

CONCORD UNIVERSITY

Bloodborne Pathogen Exposure Control Plan

BACKGROUND

Bloodborne pathogens are infectious microorganisms that can cause disease in humans. OSHA's Bloodborne Pathogens Standard (BPS) ([29 CFR 1910.1030](#)) prescribes safeguards to protect workers who are at risk for serious or life-threatening illnesses from exposure to blood or other potentially infectious materials (OPIM).

The regulations required organizations to establish an Exposure Control Plan (ECP).

CU EXPOSURE CONTROL PLAN

Concord University is committed to providing a safe and healthful environment for faculty, staff, and students. In pursuit of this commitment, Concord University has adopted an Exposure Control Plan (ECP) to eliminate or minimize occupational exposure to blood or other potentially infectious material (OPIM).

The ECP is also a key document to help ensure compliance with the OSHA BPS standard.

PROGRAM ADMINISTRATION

Administrator

The President of the University appoints an ECP Administrator who is responsible for implementation of the ECP with the support and assistance of the Human Resources Department. The ECP Administrator will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. The ECP Administrator may be contacted at 304-384-5121 or rpreston@concord.edu

Department Manager

Academic and/or Administrative Department Managers are responsible for maintaining compliance with (enforcing) the ECP by implementing designated engineering controls and work practices.

Each department manager will maintain and provide all personal protective equipment (PPE), engineering controls (sharps containers) and labels, warning signs, and red bags as required by the standards.

Each department manager will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

Each department manager will establish a schedule and procedures for cleaning and decontamination and maintain proper supplies to clean up OPIM.

Human Resources

The CHRO or designee(s) will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained. Contact Dan Fitzpatrick, HR Director at DFitzpatrick@concord.edu or by phone at (304) 384-5276.

The CHRO or designee(s) will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, or other regulatory authorities with jurisdiction. Contact Dan Fitzpatrick, HR Director at DFitzpatrick@concord.edu or by phone at (304) 384-5276

Employee Responsibility

Employees are responsible for complying with the exposure control plan as it is communicated to them, including but not limited to the following using personal protection equipment, attending training and becoming familiar with procedures, promptly reporting exposure incidents, and properly disposing of hazardous waste.

Employees must provide his or her own workplace sharps container.

EMPLOYEE EXPOSURE DETERMINATION

All employees including full-time, part-time, student, temporary, contract, and per diem are covered by the standard.

Concord HR has identified job classifications in which **ALL** employees have occupational exposure to blood or OPIM.

[Department managers are to identify and provide list of job classifications to HR.]

Job Classification / Title	Department / Location
Custodian (WFF)	Athletic Trainers
Trades Specialist (Plumber)	Resident Assistants
Public Safety / Police	Graduate Resident Assistants
Childcare Center Staff (Research Corp.)	Director / Asst. Director of Physical Plant
Director of Housekeeping	

Concord HR has identified job classifications in which **SOME** employees have occupational exposure to blood or OPIM. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals.

[Department managers to identify and provide list of classification to HR. The list is to be updated annually.]

Job Title	Department / Location	Task / Procedure
Trade Specialists	Maintenance	Plumbing
Bus Drivers	Transportation	Clean buses
Coach	Athletics	Players injuries
Dean of Students	Student Services	Transportation
Associate Dean of Students	Student Services	Transportation
Faculty	Biology Lab	Working with pathogens
Auto Mechanic	Maintenance	Clean of vehicles
Chemical Hygiene Officer	Science	
Intramural Director	Student Services	Injuries
Student Intramural Assistants	Student Services	Injuries

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

Universal precautions will be followed whenever there is the potential for contact with any blood or OPIM (body fluid).

Universal Precautions apply to blood; all body fluids, secretions, and excretions, *except sweat*, regardless of whether or not they contain visible blood; non-intact skin; and mucous membranes.

Universal precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection.

Universal Precautions include the use of: hand washing, appropriate personal protective equipment such as gloves, gowns, masks, whenever touching or exposure to body fluids is anticipate.

Exposure Control Plan

All employees receive an explanation of the ECP during their initial training session. It will also be reviewed in their annual refresher training.

All employees have an opportunity to review the ECP at any time during their work shifts by logging in to the HR website, resources. If requested, HR will provide an employee with a copy of the ECP, without charge, within 15 days of the request.

Human Resources is responsible for coordinating the review and update of the ECP annually, or more frequently if necessary, to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Engineering Controls and Work Practices

Engineering controls and work practices will be used to prevent or minimize exposure to blood or OPIM. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

Department Managers or their designee are responsible for implementing these engineering controls and work practices in their department or area:

- Ensure that sharps disposal containers are available in the department, as appropriate to the area.
- Ensure employees know the location of the sharps containers in the department.
- Inspect and maintain or replace the containers when necessary to prevent overfilling.
- Ensure contaminated (Biohazard) material is disposed of in red bag containers.
- Biomedical waste containers used shall be puncture resistant and leak proof. Labeling of containers shall be mandatory.
- Ensure employees know the location of biohazard containers.
- Instruments and equipment that may be contaminated will be disinfected with an Environmental Protection Agency approved disinfectant and cleaned in a manner as to minimize manual contact.
- Eating, drinking, smoking, applying cosmetics, storage of food, drinks or cosmetics, or handling contact lenses in potentially contaminated areas is prohibited.
- Should clothing become contaminated, it shall be treated for stain removal with Blood Buster, stored in a biohazard bag, and laundered as soon as possible.
- Ensure that PPE is available in the department as appropriate to the area, including disposable gloves, masks, and eye protection and that employees know the location of the PPE. Maintaining, distributing, and collecting all PPE for disposal or cleaning.
- Hand washing facilities are located in restrooms on each floor of each building. If a handwashing facility is not available, such as outside a facility, then antiseptic hand cleaner will be used.
- Maintain an inventory of antiseptic cleaners, and antibacterial hand soap.

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

Concord evaluates new procedures or new products regularly by involving faculty, staff, and administration in the evaluation.

Sharps Disposal

Contaminated Sharps (e.g. needles and lancets) are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak-proof on sides and bottoms, and labeled or color-coded appropriately.

Individuals using needles or lancets for blood testing or needles for medication administration are **to provide their own sharps containers**. A simple, safe, and effective sharps container is an empty medicine bottle that is labeled for sharps disposal.

In addition, a sharp disposal container should be available on the main floor of each building.

Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training is provided by Athletic Training in the appropriate use of PPE for the tasks or procedures the employees will perform.

The types of PPE provided to employees or students include: disposable gloves (including hypoallergenic gloves), eye protection (goggles and/or shields), spray masks, respiratory assistance devices (including CPR masks).

PPE is located in the department manager's office and in other areas designated by the department manager.

All employees or students using PPE must observe the following precautions:

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

Housekeeping

The facility shall be cleaned daily, and all potentially contaminated surfaces disinfected using an EPA approved disinfectant following the CDC guidelines.

Regulated waste (blood and other potentially infectious material) are to be placed in red containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling sharps disposal containers is to take the containers to the designated pickup area, which is: Athletic Trainer's Office.

The procedure for handling other regulated waste is to take the containers (when filled) or red bags (monthly) to the designated pickup area, which is located at the Athletic Trainer's Office. The Trainer will notify the vendor when pickup is required.

Spills and other Contamination

Generally potentially infectious material will be cleaned as follows:

- Use PPE.
- Minor spills will be cleaned with absorbent materials while wearing PPE. The area will then be disinfected with EPA approved disinfectant. All waste and materials will be disposed of in the proper biohazard container.
- Large spills shall be cleaned by covering the areas with appropriate absorbent material. The absorbent material will be disposed of in the proper biohazard container, and the surface will be disinfected the same as minor spills.
- Any spills that occur on natural porous surfaces (athletic fields) will be treated the same as hard surface. While it is understood that the natural elements make it hard for survival on infectious agents, this will still be done as a precaution anytime potentially infectious fluids are identified on natural playing surfaces.
- A mechanical device, such as forceps or a brush and dustpan, will be used for handling broken glass or other sharp objects to minimize risk.
- Bins and pails are cleaned and decontaminated as soon as feasible after visible contamination.
- Report all spills to Rose Preston at 304-384-5121.

Laundry

The following contaminated articles will be laundered by Concord:

- Athletic uniforms and equipment

Laundering will be performed by:

- Sports Managers
- Athletic Assistants

The following laundering requirements must be met:

- Wear disposable gloves when handling and/or sorting contaminated laundry.
- Handle contaminated laundry as little as possible, with minimal agitation.
- Laundry should not be rinsed; place wet contaminated laundry in leak-proof, labeled or color-coded containers as close as possible to the site of generation. Special marked biohazard bags are used for the transportation and collection of contaminated clothing.
- The contaminate clothing will be taken immediately to the laundry area, treated for organic stains with Bloodbuster and laundered separately.

Labels

The following labeling method(s) are used in this university.

<u>Equipment to be Labeled</u>	<u>Label Type (size, color, etc.)</u>
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- All regulated waste containers will be labeled with label having the biohazard symbol and the term biohazard written in contrasting color.
- All bags used for use of biohazard storage/transportation of biohazardous material and contaminated laundry will also be marked as indicated above.
- All storage areas where biohazards are stored.

The Athletic Trainer will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify Rose Preston at 304-384-5121 if they discover regulated waste containers or other items without proper labels.

HEPATITIS B VACCINATION

The HR Department will provide or coordinate training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan.

Vaccination can be obtained at the Mercer County Health Department and is covered under the employee's insurance or, if no insurance is available, by the university.

[Subject to prior approval.]

Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series, 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination is contraindicated.

If an employee chooses to decline vaccination, the employee must sign a declination form, which is the same form provided by OSHA for this purpose.

Employees who decline vaccination may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the employee's medical file in HR.

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

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact Dan Fitzpatrick at the following number: (304) 384-5276.

An immediately available confidential medical evaluation and follow-up will be conducted by Athens Medical Center.

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, if willing, as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status. Often times there is scheduled testing at various points after the exposure to assure that BBP is not present.
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

Person transporting the employee to the health care professional(HCP), ensures the HCP responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

Said person also ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- a description of the employee's job duties relevant to the exposure incident
- route(s) of exposure
- circumstances of exposure
- relevant employee medical records, including vaccination status

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

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

Human Resources will review the circumstances of all exposure incidents to determine:

- engineering controls in use at the time
- work practices followed
- a description of the device being used (including type and brand)
- protective equipment or clothing that was used at the time of the exposure incident (*gloves, eye shields, etc.*)
- location of the incident
- procedure being performed when the incident occurred
- employee's training

The Athletic Trainer will record all percutaneous injuries from contaminated sharps in the Sharps Injury Log.

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

EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive training annually conducted by Athletic Trainer – trainers qualifications should be attached in appendix.

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

- a copy and explanation of the standard.
- an explanation of our ECP and how to obtain a copy.
- an explanation of methods to recognize tasks and other activities that may involve exposure to blood or OPIM, including what constitutes an exposure incident.
- an explanation of the use and limitations of engineering controls, work practices, and PPE.
- an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE.
- an explanation of the basis for PPE selection.
- information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be

offered free of charge.

- information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
- an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
- an explanation of the signs and labels and/or color coding required by the standard and used at this facility.
- an opportunity for interactive questions and answers with the person conducting the training.

RECORDKEEPING

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least **three years** in the Human Resources 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

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Chief Human Resources Officer or designee(s).

Medical Records

The Department of Human Resources is responsible for maintaining confidential records associated with exposure and treatment for employees.

- Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."
- These **confidential** records are kept in the Department of Human Resources for at least the **duration of employment plus 30 years**.
- Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to Human Resources.
- At a minimum the medical records shall contain the following information:
 - Name
 - Social Security number
 - HBV vaccination status, and dates if immunized
- In the event of an exposure incident, the record shall also include:
 - Copy of all examination results and testing
 - Any recommendations made by the Health Care Practitioner (HCP)

- Copy of completed BBP Exposure Report Form

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the CHRO or designee(s).

Sharps Injury Log

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

- the date of the injury
- the type and brand of the device involved
- the department or work area where the incident occurred
- an explanation of how the incident occurred.

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

Review of Plan

This plan shall be reviewed and modified as employee exposures change. At a minimum, it will be reviewed and modified annually.

APPENDIX ONE

**CONCORD UNIVERSITY
DECLINATION OF HEPATITIS B VACCINE**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection.

I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself.

However, I decline hepatitis B vaccination at this time.

I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.

If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signed: _____

Date: _____

APPENDIX TWO

BBP Exposure Report Form

Concord University

Name: _____

Job Title: _____

Date of Exposure: _____

Student/Employee ID #: _____

Supervisor: _____

Time of exposure: _____

Where did exposure incident occur (be specific):	
What task was being performed when the exposure occurred (describe the incident):	
What caused the exposure (it was the result of what condition or behavior):	
Who is the source individual (name and phone #):	Staff Faculty Student Other Name: Phone #:
What part(s) of your body was exposed (circle): Specific Location:	Intact skin non-intact skin eyes Nose mouth
What body fluids were you exposed to (circle):	Blood vomit urine other
Did the body fluid (circle):	Touch unprotected skin Soak through clothing Other:
How much body fluid came in contact (circle)	< 1 teaspoon Several teaspoons Several tablespoons

What personal protective equipment were you wearing:	
If no PPE was worn, explain clearly why it was not:	
Was a medical sharps device involved: If yes, what failed to prevent injury:	No Yes: specific device:
Have you received pre-exposure HBV vaccine	No Yes Date:
How could this exposure have been prevented:	
Student / Employee Signature and Date:	
Supervisor/Preceptor Signature and Date:	

*This form should be completed within 24 hours of exposure incident.