

POLICY & PROCEDURES MEMORANDUM

TITLE:	BLOODBORNE PATHOGENS: EXPOSURE CONTROL PLAN (ECP)
EFFECTIVE DATE:	May 23, 2024* <i>(*Procedural Update 5/3/24; ORM Regulations Update 9/24/12; Title Updates 5/7/05; Original 11/25/22)</i>
CANCELLATION:	none
CATEGORY:	Safety (SF)

POLICY STATEMENT

Delgado Community College is committed to providing a safe and healthy work environment for our entire staff. In pursuit of this endeavor, the following Exposure Control Plan (ECP) has been developed in accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030.

The purpose of this ECP includes elimination or minimization of employee occupational exposure to blood or certain other body fluids, compliance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030, and the protection of Delgado Community College's students, faculty, staff, and visitors.

This memorandum, also described as the College's Exposure Control Program (ECP) is a key document to assist the College in implementing and ensuring compliance with the standard, thereby protecting College employees.

PROCEDURES & SPECIFIC INFORMATION

1. Purpose

To establish procedures for dealing with potential exposure to blood borne pathogens at Delgado Community College.

2. Scope and Applicability

This policy and procedures memorandum applies to all College operating units and to all employees, students and visitors of Delgado Community College.

3. **Program Administration**

Each department is responsible for the implementation of the Exposure Control Plan (ECP). This individual will maintain, review and update the ECP at least annually and whenever necessary to recommend new or modified tasks and procedures.

Those employees who have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this memorandum.

The College Coordinator of Health Services will maintain and provide all necessary personal protective equipment (PPE), engineering controls (i.e., sharps containers), labels, and red bags as required by the standard. He/she will also ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

The College Coordinator of Health Services in conjunction with the Human Resources Department will be responsible for ensuring that all medical actions required are performed and that appropriate employee health records are maintained.

The College Coordinator of Health Services will be responsible for training, documentation of training, and making the written ECP available to employees.

The Safety and Risk Manager will be responsible for the proper disposal of all medical waste produced by actions occurring on any campus in the pursuit of the proper application of the Bloodborne Pathogen Program.

4. **Employee Exposure Determination**

The U.S. Occupational Safety Health Administration (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 (i.e., employees are considered to be exposed even if they wear personal protective equipment).

The exposure determination of **Ongoing Exposure Risk** includes all job classifications in which employees will incur such occupational exposure, regardless of frequency. At the College the following job classifications are in this category:

- College Coordinator of Health Services.
- Safety and Risk Manager
- College personnel assisting with administering vaccinations
- Nursing/Allied Health Faculty with exposure to clinical settings
- Any College personnel assisting with providing health services, clerical and administrative staff working with the above-mentioned classifications

5. **Implementation of Methods of Exposure Control**

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

- A. Employees covered by the bloodborne pathogen standard receive a copy (print or digital) and an explanation of this ECP during the first 90 days of hire.
- B. All employees have an opportunity to review this plan at any time during their work shift by contacting the Safety and Risk Manager.
- C. Annual hazard communication training will include the contents of this ECP.

6. **Compliance Strategies**

All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

- A. ***The Centers for Disease Control (CDC) Universal Precautions:*** will be observed at the College in order to prevent contact with blood or other potentially infectious materials
- B. ***Engineering and Work Practice Controls:*** will be utilized to eliminate or minimize exposure to employees at the College. Where occupational exposure remains after the institution of these controls, personal protective equipment shall also be utilized. At the College the following engineering controls will be utilized:

1. **Hand-Washing Facilities**

Hand washing facilities are available to the employees who incur exposure to blood or other potentially infectious materials.

OSHA requires that these facilities be readily accessible after incurring exposure. Handwashing stations are located within standard bathrooms throughout all Delgado campuses and sites.

Supervisors shall ensure that after the 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.

Supervisors shall ensure that if employees incur exposure to their skin or mucous membranes, then those areas shall be washed or flushed with water as soon as feasible following contact.

2. **Sharps, Contaminated Needles & Glassware**

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. OSHA allows an exception to this if the 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.

3. **Disposal of Sharps, Contaminated Needles & Glassware**

All sharps must be placed in a labeled, biohazard sharps container. All needles are to be placed in a labeled biohazard needles/sharps container.

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak proof on sides and bottom and labeled or color coded. Delgado Community College will provide leak-proof containers for contaminated sharps capable of resisting punctures and labeled as a biohazard. These containers are to be used for gathering and storage of all contaminated sharps, including glassware.

- During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (i.e., Exam rooms, Laboratory, Nursing triage area, Training room).

- Only employees trained in the use of unwinders to separate needles from syringes and vacutainers will perform separations.
- Supervisors will ensure that sharps containers are maintained in upright positions throughout use and that they are replaced when there is a pickup of infectious waste or when they are full.
- 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.
- 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.

4. **Other Regulated Waste**

Delgado Community College will provide containers sufficient to contain regulated wastes capable of resisting punctures and labeled as a biohazard (as appropriate). Regulated Waste includes the following:

Liquid or semi-liquid blood or other potentially infectious material.

- Items contaminated with blood or other potentially infectious material that would release these substances in a liquid or semi liquid if compressed.
- Items that are caked with blood or other potentially infectious material and are capable of releasing these substances during handling.
- Pathologic and microbiological waste containing blood or other potentially infectious material.

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. The waste must be labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. Disposal of all

regulated waste shall be in accordance with applicable Federal, State and Local regulations.

C. ***Personal Protective Equipment (PPE):***

PPE must be used to prevent blood or Other Potentially Infectious Materials (OPIMs) from passing through to, or contacting the employee's work or street clothes, undergarments, skin, eyes, mouth, or other mucus membranes, unless engineering controls and work practices have eliminated occupational exposure.

The College Health Services Coordinator will determine the most appropriate PPE to be required by first responder teams, to protect them in the execution of their duties. Delgado Community College assumes the financial responsibility for purchasing PPE that protects its employees against contact with blood or OPIM as can be reasonably anticipated encountering in its setting. All PPE must be removed prior to leaving the work area, removed as soon as possible following penetration by blood or OPIM and placed in a designated area or container for storage, washing, decontamination or disposal.

Delgado shall ensure that laboratory coats and uniforms are laundered through Contract hire as necessary and employees do not launder these items at home.

An employee may temporarily decline to wear PPE only when, in a life-threatening situation, the use of protective equipment will prevent the delivery of health care and public safety services or pose an increased hazard to workers. Incidents during which an employee elects not to wear protective equipment are to be documented in order to determine whether changes can be instituted to prevent occurrences in the future.

D. **Housekeeping Practices**

1. ***Regulated Waste***

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

2. ***Work Surfaces***

Work surfaces are to be decontaminated with a detergent or 10% bleach solution after completion of procedures, immediately upon contamination by any spill of blood or OPIM and at the end of each work shift.

3. Protective Coverings

Non-absorbent, protective coverings, are to be used to cover equipment and surfaces when they have become overtly contaminated and at the end of a work shift if they have become contaminated.

4. Reusable Receptacles

Reusable receptacles like bins, garbage receptacles, and pails will be decontaminated weekly. When contamination is visible, receptacles should be decontaminated immediately.

5. Broken Glassware

Broken glassware, which may be contaminated, must not be picked up directly with the hands. Tools used in cleanup of broken glass are to be decontaminated and broken glass discarded in a sharps container. Do not use vacuum cleaner for cleanup of contaminated glass.

6. Laundry

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked "A biohazard," labeled, or color-coded red bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use.

E. Labeling Procedures of Blood or OPIM

Labels to be used to warn employees who may have contact with containers, of the potential hazard posed by their contents. Labels are to be attached to container of regulated waste, to refrigerators containing blood and OPIM, and to other containers used to store, transport, or ship blood or OPIM. The warning label must be fluorescent orange or orange red, containing the biohazard symbol and the word "biohazard" in a contrasting color and be attached to prevent loss or unintentional removal of the label.

F. General Practices

- 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.

- All procedures involving blood or OPIMs must be performed in such a manner as to minimize splashing, spraying, splattering and generation of droplets of these substances.
- 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.

7. **Information and Training**

All employees who have occupational exposure to bloodborne pathogens must receive training on the epidemiology, symptoms, protection from, and transmission of bloodborne pathogen diseases. This training will be provided at no cost to the employee and during the employees' working hours. The training will be as follows:

- A. Will be provided face-to-face by the department or certified BBP instructor for high risk employees (campus police, building services, nurses, etc.) within ninety (90) days of hire and annually thereafter. Training will be provided electronically or face-to-face for low risk employees (all other employees) within one (1) year of hire and every five (5) years thereafter.
- B. Training shall be tailored to the education and language level of the employee, and offered during the normal work shift. The training will be interactive and cover the following:
 - A copy of the standard and an explanation of its contents.
 - A discussion of the epidemiology and symptoms of bloodborne diseases.
 - An explanation of the modes of transmission of bloodborne pathogens.
 - An explanation of the Delgado Community College Bloodborne Pathogen ECP, and a method for obtaining a copy.
 - The recognition of tasks that may involve exposure.
 - An explanation of the use and limitations of methods to reduce exposure; for example, engineering controls, work practices and personal protective equipment (PPE).
 - Information on the types, selection, use, location, removal, handling, decontamination, and disposal of PPEs.

- Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge.
 - Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
 - An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow up.
 - Information on the evaluation and follow up required after an employee exposure incident.
 - An explanation of the signs, labels, and color-coding systems.
- C. Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

8. Recordkeeping

- A. Medical Records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.20, "Access to Employee Exposure and Medical Records."

The College Coordinator of Health Services is responsible for maintenance of the required medical records. These confidential records are kept in these said offices for at least the duration of employment plus 30 years. Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. These medical records include:

- Name and Social Security Number of the employee.
 - Employee Hepatitis B vaccination status including dates of vaccination and the records relating to the employee's ability to receive the vaccine and signed declination form, if applicable.
 - A copy of all the results of examinations, medical testing, and follow-up procedures.
- B. Training records are completed for each employee upon completion of training. These documents will be kept for at least three years in the Health Services Office. The training records include:
- The dates of the training sessions.

- The contents or a summary of the training sessions.
 - The names and qualifications of persons conducting the training.
 - The names and job titles of all persons attending the training sessions.
- C. The College Coordinator of Health Services will maintain a log of occupational exposure. Identifying information related to bloodborne pathogens will be removed prior to granting access to the records. The log will document the following:
- Date of incident.
 - Name and Social Security number of the exposed individual.
 - Hepatitis B vaccination status.
 - Medical follow up, examination results, and medical testing.
 - Confidential medical information must be retained while the employee is employed by Delgado Community College and for thirty (30) years thereafter.

Employee medical records will be provided upon request, for examination and copying to the employee, the Director of NIOSH, the Assistant Secretary of Occupational Safety and Health, and to anyone having the written consent of the employee.

9. **Post- Exposure Evaluation and Follow-Up**

Should an exposure incident occur, employees must contact the College Coordinator of Health Services who will conduct an immediately available confidential medical evaluation and follow-up. Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine Human Immune Deficiency Virus (HIV), Hepatitis C Virus (HCV) and/or Hepatitis B Virus (HBV) infectivity.

Document that the source individual's test results were conveyed to the employee's health care provider.

- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least ninety (90) days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

Policy Reference:

Occupational Safety Health Administration (OSHA) Standard: Bloodborne Pathogens,
29 CFR 1910.1030

Occupational Safety Health Administration (OSHA) Standard: Access to Employee
Exposure and Medical Records, 29 CFR 1910.20

Review Process:

Bloodborne Pathogen Policy Ad Hoc Review Committee 11/22/02

Executive Committee 11/25/02

Procedural Update Approval – Vice Chancellor for Business and Administrative Affairs
5/23/24

Distribution:

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