is recommended where the potential for breakage is great or where heavier gauge gloves are not available.

Masks in combination with eye protection devices, such as goggles or safety glasses with solid side shields, 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 avoided with such protection. Where potential for exposure to Tuberculosis may exist, specific respiratory protection expressly for this purpose must be used, rather than masks.

The OSHA standard also requires appropriate protective clothing to be used, such as lab coats, gowns, aprons, clinic jackets, or similar outer garments. Such protective clothing shall be used in any application where a worker's clothing may otherwise have the potential for contamination by blood or other potentially infectious body fluids. This includes most patient care applications other than interviewing or counseling, most lab procedures involving such materials, and cleaning up or decontaminating areas which have the potential for exposure.

## **V. Housekeeping**

College facilities will be cleaned and decontaminated by Plant Operations personnel, who are charged with ensuring that the worksite is in a clean and sanitary condition. The cleaning schedule and method of decontamination is based upon the location within the facility, the type of surface to be cleaned, the type of soil present and the tasks or procedures being performed in the area. Environmental surfaces such as walls, floors and other surfaces are not associated with transmission of infections to workers or patients, therefore, extraordinary attempts to disinfect and sterilize these environmental surfaces are not done routinely. Nevertheless, cleaning and removal of soil will be done routinely. All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible. Cleaning is generally to be performed with disinfectants which are registered with the Environmental Protection Agency as being tuberculocidal, bactericidal, virucidal and fungicidal, such as Unicide-128 or TBQ. Where **spills** of blood or other potentially infectious materials may occur, decontamination will be performed with a 1:10 dilution of household bleach (5.24% sodium hypochlorite) or other EPA approved germicides. Spills are generally the responsibility of the user, but gross spills may be referred to the Plant Operations for handling only by trained personnel who have been identified as occupationally exposed.

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 shall be inspected and decontaminated on regularly scheduled basis and shall be cleaned and decontaminated immediately or as soon as feasible when visible contamination is observed. Waste receptacles are normally checked and emptied at least once per shift. Liners are to be removed and replaced with a fresh liner. Employees performing cleaning functions of this type are to wear protective gloves.

Any **broken glassware** which has the possibility of being contaminated will not be picked up directly with the hands. Instead, mechanical aids, such as brooms and dustpans shall be used. The broken glass is to be placed in an impenetrable cardboard container for subsequent disposal and shall be labeled as containing broken glass. If the glass is potentially contaminated with blood or other potentially infectious materials, the impenetrable container described above



should then be placed into a red bag and placed in the appropriate regulated medical waste staging area for removal by appropriately trained personnel.





## **VI. Regulated Medical Waste Disposal**

All contaminated sharps shall be discarded as soon as feasible in sharps container which are located in the facility. Sharps containers are located in all areas where patient care or laboratory work involving such materials is done.

The procedures for disposal of regulated medical wastes are as follows:

1. All Sharps must be placed in a special, puncture-proof container. Mark clearly as "Infectious Medical Waste" or "Regulated Medical Waste."
2. Place all other materials except sharps, such as materials saturated and dripping or dried and caked with human blood into a "Red Bag" and mark as "Regulated" or "Infectious Medical Waste." The bag shall be impervious to moisture and have strength sufficient to resist ripping, tearing or bursting under normal conditions of usage and handling. The bags shall be secured so as to prevent leakage during storage, handling or transport. Tag or mark with indelible ink the generator's (SCCC) name and address.
3. Both 1 and 2 are then placed into a secondary container (i.e., rigid cardboard box) for proper disposal. The box should then be labeled with the following information:
  - a. College's name
  - b. College's address
  - c. Date shipped
  - d. Transporter's name and permit number.
  - e. Identification of contents as "Medical Waste".
4. Once materials are determined as "Infectious" or "Regulated Medical Waste," SCCC cannot remove them from their containers. From this point SCCC is considered a generator of medical waste and must comply with proper disposal procedures.
5. Before it is transported from the generator's facility, regulated medical waste contained in disposable containers shall be placed for storage or handling in disposable or reusable pails, cartons, drums, or portable bins. The containment system shall be leak-proof, have tight-fitting covers, and be kept clean and in good repair. The containers may be of any color and shall be conspicuously labeled with the word "Infectious" or the words "Regulated Medical Waste."
6. The College has a written agreement with a licensed medical waste service agency about potentially hazardous regulated medical wastes they would need to transport for disposal.
7. Under state laws, the management of regulated medical waste is dependent upon the amount produced and shipped off-site in each calendar month:
  - a. Less than 50 pounds per month: If your facility produced and ships off-site for disposal less than 50 pounds of regulated medical waste in a calendar month, your facility is a "small quantity generator." Each facility in the College is considered a separate generator. Therefore, each College facility has the potential for being considered a small generator.
  - b. College facilities may store regulated medical waste as long as they dispose of it to the accepting disposal site before waste weighs 50 pounds. However, if Regulated Medical Waste has potential for becoming putrescible (spoiling), it must be refrigerated.

## **VII. Laundry Procedures**

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 at the location where



it was used. Such laundry will not be sorted or rinsed in the area of use. All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials.

### **VIII. Hepatitis B Vaccine**

All employees who have been identified as having exposure to blood or other potentially infectious materials are offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within 10 working days of their initial assignment at work involving the potential for occupational exposure to blood or other potentially infectious materials, unless the employee has previously had the vaccine or who wishes to submit to antibody testing which shows the employees to have sufficient immunity. The OSHA standard presently does not require booster shots or titres, however, should this be incorporated into the standard at a later date, these services will also be made available and the associated costs will also be included.

Employees who decline the Hepatitis B vaccine will sign a waiver which uses the wording in Appendix A of OSHA standard.

Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost. Department/division heads have the responsibility to ensure that the vaccine is offered to their occupationally exposed employees within 10 days of hire or reassignment and to ensure that the requisite declination statements are obtained and kept on record by Human Resources.

The Office of Human Resources will arrange for the vaccine to be given by any interested employee.

### **IX. Post-Exposure Evaluation and Follow-Up**

When the employee incurs an exposure incident, it should be reported to the Campus Health Services or Public Safety as soon as practical.

Medical treatment and follow up should be secured through the Suffolk County Department of Employee Review.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard.

This follow-up will include the following:

1. Documentation of the route of exposure and the circumstances related to the incident.
2. If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity.
3. Results of testing of the source individual will be made available to the exposed employee with the exposed employee being informed about the applicable laws and regulations concerning disclosure of the identity infectivity of the source individual.
4. The employee will be offered the option of having their blood collected for testing of the employee's HIV/ HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to that time that testing will or will not be conducted then the appropriate action can be taken and the blood sample discarded.
5. The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for.





The Office of Human Resources has been designated as being responsible to maintain any records related to occupational exposures and post-exposure patient care. Medical records for all occupational exposures are to be kept confidential and are not to be made available except to appropriate health professionals having a bonafide need-to-know. This determination will be at the discretion of the Occupational Medicine physician. A written statement from the health care provider acknowledging that follow-up care is being provided should be forwarded to the Office of Human Resources for recordkeeping purposes.

Interaction with Health Care Professionals:

A written opinion shall be obtained from the health care professional who evaluates employees of this facility. Written opinions will be placed in the employee's confidential health record whenever the employee is sent for medical care following an exposure incident.

Health care professionals shall be instructed to limit their opinions to:

1. Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or has had an evaluation following an incident.
2. That the employee has been informed of the results of the evaluation.
3. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials.

**X. Training**

Training for all employees will be conducted prior to initial assignment tasks where occupational exposure may occur.

Training for employees will include at least the following:

a. An explanation of:

1. The Occupational Safety and Health Administration (OSHA) standard for Bloodborne Pathogens and how to get access to a copy of the standard
2. Epidemiology and symptomatology of bloodborne diseases
3. Modes of transmission of bloodborne pathogens
4. The College's Exposure Control Plan, including key points of the plan, lines of responsibility, means by which the plan is implemented, etc.
5. Procedures which might cause exposure to blood or other potentially infectious materials at this facility
6. Control methods which will be used at the facility to control exposure to blood or other potentially infectious materials.
7. Personal protective equipment available at this facility and how it may be obtained, used and decontaminated
8. Post-Exposure evaluation and follow-up
9. Signs and labels used at the College
10. The College's Hepatitis B vaccine program

**XII. Recordkeeping**

All records required by the OSHA standard will be maintained by the Office of Human Resources.