



OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)

The OSHA/VOSH 1910.1030 Blood borne Pathogens Standard was issued to reduce the occupational transmission of infections caused by microorganisms sometimes found in human blood and certain other potentially infectious materials. The purpose of this exposure control plan is to eliminate or minimize employee occupational exposure at Virginia Wesleyan College to blood or other potentially infectious materials as detailed in this standard.

All employees who are exposed to blood and other potentially infectious materials as a part of their job duties are included in this program.

EXPOSURE DETERMINATION

All job categories in which it is reasonable to anticipate that an employee will have skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials (see list below) are included in this Exposure Control Plan. Exposure determination is made without regard to the use of personal protective equipment - employees are considered to be exposed even if they wear personal protective equipment.

Other Potentially Infectious Materials

<u>Body Fluids</u>	<u>Other Materials</u>
Semen	Any unfixed tissue or organ
Vaginal secretions	(other than intact
skin) Cerebrospinal fluid	from a human
(living or Pleural fluid	dead)
Pericardial fluid	HIV/HBV containing cell or
Peritoneal fluid	tissue cultures, organ
Amniotic fluid	cultures, and culture
Any body fluid visibly	medium
contaminated with blood	Blood, organs, or other
Saliva in dental procedures	tissues from
experimental	animals
infected with HIV	or HBV

At Virginia Wesleyan College employees in the following job classifications are included in this category:

- Athletic Department (Coaches and Trainers)
- Health Services

Housekeeping
Maintenance (except Administrative Assistant and
Secretary/Receptionist/Work Center Coordinator)
Residence Life (except Secretary)
Security (except Reserve Officers)

COMPLIANCE METHODS

Universal precautions will be observed at Virginia Wesleyan College in order to prevent contact with blood or other potentially infectious materials. This means that all blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual. Universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, or vomitus unless they contain visible blood.

Engineering and Work Practice Controls shall be used to eliminate or minimize employee exposure. 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. The methods which will be employed at VWC to accomplish this goal are the use of puncture resistant sharps containers and biohazard garbage containers. These controls will be examined every six months by the Director of Health Services to ensure their effectiveness.

Tags/labels that comply with 29CFR 1910.145(f) shall be used to identify the presence of an actual or potential biological hazard. The tags shall contain the word "BIOHAZARD" or the biological hazard symbol and shall state the specific hazardous condition or the instructions to be communicated. The word/message shall be understandable to all employees who may be exposed to the identified hazard. The tags/labels may be an integral part of the container, or may be affixed as close as safely possible to the hazard by string, wire, or adhesive. This is to prevent loss or unintentional removal. VWC may substitute red bags or red containers for labels on containers of infectious waste. All appropriate employees shall be informed of the meaning of the labels/tags.

Hand washing is a primary infection control measure. Appropriate hand washing must be diligently practiced. Employees shall wash hands thoroughly using soap and water whenever hands become contaminated and as soon as possible after removing gloves or other personal protective equipment. When other skin areas or mucous membranes become exposed, the skin in these areas shall be

washed with soap and water, and the mucous membranes shall be flushed with water as soon as possible.

Sharps such as used needles, shall not be bent, recapped, broken, resheathed by hand. Sharps containers must be closable, puncture resistant, labeled or color-coded, leak proof on sides and bottom, and maintained upright throughout use. Containers are to be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or found. In the Health Services Office, the sharps container is located in the treatment room. In the Security Office a sharps container is located in the training room. In the gym, a sharps container is located in the Trainer's office. Containers distributed to students with individual medical needs are turned in to the Director of Health Services for disposal as needed. Contaminated disposable sharps are to be discarded, as soon as possible after use, in the disposable sharps containers. Contaminated broken glass is also to be placed in disposable sharps containers. Broken glass which may be contaminated is to be cleaned up with something **other than** the hands, i.e. brush and dust pan, or tongs. A bloodborne pathogen disposal kit will be located in each building on campus. Location of kits will be clearly marked. As soon as possible after use, reusable contaminated sharps are to be placed in the reusable sharps container until properly processed.

Nearly full sharps containers are to be promptly disposed of (or emptied and decontaminated in the case of reusable sharps) and replaced. This is to prevent the hazard of overfilling of sharps containers. The Health Service staff is solely responsible for maintaining the sharps containers.

Personal Protective Equipment is specialized clothing or equipment used by workers to protect themselves from direct exposure to blood or other potentially infectious materials. Virginia Wesleyan College will provide, repair, clean, and dispose of appropriate personal protective equipment based on the anticipated exposure to blood or other potentially infectious materials. This equipment shall be provided and readily available in a variety of sizes as needed at no cost to the employee. 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. If a garment is penetrated by blood or other potentially infectious material, the garment shall be removed as soon as possible and placed in a designated container for laundering or disposal. A container for this purpose is located in each appropriate department. Protective equipment will be provided to employees through their individual department by the department head or his/her designee who is

responsible for its distribution. Protective equipment is to be worn whenever there is a risk of exposure.

HOUSEKEEPING

Virginia Wesleyan College will ensure that the campus and campus buildings are maintained in a clean and sanitary condition. The written Housekeeping procedure guide is located in the Housekeeping Policy and Procedure Manual at the Physical Plant. All contaminated surfaces will be decontaminated as soon as feasible. The Housekeeping staff is to wear appropriate Personal Protective Equipment while carrying out their duties.

Gloves shall be worn when it can reasonably be anticipated that hands will contact blood or other potentially infectious materials, mucous membranes, and non-intact skin and when handling or touching contaminated items or surfaces. Disposable gloves are not to be washed or decontaminated for re-use. These gloves are to be replaced as soon as feasible when they become contaminated, torn, punctured, or when their ability to function as a barrier is compromised.

Laundry workers shall wear protective gloves and other appropriate personal protective equipment to prevent exposure to blood or other potentially infectious materials during handling of linen. Laundry that is contaminated with blood or other potentially infectious materials or that may contain contaminated needles or sharps shall be treated as if it were HBV/HIV infectious and handled as little as possible and with a minimum of agitation. Contaminated laundry shall be bagged and tagged at the location(s) where it was used.

HEPATITIS B VACCINATION

The hepatitis B vaccine shall be offered, at no cost, to all employees of Security and Health Services whose jobs involve the risk of directly contacting blood or other potentially infectious materials (please see Exposure Determination). The vaccine will be offered within 10 working days of their initial assignment as an employee in an at risk category unless the employee has previously had the vaccine or wished to submit to antibody testing which shows the employee to have sufficient immunity. Employees who decline the Hepatitis B vaccine will sign a waiver (please see attached).

Employees who initially decline the vaccine, but who later wish to have it may then have the vaccine provided at no cost to the

employee. Human Resources is responsible for assuring that the vaccine is offered to appropriate employees and that appropriate forms are signed. Campus Health Services will administer the vaccine to VWC employees.

An **exposure incident** is 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.

Employees who experience an exposure incident are to immediately report their exposure to their Department Head. The Department Head will inform the Health Services Department of the exposure within 24 hours. When an employee reports an exposure incident, he/she will immediately be offered a confidential medical evaluation and follow-up including:

- **documentation** of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
- **identification** and documentation of the source individual unless identification is not feasible;
- an offer to collect a blood sample from the exposed employee as soon as possible after the exposure incident for determination of HIV and/or HBV status; If the employee consents to baseline blood collection, but does not give consent to HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the sample tested, such testing shall be done as soon as feasible.
- An offer to repeat HIV testing to the exposed employee six weeks post-exposure and again at 12 weeks and six months after exposure;
- Counseling, medical evaluation of any acute febrile illness that occurs within 12 weeks after exposure, and use of safe and effective post-exposure measures according to recommendations for standard medical practice.

If the status of the source individual's blood is unknown, the individual's blood will be tested as soon as feasible after consent is obtained.

After an exposure, the following information will be provided to

the healthcare professional who is evaluating the employee:

- a copy of 1910.1030 bloodborne pathogens standard;
- A description of the exposed employee's duties as they relate to the exposure incident;
- The documentation of the route(s) of exposure and circumstances under which exposure occurred;
- Results of the source individual's blood testing, if available;
- All medical records relevant to the appropriate treatment of the employee including vaccination status.

A written opinion by the Health Care Professional shall be obtained whenever an employee is sent for a post exposure incident.

Virginia Wesleyan College shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. The written opinion will be limited to the following information:

- Whether the Hepatitis B vaccine is indicated;
- The employee has been informed of the results of the evaluation;
- The employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

All other findings shall remain confidential and shall not be included in the written report.

RECORDKEEPING

Virginia Wesleyan College shall track each employee's reported exposure incident to blood and/or other potentially infectious materials. Such documentation shall be kept in the employee's health file, separate from the personnel file. The record shall

be maintained for the duration of employment plus 30 years in accordance with 29 CFT 1910.20. The file shall be maintained by VWC Health Services. Such medical record shall include the following:

- Name and social security number of the employee;
- A copy of the employee's hepatitis B vaccination status with dates of hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination;
- A copy of examination results, medical testing, and any follow-up procedures;
- A copy of the healthcare professional's written opinion;
- a copy of the information provided to the healthcare professional who evaluated the employee for suitability to receive hepatitis B vaccination prophylactically and/or after an exposure incident.

The employee's medical record will be kept confidential. The contents will not be disclosed or reported to any person within or outside the workplace without the employee's express written consent, except as required by law or regulation.

Needlestick injuries shall be included on the OSHA 200 occupational injury and illness log if medical treatment is prescribed and administered by a licensed medical professional.

HBV and/or HIV shall be recorded on the OSHA 200 log if the illness can be traced back to an injury or other exposure incident.

TRAINING AND EDUCATION OF EMPLOYEES

Employees will be trained regarding bloodborne pathogens at the time of initial assignment to tasks where exposure may occur and annually thereafter. Training will take place during work hours.

Additional training will be provided whenever there are changes in tasks or procedures which affect employees' occupational exposure; this training will be limited to the new exposure situation.

The training will be tailored to the educational level, literacy, and language of the employees. The training plan will include an opportunity for employees to have their questions answered by the trainer.

The Director of Health Services or his/her designee is responsible for arranging and/or conducting training. The following will be included in the training:

- Explanation of the bloodborne pathogens standard;
- General explanation of the epidemiology, modes of transmission, and symptoms of bloodborne diseases;
- Explanation of this Infection Control Plan and how it will be implemented;
- Procedures which may expose employees to blood or other potentially infectious materials;
- Control methods that will be used at VWC to prevent/reduce the risk of exposure to blood or other potentially infectious materials;
- Explanation of the basis for selection of personal protective equipment;
- Information on the hepatitis B vaccination program including the benefits and safety of vaccination;
- Information on procedures to use in an emergency involving blood or other potentially infectious materials;
- What procedure to follow if an exposure incident occurs including method of reporting the incident;
- Explanation of post-exposure evaluation and follow-up procedures;
- An explanation of warning labels and/or color coding.
- Location of disposal kits.

Training records will be maintained for at least three years from the date on which the training occurred. The following information will be included in these records:

- Dates of training sessions;

- Contents or a summary of the training sessions;
- Names and qualifications of trainer(s);
- Names and job titles of all persons attending.

This Exposure Control Plan was prepared by:

Date prepared:

Date(s) Reviewed:

Authorized by:

Date: