

Bloodborne Pathogen Exposure Control Plan

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Bloodborne Pathogen Exposure Control Plan

1.0 Policy

It is the policy of California State University, East Bay (CSUEB) to comply with OSHA Code of Federal Regulations, 29CFR 1910.1030 and California Code of Regulations Title 8, Section 5193, which require employers to develop and implement an exposure control plan for employees with occupational exposure to blood and other potentially infectious material (OPIM) during the course of their normal work duties.

2.0 Purpose

To protect and minimize the risk of employee exposure to blood and OPIM carrying bloodborne pathogens through training, engineering controls, and administrative controls.

3.0 Scope

The Plan covers all CSUEB employees who could reasonably anticipate, as a result of performing their job tasks, contact blood or other potentially infectious materials. Non-CSUEB employees such as volunteers, students, and student interns are not covered under the standard. Student Health & Counseling Services (SHCS) staff is covered under SHCS Bloodborne Pathogen Exposure Control Plan.

4.0 Definitions

Blood: human blood, human blood components, and products made from human blood.

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), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

Contaminated: the presence or the reasonably anticipated presence of blood or other potentially infectious materials on a surface or in or on an item.

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. Decontamination includes procedures regulated by Health and Safety Code Section 118275.

Engineering Controls: controls that isolate or remove the blood borne pathogens hazard from the workplace (e.g., sharps disposal containers, needleless systems and sharps with engineered sharps injury protection).

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.

Exposure Determination: identification of job classifications, tasks, and procedures where occupational exposure occurs.

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 Potential Infectious Material (OPIM): refers to certain human body fluids as defined in 8CCR, section 5193, subsection (b), including amniotic fluid, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, vaginal secretions, semen, saliva in dental procedures, any other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response. It also includes unfixed tissue or organs (other than intact skin) from a human as well as any of the following, if known or reasonably likely to contain or be infected with HIV, HBV, or HCV: cell, tissue, or organ cultures from human or experimental animals.

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

Personal Protective Equipment (PPE): is specialized clothing or equipment worn or used by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Sharp: any object used or encountered in the work place that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs.

Universal Precautions: is 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, HCV, and other bloodborne pathogens.

Work Practice Controls: controls that reduce the likelihood of exposure by defining the manner in which a task is performed.

5.0 Responsibilities

Department of Environmental Health and Safety (EHS):

1. Develop, maintain, and update the Bloodborne Pathogen Exposure Control Plan.
2. Review Plan annually and evaluate effectiveness.
3. Determine potential level of exposure to bloodborne pathogens for specific job categories or classifications based on job task descriptions submitted by supervisors/managers.
4. Provide compliance guidelines and assist departments in training and selection of PPE.

Workers' Compensation Coordinator:

1. Facilitate post-exposure medical evaluation.
2. Notify EHS of any exposure incidents.

Student Health & Counseling Services

1. Develop, maintain, and implement SHCS Bloodborne Pathogen Exposure Control Plan as it pertains to SHCS staff.
2. Review SHCS Plan annually and update as needed.
3. Review SHCS Sharp Injury Log.

Supervisors and Managers:

1. Provide specific training for affected employees.
2. Identify tasks and procedures where occupational exposure may occur and submit information to EHS.
3. Report all exposure incidents to EHS and the Workers' Compensation Coordinator in a timely manner.
4. Ensure employees understand and follow the practices and procedures under the Plan.

Affected Employees:

1. Understand and follow the procedures and practices under the Exposure Control Plan.
2. Attend training courses.
3. Report any exposure incidents to their supervisor immediately.

6.0 Exposure Determination

Exposure evaluation shall be based upon an employee's reasonable potential exposure to blood or other infectious materials that may result from the performance of his/her job duties. Risk categories are made without regard to PPE.

Category I- High risk

Employees whose routine job tasks involve direct contact with blood, body fluids, or tissues.

Job classifications-Category I:

Student Health and Counseling Services- physicians, nurses, technicians, and medical staff
Nursing Department- Nursing skills lab coordinator

Category II- Moderate Risk

Employees whose routine (day to day) job tasks do not involve contact with blood or other infectious materials, but on occasion may be required to perform a job function that has a potential for exposure to blood or OPIM (Category I tasks).

Job classifications- Category II:

Custodial personnel
University Police Department- police officers and investigators (CSO's)
Athletic trainers
Lifeguard
Kinesiology professor
Emergency response personnel
Microbiology instructional and technical staff
Plumbers
Nursing faculty if deemed to have an occupational exposure

Category III- Minimal Risk

Employees whose job tasks do not include Category I job tasks as part of their job requirements. The normal work routine does not involve contact with blood or OPIM. Persons who perform these duties are not called upon as part of their job responsibilities to perform any Category I tasks or assist in emergency medical care or first aid.

Job classifications- Category III:

All other CSUEB employees

7.0 Methods of Compliance

Universal Precautions

All blood and blood products shall be treated as if they were infectious for HIV, HBV, HCV, and other bloodborne pathogens. Under circumstances where it is difficult to differentiate between body fluid types, all body fluids shall be treated as potentially infectious materials.

Engineering and Work Practice Controls

1. All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
2. Employees shall wash their hands immediately, or as soon as possible, after the removal of gloves or other personal protective equipment.
3. No eating, drinking, smoking, or application of cosmetics, lip balm or handling of contact lenses in work areas where the possibility of exposure exists.
4. No foods or drink will be stored (including refrigerators, freezers, shelves, cabinets or on countertops) or consumed in areas where bloodborne pathogens may be present.
5. Contaminated needles or sharps will not be recapped, bent, or broken unless it can be demonstrated that no alternative is feasible or that such action is required by a specific medical procedure. Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.
6. Shearing or breaking of contaminated needles is prohibited.
7. Immediately, or as soon as possible after use, all potentially contaminated sharps shall be placed in a punctured proof, labeled, leak proof container.
8. All potentially infectious protruding objects shall be placed in puncture resistant containers
9. After use, or as soon as possible, reusable sharps will be placed in the appropriate containers for sterilization or reprocessing.
10. Broken glassware which may potentially be contaminated shall be picked up by mechanical means such as tongs, forceps, broom, dust pan, etc. At no time will employee pick up potentially contaminated broken glass with bare hands.
11. The lab supervisor or manager shall ensure employees and students wear the proper Personal Protective Equipment.
12. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

Personal Protective Equipment

Gloves

1. Disposable gloves shall be worn when there is potential for the hands to come in contact with blood or other potentially infectious materials (OPIM). Disposable gloves shall be replaced when soiled, torn, punctured, or

whenever their ability to function as a barrier is compromised. They shall not be washed or disinfected for re-use or be worn outside the work area. Hypoallergenic gloves will be provided to personnel who are allergic to the gloves normally provided.

2. Non-disposable gloves used in the handling of potentially infectious material must be washed thoroughly with soap and water prior to removing. The gloves may be decontaminated for re-use if their integrity is not compromised.
3. Employees must wash their hands as soon as possible after removing the gloves.

Masks/Eye Protection/Face Shields

Shall be worn whenever splashes, spray, spatter, droplets, or aerosols of blood or other potentially infectious materials may be generated and there is potential exposure to the employee's nose, mouth, or eyes.

Aprons/Gowns/Lab Coats/Disposable Shoe Covers

1. The appropriate protective clothing shall be worn when there is potential occupational exposure. The garments shall be, but not limited to, aprons, gowns, lab coats, clinical jackets, or any similar protective garment that provides an effective barrier against blood or OPIM.
2. Selection will be based upon the task and degree of exposure anticipated.
3. Additional PPE such as shoes or head covers will be worn as needed or as required by protocol.

Guidelines for use of Personal Protective Equipment (PPE)

1. Personal protective equipment shall be provided where necessary by the department at no cost to the employee.
2. Departments shall train and ensure employees in their department use the proper PPE.
3. The department must clean, launder, and dispose of personal protective equipment at no cost to the employee.
4. If a garment is penetrated by blood or other potentially infectious material, the garment shall be removed immediately or as soon as feasible.
5. All personal protective equipment shall be removed prior to leaving the work area.
6. When removed, PPE shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
7. Employees who fail to utilize PPE, as required, are subject to disciplinary action as deemed appropriate by the department.

9.0 Housekeeping and Decontamination

1. Good housekeeping shall be applied to ensure working area is maintained in a clean and sanitary condition.
2. Written methods and schedules for decontamination and disinfection will be implemented in work areas where bloodborne pathogens may be used.
3. Equipment shall be properly cleaned and disinfected after contact with blood or other potentially infectious materials. Contaminated equipment shall be decontaminated prior to servicing, shipping or reusing. If decontamination of the equipment is not feasible, the equipment shall be discarded or a readily observable label must be attached to the equipment stating which portions remain contaminated and information concerning the contamination shall be communicated to all affected employees and/or the servicing representatives.
4. Work surfaces shall be properly cleaned and disinfected when these surfaces become overtly contaminated, after any spill of blood or potentially infectious materials, and at the end of the work shift if the surfaces may have become contaminated since the last cleaning.

5. Protective coverings such as imperviously-back absorbent paper, plastic wrap, or aluminum foil may be used to cover equipment and surfaces. These coverings shall be changed at the end of every shift or as necessary.
6. Reusable items that may be contaminated with blood or other potentially infectious materials will be decontaminated before washing or reprocessing.
7. Laundry that may be contaminated shall be collected and cleaned. Employees shall be informed of the location and specific container for the garments.
8. Contaminated laundry shall be handled as little as possible with minimum agitation. They shall be placed in a leak proof bag or container and properly labeled. The garments shall not be rinsed or sorted at the location of their removal. Employees who have contact with contaminated laundry shall wear the proper PPE.

11.0 Waste Disposal: Regulated and Non-regulated

Sharps:

1. All objects meeting the definition of "sharp" as defined in Section 4.0 shall be properly disposed.
2. Non-contaminated sharps will be placed in a puncture resistant container (i.e. box) prior to disposal to protect the handler. They can be disposed in the regular trash.
3. Contaminated sharps or sharps that may be contaminated with potentially infectious materials will be placed immediately or as soon as feasible after use in a closeable, puncture resistant, leak proof and properly labeled container for disposal.
4. Sharp containers shall be easily accessible to personnel and located as close as possible to the area where sharps are used.
5. Sharp containers shall be kept in an upright position throughout use and replaced when $\frac{3}{4}$ full.
6. When sharp containers are moved, they must be closed to prevent spillage or protrusion. If leakage is possible, a secondary container must be used to prevent leakage during transport and handling. The secondary container must be closable, puncture resistant, leak proof and properly labeled.

Regulated Waste:

1. Handling, storage, treatment, and disposal of regulated waste shall be in accordance with Health and Safety Code.
2. Regulated waste must be placed/stored in closable, leak proof and properly labeled containers.
3. When the containers are moved, they must be closed to prevent spillage or protrusion. If leakage is possible, a secondary container must be used to prevent leakage during transport and handling. The secondary container must be closable, leak proof and properly labeled.
4. If a secondary container is used to prevent spillage, it must also be closeable, labeled and closed prior to removal.

12.0 Hepatitis B Vaccination and Post-Exposure Evaluation

Hepatitis B Vaccination

1. Hepatitis B vaccinations will be offered to all employees in Categories 1 and 2 or who have occupational exposure to blood or other potentially infectious materials.
2. The vaccination will be made available to the employee within 10 working days of initial assignment unless the employee has previously received the vaccination, antibody testing shows the employee is immune, or the vaccination is contraindicated for medical reasons.
 - A. Employee must complete bloodborne pathogen training prior to the hepatitis B vaccination.

- B. If the employee has previously received the vaccination, he/she must provide immunization record upon request.
- 3. If the employees decline the vaccination, they must sign a declination form with EHS. If at a later date they would like to receive the vaccination, while still covered under the standard, the University will provide the vaccination at that time.
- 4. If a routine booster dose of HBV is recommended by the US Public Health Service at a future date, such booster will be made available to the employees.
- 5. It is not required to offer pre-exposure vaccinations for voluntary first aid providers.
 - A. Unvaccinated voluntary first aid providers will be offered HBV vaccinations and post-medical evaluation following an exposure as described below.

Post-Exposure Evaluation and Follow-up

- 1. Employee shall report all exposure incident immediately to his/her supervisor or department administrator and the Workers' Compensation Coordinator.
- 2. After a report of an exposure incident:
 - A. The University will provide the exposed employee a confidential medical evaluation and follow-up at St. Rose Occupational Health Medicine clinic within 24 hours. Student Health and Counseling Services staff can elect to have the medical evaluation and follow-up performed at the Student Health Center.
 - B. The employee and his/her supervisor will complete an injury/illness report and submit to the Workers' Compensation Coordinator within 8 hours.
 - C. Documentation will be made of the routes of exposure and the circumstances under which the exposure occurred.
 - D. If possible, the source individual shall be identified. The source individual's blood will be tested as soon as feasible to determine HBV, HCV and HIV infectivity after consent is obtained. If consent cannot be obtained, it will be documented that consent cannot be obtained. Source testing is not needed if it is already known the individual is infected with HBV, HCV or HIV.
 - i. Results of the test will be made available to the exposed employee.
 - ii. The employee will be informed of applicable laws and regulations concerning disclosing the identity and infectious status of the source individual.
 - E. The University will provide collection and testing of the exposed employee's blood for HBV, HCV and HIV serological status. The employee can elect not to have collection and testing done. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample will be preserved for at least 90 days. The employee may elect, during this timeframe, for testing to be done. Additional testing and collection will be made available as recommended by the US Public Health Service.
 - F. Post-exposure prophylaxis will be provided when medically indicated and as recommended by the US Public Health Services.
 - G. The University will provide counseling and evaluation of reported illnesses as needed.
- 3. The following information shall be provided to the attending physician:
 - a. A copy of CCR Title 8, Section 5193.
 - b. Description of affected employee's job duties and history regarding occupational exposure.
 - c. Documentation of the route of exposure and circumstances under which exposure occurred.
 - d. Results of the source individual's blood testing, if available.
 - e. All medical records relevant to the appropriate treatment of the employee including vaccination status.

13.0 Communications of Hazards to Employee

Warning Signs

Signs will be posted on the doors leading to area where potentially infectious materials are used or stored.

Warning Labels

1. All containers (sharps containers, bags, boxes, refrigerators, freezers, waste cans, and buckets) used to store or transport blood or other potentially infectious materials must have a label indicating that the contents are biohazardous.
2. The labels shall include the universal legend for biohazards (the chrysanthemum symbol) or words: "Biohazardous Waste" or "Sharps Waste". The labels shall be fluorescent orange or orange-red with lettering or symbols in a contrasting color.
 - A. Bags used to contain regulated waste shall be color-coded red and properly labeled.
 - B. Labels on red bags or containers do not need to be color-colored as described above.
3. The labels can be an integral part of the container or affixed to the container in a manner as to prevent their removal.

Training

1. EHS will conduct or coordinate training for employees covered under this plan.
2. Training shall be completed prior to assignment of tasks where occupational exposures may occur and annually thereafter. Additional training will be provided when there are changes, introductions, or modifications to engineering/administrative controls or work practices and procedures affecting the employee.
3. The training will include at least the following topics:
 - A. Explanation of the bloodborne pathogen standard and CSUEB Bloodborne Pathogen Exposure Control Plan and how an employee can obtain a copy.
 - B. Explanation of the epidemiological characteristics and symptoms of bloodborne diseases.
 - C. The modes of transmission of bloodborne diseases.
 - D. Jobs and tasks that may involve exposure to blood and OPIM.
 - E. The uses and limitations of engineering controls, PPE, and work practices to prevent or reduce exposure.
 - F. Selection of proper PPE. Information regarding the types of PPE, uses, location, handling, removal after use, and disposal.
 - G. Proper waste labeling and disposal.
 - H. HBV vaccine, including information on its administration, safety, efficacy, and benefits.
 - I. Explanation of warning signs and labels.
 - J. Exposure incident and emergency procedures which include actions to take and who to contact, and medical follow-up.
 - K. Post-exposure evaluation and follow-ups.

14.0 Recordkeeping

1. Medical records are maintained at Student Health and Counseling Services and St. Rose Occupational Health Medicine clinic for the duration of the employee's employment plus 30 years. These records will be kept confidential and will not be disclosed without the employee's written consent, except where permitted.
2. Medical record shall be established for each employee with occupational exposure. The record shall include:
 - A. A copy of the employee's hepatitis B vaccination status.

- B. The employee's name and social security number.
 - C. Any medical evaluations, results, recommendations, and follow-ups.
 - D. Any other medical records pertaining to this plan.
3. Training conducted by the department will be maintained by the department. Copies of the training content and sign-in sheet will be submitted to EHS. Training records will be maintained for three years. These records shall include the following information:
- A. Training date.
 - B. Contents or summary of topics covered.
 - C. Name and qualification of the person(s) conducting the training.
 - D. Names and job titles of all attendees.
4. Sharps Injury log will be maintained by Student Health Services. The log will be maintained for 5 years from the date the exposure incident occurred.

15. Annual Program Review

- 1. The Plan will be reviewed and updated annually and whenever necessary to reflect changes in work practices and procedures and engineering controls

APPENDIX A

Sharps Injury Log

CALIFORNIA STATE UNIVERSITY, EAST BAY

SHARPS INJURY LOG

Date of Incident: _____ Time of Incident: _____ Location of Occurrence: _____

Type and brand of sharp involved: _____

Procedure resulting in the injury: _____

Describe how the incident occurred: _____

Body part involved: _____

If sharp had engineered sharps injury protection (safety needle and/or safety syringe) used, whether protective mechanism was activated: Yes No

If yes, please check box below:

- whether protective mechanism was activated
- whether injury occurred before the protective mechanism was activated
- whether injury occurred during activation of the mechanism
- whether injury occurred after activation of the mechanism
- unable to determine

If sharp had no engineered sharps injury protection, the injured employee's opinion as to whether and how such a mechanism could have been prevented the injury:

