“Exposure Control Plan”

Mesa Community College

Occupational Health & Safety Department

January, 2006

Developed in accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030

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PURPOSE

The purpose of this exposure control plan is to eliminate or minimize employee occupational exposure to blood or other infectious body fluids. This plan applies to any employee who can reasonably be expected to come in contact with blood or other bodily fluids in the normal course of their job duties.

INTRODUCTION AND SCOPE

On December 6, 1991, the Occupational Safety and Health Administration (OSHA) promulgated the final rule (29 CFR § 1910.1030) for occupational exposure to bloodborne pathogens. The rule, commonly referred to as the bloodborne pathogens standard, was promulgated under the authority of the Occupational Safety and Health Act of 1970 and was designed to eliminate or minimize occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and other bloodborne pathogens.

In an effort to eliminate or minimize exposure to bloodborne pathogens, the standard requires employers to institute a program of engineering and work practice controls, personal protective clothing and equipment, informational training, Hepatitis B vaccination, post exposure evaluation and follow-up, sign and label programs, and other provisions for employees who may be reasonably anticipated to come into contact with blood or other potentially infectious materials during the performance of their duties.

The preamble to the final rule for occupational exposure to bloodborne pathogens, published in the Federal Register on December 6, 1991 (56 FR 64004), describes the rationale behind the standard and discusses provisions of the standard. The text to the final rule is presented with these key elements:

Scope and application of the rule
Definitions
Exposure control
- exposure control plan
- exposure determination

Methods of compliance
- universal precautions
- engineering and work practice controls
- personal protective equipment
- housekeeping

HIV and HBV Research Laboratories and Production Facilities
Hepatitis B vaccination and post exposure evaluation and follow-up
Communication of hazards to employees
- labels and signs
- informational training

Record keeping
- medical and training records

Compliance dates

OSHA identified occupational settings where individuals are reasonably anticipated to come into contact with blood or other potentially infectious materials during the performance of their duties, these include in part, health care facilities, health clinics, research laboratories, linen services, law enforcement, fire and rescue, schools, life saving, and regulated waste removal. Considering the scope of applicability of the standard and the fact that Mesa Community College (**MCC**) conducts activities utilizing or involving blood and other potentially infectious materials and employs individuals identified as employees who may be reasonably anticipated to come into contact with blood or other potentially infectious materials during the performance of their duties, MCC is required to comply with the requirements established in the standard.

Occupational Health & Safety (OHS) is charged with the overall responsibility for the development and implementation of a campus bloodborne pathogens compliance program. The program is designed to provide and achieve regulatory compliance and, most importantly, will provide a means by which MCC employees will be better informed and protected from exposures to blood and other potentially infectious materials during the performance of their duties.

OHS will provide technical assistance to individual departments in their effort to address the mandates established in the standard.

Ownership

Although OHS is charged with the overall responsibility to develop and implement MCC's bloodborne pathogens compliance program(BBP), several other college departments and units will provide vital support in the effort to adequately protect campus employees with occupational exposure and to achieve regulatory compliance with the OSHA requirements.

Individual departments and units will be responsible for ensuring that the provisions of MCC's exposure control plan and the mandates of the OSHA standard are carried out. Departments and units which **have been identified as possibly having <u>some employees</u> who may have occupational exposure**:

Nursing (Health Care)

Physical Science (not applicable at this time)

Life Science/Biology (not applicable at this time)

College Safety (Emergency Responders)

Facilities Management (not applicable at this time)

Intercollegiate Athletics (First Aid requirements)

Child Care Center (First Aid requirements)

Child Development (First Aid requirements)

Fire Science (Health Care)

Mortuary Sciences (not applicable at this time)

Vet Tech (not applicable at this time)

A detailed list of individuals who have been identified as part of MCC's exposure group are held in the OHS Department. The employees and their supervisors have been notified and are required to meet all elements of MCC's exposure plan.

Department Managers and employees were consulted in developing the exposure group. Some departments such as Health Care Professionals are already required to be vaccinated prior to employment.

RESPONSIBILITIES

Departmental supervisors and managers shall be responsible for ensuring their employees comply with the provisions of this plan. Each applicable department is responsible for providing all necessary supplies such as appropriate personal protective equipment (PPE), soap, bleach, and Hepatitis B vaccinations. Hepatitis B vaccinations shall be administered through an approved medical center and or approved medical physician. MCC's Occupational Health and Safety (OHS) Department will be responsible for coordinating training to all employees and for supporting/directing disposal of biohazardous waste contained in biohazard bags.

EXPOSURE CONTROL

Employees may incur risk each time they are exposed to blood or other potentially infectious materials. Any exposure incident may result in infection and subsequent illness. Considering the possibility of becoming infected from a single exposure incident, exposure incidents must be prevented whenever possible. The goal of the bloodborne pathogens standard is to reduce the significant risk of infection by:

- Eliminating or minimizing occupational exposure to blood and other potentially infectious materials
- Providing the hepatitis B vaccine
- Providing post exposure medical evaluation and follow-up

Identifying the tasks and procedures where occupational exposure may occur and the positions whose duties include those tasks and procedures is a critical element of exposure control. By identifying those job classifications with occupational exposure, identification can be made of those employees who are entitled to the provisions of the standard. All personnel who hold positions determined to have occupational exposure are entitled to the protection afforded by the standard.

Exposure Control Plan

The key provision of the bloodborne pathogens standard is the written exposure control plan. The exposure control plan identifies individuals who will receive training, protective equipment, vaccinations, and other provisions of the standard. The written "Exposure Control Plan" is designed:

- To eliminate or minimize employee exposure
- Provide a means in which employees are able to find out what provisions are in place in their workplace
- Provide a document for regulatory officials to evaluate the university's compliance status
- Can be used for the employee training effort

Based on the requirements established by the standard, the MCC exposure control plan for bloodborne pathogens has been developed and designed to eliminate or minimize employee occupational exposure to bloodborne pathogens during the performance of their duties, and to achieve regulatory compliance with OSHA's "Bloodborne Pathogens Standard".

MCC's plan contains the following elements:

- Exposure determination
- Schedule and methods of implementation for
  - universal precautions
  - engineering and work practice controls
  - personal protective equipment
  - housekeeping
  - hepatitis B vaccination and post-exposure evaluation and follow-up
  - communication of hazards to employees
  - record keeping
- Procedure for the evaluation of circumstances surrounding exposure

MCC's exposure plan will be reviewed and updated annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update of this plan shall also reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens, document consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposures.

Additionally, input from employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps shall be solicited for the identification, evaluation, and selection of effective engineering and work practice controls. Employee input can serve to assist in the successful implementation of control measures and can play an important role in the acceptance and proper use of safer medical devices. According to their experience, the participation of frontline workers can help to overcome the following barriers:

- Safer medical devices often require adjustments in technique. Staff members may be reluctant to revise practices to which they have become accustomed.
- Equipment compatibility problems. With the broad array of devices being used in healthcare settings, it is critical to ensure that devices will work together when necessary.
- The need for continued evaluation of devices and the allotment of sufficient time for adequate device evaluation. After initial use by employees, it may be necessary to replace the device originally selected with a more suitable device.

No specific procedures for obtaining employee input are prescribed. This provides departments and units the flexibility to solicit employee input in any manner appropriate to the circumstances of the workplace. Methods for soliciting employee input may include involvement in informal problem-solving groups; participation in safety audits, worksite inspections, or exposure incident investigations; participations in analysis of exposure incident data or in job or process hazard analysis; participation in the evaluation of devices through pilot testing; and involvement in a safety and health committee properly constituted and operated in conformance with the National Labor Relations Act.

Innovations in procedure and technological developments that reduce the risk of exposure incidents must be addressed. This includes, but would not be limited to, newly available medical devices designed to reduce the risk of percutaneous exposure to bloodborne pathogens. Departments and units can meet this obligation by identifying the employees who were involved and describing the process by which input was requested. Evidence that employee input has been sought can include, for example, meeting minutes, copies of documents used to request employee participation, or

records of responses received from employees such as reports evaluating the effectiveness of a safer medical device in trial applications.

A copy of this plan will be provided upon request to all MCC employees, employee representatives, and regulatory authorities.

Occupational Health & Safety (OHS) is the college custodian of the document. Arrangements to examine or copy the document can be made by contacting

Occupational Health & Safety at 480-461-7360 or by mail request to:

Occupational Health & Safety

1833 West Southern Avenue

Mesa Community College

Mesa, Arizona 85202

Exposure Determination

JOB CLASSIFICATIONS IN WHICH ALL EMPLOYEES HAVE EXPOSURE TO BLOODBORNE PATHOGENS

Mesa Community College does not currently have any departments and /or job classifications that have all employees subjected to Bloodborne Pathogens.

JOB CLASSIFICATIONS IN WHICH SELECTED EMPLOYEES MAY HAVE EXPOSURE TO BLOODBORNE PATHOGENS

The following job classifications are employees in our facility that **may** come into contact with human blood or other potentially infectious materials which **may result in possible exposure** to bloodborne pathogens.

JOB TITLE	DEPARTMENT
Trainer(s)	Athletics
Instructor, Lab Tech, Lab assistants	Biology
Lab Technicians	Chemistry
Child Care Staff providing First Aid	Child Care
Certified Officers/Emergency Responders	College Safety
Instructors, Assistants	Fire Science
Instructors, Assistants	Fitness Center
Instructors, Assistants	Mortuary Science
Instructor, Lab Technician	Nursing
Instructor, Lab Tech, Lab assistants	Technology: Child Development/Veterinary Technology

WORK ACTIVITIES INVOLVING POTENTIAL EXPOSURE TO BLOODBORNE PATHOGENS

The following tasks and procedures are identified as areas in our facility where an assigned employee may come into contact with human blood or other potentially infectious materials which may result in possible exposure to bloodborne pathogens.

TASK/PROCEDURE	JOB CLASSIFICATION	DEPARTMENT
Administering **Medical Treatment**	Trainer	**Athletics***
Training Procedure	Lab Tech	Biology **** (NA at this time)
Training Procedure/Blood typing	Instructor, Lab Tech	**Bio Tech** *** limited to specific areas
Training Procedure	Lab Tech	Chemistry (NA at this time)
Administering First Aid	Child Care Provider	Child Care Center/Development **
Administering **Medical Treatment** /First Responders	Certified Security Officer & Lead Personnel	**College Safety***
Training Procedure	Instructor, Assistants	**Fire Science/EMT***** (in compliance with vaccinations as a health care professional)
Training Procedure	Instructor, Assistants	**Mortuary Science***** (NA at this time)
Training Procedure	Instructor, Lab Tech	**Nursing***** (in compliance with vaccinations as a health care professional)
Spills and Cleanup	Janitorial Staff	Maintenance**** (NA at this time)

*<u>Emergency Responders /Medical treatment /Routine Service</u> – **Training plus Vaccinations**

** Limited First Aid - Training Overview & Universal Precautions

***<u>Sharps usage</u> - **Training plus Vaccinations**

**** Spill Cleanups – Training overview & Universal Precautions

Personal Protective Equipment (PPE): Gloves, Face Shield for CPR, Goggles, and Plastic Garment for Medical Treatment if applicable.

Universal Precautions: Work practice controls, PPE, decontaminate (water/bleach solution), antiseptic soaps and waterless disinfectants for personal hygiene.

A review of all employee positions at Mesa Community College has been conducted to determine which employees have occupational exposure to blood or other potentially infectious materials during the performance of their duties. The review was completed by Occupational Health & Safety and individual campus departments and units. The review did not identify any job classifications in which all employees in those job classifications have occupational exposure and job classifications in which some employees have occupational exposure. In addition, for those job classifications in which some employees have occupational exposure, tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs were identified. The exposure determination was conducted without regard to the use of personal protective equipment.

Job classifications in which all MCC employees in the specific job classification have occupational exposure pursuant to 29 CFR § 1910.1030:

N/A - ***No job classifications were identified.***

Job classifications in which some MCC employees in the specific job classifications may have occupational exposure pursuant to 29 CFR § 1910.1030:

- **College Safety/First Responders**
- **Laboratory Technicians**
- **Faculty/Adjunct (Health Care Related & Biology)**
- **Athletic Trainer(s)**

Tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs in various job classifications is somewhat difficult to accurately document. This belief is based, in part, on the broad nature and variety of activities conducted at MCC. As a result, and for more precise recordkeeping, a file job classification description for positions identified in which some employees have occupational exposure will be maintained by Occupational Health & Safety. The file will be accessible for viewing and copying by employees, employee representatives, and regulatory authorities during normal business hours.

METHODS OF COMPLIANCE

Universal Precautions

Universal precautions will be observed by all MCC employees to prevent contact with blood and other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids will be considered potentially infectious.

Universal precautions are methods of preventing disease by preventing transfer of blood and contain body fluids, e.g., semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, and saliva in dental procedures. The underlying concept of universal precautions is that all blood and certain body fluids are considered to be infectious for bloodborne pathogens. In most situations, an employee will treat all blood and certain body fluids as though they contained bloodborne pathogens and would accomplish this through a variety of measures including, but not necessarily limited to:

- Engineering controls
- Work practice controls
- Personal protective equipment
- Housekeeping

The only exception to the use of universal precautions is in rare instances, such as unexpected medical emergencies, where employees may not be able to put on gloves, don a gown, or tie on a face mask immediately. In those situations where leeway must be accorded the provider of health care or college safety services, the employees must not ignore the underlying concept of universal precautions nor should he or she decline to use any personal protective equipment simply because it is not practical to use all the equipment appropriate to the task. Only under unexpected

extraordinary circumstances will employees have the option of deciding not to use personal protective equipment if they feel such equipment will prevent the proper delivery of health care or public safety services or will create a greater hazard to their personal safety if they used such equipment.

The universal precaution exemption provided in the standard applies not to the general concept of universal precautions, but only to the use of personal protective equipment under rare and relatively limited circumstances.

Engineering and Work Practice Controls

Engineering and work practice controls serve to reduce employees exposure in the workplace by either removing the hazard or isolating the worker from exposure. This method should be the primary means of eliminating or minimizing exposure.

Where occupational exposure remains after institution of these controls, personal protective equipment (PPE) will also be used. Engineering controls will be reviewed and maintained or replaced on a regular schedule to ensure their effectiveness.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to all employees working at MCC.

1. Employees must wash their hands or other skin with soap and water, or flush mucous membranes with water, as soon as possible following an exposure incident (such as a splash of blood to the eyes or an accidental needle stick). **
2. Employees must wash their hands immediately (or as soon as feasible) after removal of gloves or other personal protective equipment.**

   **Employees shall familiarize themselves with the nearest hand washing facilities for the buildings in which they work. Because most MCC buildings are public access, they will have available hand washing facilities in public restrooms and custodial/janitorial closets.

   (If hand washing facilities are not available, the department will provide either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. If these alternatives are used, then the hands are to be washed with soap and water as soon as feasible.)
3. MCC employees who encounter improperly disposed needles shall notify College Public Safety (CS) of the location of the needle(s). Additionally, the appropriate authorities at the location shall be notified (i.e., lab manager, department chair). Needles shall be disposed of in labeled sharps containers provided at the location. If sharps containers are not available at that location, CS will pick up and dispose of the needles in an appropriate, labeled sharps container. Immediately or as soon as possible after use, contaminated re-usable sharps shall be placed in an appropriate container until properly reprocessed. These containers shall be, puncture resistant, appropriately labeled, leak proof on the sides and bottoms, and shall not be handled in a manner that requires employees to reach into the containers.

   a) Needles should never be recapped.

   b) Needles may be moved or picked up only by using a mechanical device or tool (forceps, pliers, broom and dust pan).

   **** At this time MCC does not use any re-useable Sharps**
4. Breaking or shearing of needles is prohibited.
5. No eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses is allowed in a work area where there is a reasonable likelihood of occupational exposure.
6. No food or drinks shall be kept in refrigerators, freezers, cabinets, shelves, or on counter tops or bench tops where blood or other potentially infectious materials are present.

7. Employees must perform all procedures involving blood or other potentially infectious materials in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

Housekeeping

Departments will maintain worksites in a clean and sanitary condition.

Decontamination will be accomplished by utilizing the following materials:

a. 10% (minimum) solution of chlorine bleach
b. Lysol or other EPA-registered disinfectants

- All contaminated work surfaces, tools, objects, etc. will be decontaminated immediately or as soon as feasible after any spill of blood or other potentially infectious materials. The bleach solution or disinfectant must be left in contact with contaminated work surfaces, tools, objects, or potentially infectious materials for at least 10 minutes before cleaning.
- Equipment that may become contaminated with blood or other potentially infectious materials will be examined and decontaminated before servicing or use.
- Broken glassware which may be contaminated will not be picked up directly with the hands. Sweep or brush material into a dustpan.
- Known or suspected 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 marked with an appropriate biohazard label. If sharps container is not pre-labeled, biohazard labels are available through EHS.
- When containers of contaminated sharps are being moved from the area of use or discovery, the containers shall be closed immediately before removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

  Note: Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous injury.

During use, containers for contaminated sharps will be:

- Easily accessible to personnel and located as close as feasible to the immediate area where sharps are used
- Maintained upright throughout use
- Replaced routinely and not be allowed to overfill

When moving containers of contaminated sharps from the area of use, the containers will be:

- Closed immediately prior to removal or replacement
- Placed in a secondary container if leakage is possible
- Disposed of as regulated waste

Regulated Waste

Regulated waste is defined as any liquid or semi-liquid blood or other potentially infectious materials (OPIM); contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM.

Regulated waste will be placed in containers which are:

- Closable

- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping
- Appropriately labeled or color-coded
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

Disposal of all regulated waste will be in accordance with applicable regulations of Federal, State and local Municipalities.

Laundry Procedures

Laundry contaminated with blood or other potentially infectious material will be handled as little as possible. Such laundry will not be sorted or rinsed in the area of use.

Each department shall coordinate cleaning or disposal of contaminated laundry.

Personal Protective Equipment

Where occupational exposure remains after institution of engineering and work controls, personal protective equipment shall also be utilized.

Each applicable department will provide gloves, face shields/masks, eye protection, and aprons (if required) at no cost to employees. Each department will replace or repair personal protective equipment as necessary at no cost to employees.

All 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 employee's clothing, skin, eyes, mouth, or mucous membranes under normal conditions of use and for the duration of time for which the protective equipment will be used.

Employees must:

- Utilize protective equipment in occupational exposure situations.
- Remove garments that become penetrated by blood or other potentially infectious material immediately or as soon as feasible.
- Replace all garments that are torn or punctured, or that lose their ability to function as a barrier to bloodborne pathogens.
- Remove all personal protective equipment before leaving the work area.
- Place all garments in the appropriate designated area or container for storage, cleaning, decontamination, or disposal.

HEPATITIS B VACCINATION & POST-EXPOSURE EVALUATION & FOLLOW-UP

Each applicable department shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post–exposure evaluation and follow-up to all employees who have had an exposure incident. Each department will ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up including prophlaxis are:

- Made available at no cost to the employee
- Made available to the employee at a reasonable time and place
- Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional
- Provided according to recommendations of he U.S. Public Health Service current at the time evaluations take place

Hepatitis B Vaccine

The Hepatitis B vaccination shall be made available after the employee has received the training in occupational exposure and within 10 working days of initial assignment. It shall be made available to all employees **who have potential occupational exposure** (as identified under the definition of occupational exposure and by applicable departments) unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

If the employee initially declines Hepatitis B vaccination, but at a later date decides to accept the vaccination, the vaccination shall then be made available.

All employees who decline the Hepatitis B vaccination offered shall sign the OSHA-required waiver indicating their refusal.

If a routine booster dose of Hepatitis B vaccine is recommended by U.S. Public Health Service at a future date, such booster doses shall be made available at no cost to the employee.

At MCC the Hepatitis B Vaccine shall be offered to applicable staff previously identified.

Depending on their job situation and likelihood of exposure, the vaccine may also be offered to other personnel as necessary. Determination will be made by department manager and input from the OHS Manager.

The actual determination is related to jobs that require the administration of first aid (medical treatment), possibility of needle stick, and/or anticipated exposure within an 8 hour day.

See **Exposure Control** for breakdown on task, jobs and departments that may apply.

Post-Exposure Evaluation & Follow-Up

All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, it shall be reported immediately to their supervisor.

Following a report of an exposure incident, the exposed employee shall contact appropriate medical provider (TBD) for a confidential medical evaluation and follow-up, including at least the following elements:

1. Documentation of the route(s) of exposure.
2. A description of the circumstances under which the exposure occurred.

3. The identification and documentation of the source individual. (The identification is not required if the employer can establish that identification is impossible or prohibited by state or local law.)
4. The collection and testing of the source individual's blood for HBV and HIV serological status.
5. Post-exposure treatment for the employee, when medically indicated in accordance with the U.S. Public Health Service.
6. Counseling.
7. Evaluation of any reported illness.

Information provided the Healthcare Professional

The Healthcare professional evaluating an employee will be provided with the following information:

- A copy of this plan.
- A copy of the OSHA Bloodborne Pathogen regulations (29 CFR 1910.1030)
- Documentation of the route(s) of exposure.
- A description of the circumstances under which the exposure occurred.
- Results of the source individual's blood testing, if available.
- All medical records applicable to treatment of the employee, including vaccination status.

The employee will receive a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

Healthcare Professional's Written Opinion

The healthcare professional's written opinion for Hepatitis B vaccination is limited to the following: (1) whether the employee needs Hepatitis B vaccination; (2) whether the employee has received such a vaccination. The healthcare professional's written opinion for post-exposure evaluation and follow-up is limited to the following information:

1. That the employee was informed of the results of the evaluation.
2. That the employee was informed about any medical conditions resulting from exposure to blood or other infectious materials that require further evaluation or treatment.

All other findings or diagnoses will remain confidential and will not be in a written report.

All medical evaluations shall be made by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional. All laboratory tests must be conducted by an accredited laboratory at no cost to the employee. All medical records will be kept in accordance with 29 CFR § 1910.1020.

Medical Recordkeeping

Medical records required by this standard shall be maintained in accordance with 1910.1020.

MCCCD (Workers Compensation) will establish and maintain an accurate record for each employee with occupational exposure. The record shall include:

- Name and social security number of employee
- A copy of the employee's hepatitis B vaccination status including the date of the vaccination and any medical records relative to the employee's ability to receive vaccination
- A copy of all results of examinations, medical testing, and follow-up procedures required
- The copy of the healthcare professional's written opinion as required
- A copy of the information provided to the healthcare professional's as required
- The employer shall ensure that employee medical records required are confidential and not disclosed without the employees' express written consent except as required by law
- Employer shall maintain records for at least the duration of employment plus 30 years in accordance with CFR1910.1020

Sharps Injury Log

Where applicable, MCC sites and departments will also establish and maintain a sharps injury log specifically for recording percutaneous (*effected or performed through the skin*) injuries from contaminated sharps. The log is intended to serve as a tool for identifying high-risk areas and evaluating devices. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. If data from the log are made available to other parties, any information that directly identifies an employee, e.g., name, address, social security number, payroll number, or information that could reasonably be used to identify indirectly a specific employee, e.g., exact age, date of initial employment, must be withheld. The level of detail presented should be sufficient to allow ready identification of the device, location, and circumstances surrounding an exposure incident so that the intended evaluation of risk and device effectiveness can be accomplished. At a minimum, the sharps injury log shall contain:

- The type and brand of device involving the incident
- The location, department or work area where the exposure incident occurred
- An explanation of how the incident occurred, e.g., the procedure being performed, the body part affected, objects or substances involved and how they were involved

The format of the sharps injury log is not specified. The department or unit is permitted to determine the format in which the log is maintained, e.g., paper or electronic, and may include information in addition to that required by the standard, so long as the privacy of injured workers is protected. Existing mechanisms for collecting these reports will be considered sufficient to meet the requirements of the standard for maintaining a sharps injury log. However, the sharps injury log must be maintained for a period of 30 years, as required by 29 CFR § 1910.1020.

COMMUNICATION OF HAZARDS TO EMPLOYEE

Efforts directed at communicating hazards of bloodborne pathogens to MCC employees through the use of labels, signs, and information and training are intended to provide employees with adequate warning to eliminate or minimize their exposure.

Information & Training

All high-risk employees shall participate in a training program. Training will occur before assignment to a task where occupational exposure may take place and at least annually thereafter. Additional training will be provided when changes such as modification of tasks or procedures affect the employee's occupational exposure.

Any employee who is exposed to infectious materials shall receive training, even if the employee was allowed to receive the HBV vaccine after exposure.

The training program will include at least the following elements:

- An accessible copy of the regulatory text of the bloodborne pathogens standard and an explanation of its contents
- A general explanation of the epidemiology and symptoms of bloodborne diseases
- An explanation of the modes of transmission of bloodborne pathogens
- An explanation of MCC's exposure control plan and the means by which the employee can obtain a copy of the written plan
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment
- An explanation of the basis for selection of personal protective equipment
- Information on the hepatitis B vaccine, including information on its efficiency, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge
- Information on appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials
- 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 of the post-exposure evaluation and follow-up that the department 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
- An opportunity for interactive questions and answers with the person conducting the training session

Training is avaible, online, through EOLT at
http://www.maricopa.edu/learn/programs/osha/bloodbornepathogens.php

A copy of an employees training attendance will need to be submitted to the BBP Coordinator.

Training Records

Training records will include the following information:

- The dates of the training session
- The contents or a summary of the training session
- The names and qualifications of persons conducting training (or name of online program)
- The names and job titles of all persons attending the training sessions

All training records relative to the bloodborne pathogens standard will be maintained for a minimum of three years from the date on which the training occurred.. BBP Coordinator will serve as the custodian of all bloodborne pathogens standard training records. All training records required by this standard will be provided upon request for examination and copying to all employees, employee representatives, the Director of the National Institute for Occupational Safety and Health (NIOSH), and the Assistant Secretary of the U.S. Department of Labor in accordance with 29 CFR § 1910.20.

MCC must comply with the requirements involving transfer of records set forth in 29 CFR § 1910.20(h). Should MCC cease to do business and there is no successor employer to receive or retain the records for the prescribed period, the college will notify the NIOSH Director at least three months prior to their disposal and transmit them to the NIOSH Director, if required by the Director to do so, within the three month period.

Labels

Warning labels will be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials; and other containers used to store, transport, or ship blood or other potentially infectious materials.

There are several exemptions to the labeling requirement:

- Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use do not need to be labeled in accordance with the provisions outlined in this section
- Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment, or disposal do not need to be labeled in accordance with the provisions outlined in this section
- Regulated waste that has been decontaminated does not need to be labeled
- Red bags can be substituted for labels on bags or container of regulated waste

Warning labels will include the following legend:

BIOHAZARD

The label will be fluorescent orange, orange-red, or predominantly so, with lettering or symbols in a contrasting color. Labels will be affixed as close as feasible to the container by string, wire, adhesive, or other method.

In order to maintain consistent labeling throughout the college, will assist in advising appropriate labeling devices to individual departments upon request.

Contaminated equipment scheduled for maintenance or repair will be labeled in accordance with the provisions in this section and the label will also state which portions of the equipment remain contaminated.

Signs

Signs will be posted at the entrance to HIV or HBV research laboratories and will bear the following legend and information:

BIOHAZARD

[Name of Infectious Agent]

[Special requirements for entering the area]

[Name and telephone number of the laboratory director or other responsible person.]

These signs will be fluorescent orange-red or predominately so, with lettering or symbols in a contrasting color.

Glossary of Terms

Assistant Secretary: the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

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) and human immunodeficiency virus (HIV).

Clinical Laboratory: a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

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

Contaminated Laundry: laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps: any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

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.

Director: the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

Engineering Controls: controls, (e.g., sharps disposal containers, self-sheathing needles, or safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

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.

Hand washing Facilities: a facility providing an adequate supply of running potable water, soap, and single use towels or hot air drying machines.

Licensed Healthcare Professional: a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV: hepatitis B virus.

HCV: hepatitis C virus.

HIV: human immunodeficiency virus

Needleless Systems: a device that does not use needles for (A) the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established, (B) the administration of medication or fluids, or (C) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

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.

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

Percutaneous: penetration of the skin.

Personal Protective Equipment: specialized clothing or equipment worn 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.

Production Facility: a facility engaged in industrial-scale, large-volume, or high concentration production or HIV or HBV.

Regulated Waste: liquid or semi-liquid blood or other potentially infectious materials ; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Research Laboratory: a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Sharps with Engineered Sharps Injury Protections: a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual: any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employees. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize: the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions: 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, and other bloodborne pathogens.

Work Practice Controls: controls that reduce the likelihood of exposure by altering the manner in which a task is performed, e.g., prohibiting recapping of needles by a two-handed technique.

Responsibility Matrix

Responsibility	Departments	OHS	Human Resources	Employees
Exposure Control Plan for Bloodborne Pathogens	Comply with the provisions of the plan and the OSHA requirements.	Develop and implement an Exposure Control Plan for Bloodborne Pathogens for the impacted college community. Comply with the provisions of the plan and the OSHA requirements. Serve as custodian of the written plan.	Comply with the provisions of the plan and the OSHA Requirements	Understand the provisions of the plan and the protection afforded by the OSHA standard. Comply with the provisions of the plan and the OSHA requirements.
Exposure Determination	Identify and document employees with occupational exposure and the associated tasks and responsibilities of those positions. Provide this information to OHS.	Compile and maintain data on employees with occupational exposure and the associated tasks and responsibilities of those positions.	Assist in identifying and documenting employees with occupational exposure and the associated tasks and responsibilities of those positions. Provide this information to OHS.	Notify department and RM if job tasks and responsibilities present occupational exposure concerns that have not been previously identified.
Universal Precautions	Ensure that universal precautions are understood and executed by employees with occupational exposure. Promote practices, procedures, and methods that conform to the concept of universal precautions.	Ensure that universal precautions are observed by employees with occupational exposure. Promote practices, procedures, and methods that conform to the concept of universal precautions.	N/A	Observe universal precautions when handling blood or other potentially infectious materials.
Engineering and Work Practice Controls	Design and implement engineering controls and institute work practice control procedures which will eliminate or minimize employee exposure to blood and other potentially infectious materials.	N/A	N/A	Be aware of engineering controls in the work place and the proper use of those controls. Follow established work practice controls to eliminate or minimize occupational exposure.
Personal Protective Equipment (PPE)	Provide appropriate personal protective equipment to employees that have occupational exposure.	Provide guidance and technical assistance to departments in the selection of the most appropriate types and quantities of personal protective equipment.	N/A	Be aware of the proper use, limitations and location of available personal protective equipment. Use appropriate personal protective equipment to eliminate or minimize Occupational exposure.
Responsibility	**Departments**	**OHS**	**Human Resources**	**Employees**

Housekeeping	Maintain a clean and sanitary environment. Develop & implement cleaning schedules as appropriate for types of activities & facilities involved.	Provide guidance and technical assistance to departments in the development and implementation of appropriate house keeping methods.	N/A	Be aware of & observe housekeeping procedures, e.g., use mechanical devices to clean up broken glass in lieu of using bare hands. Maintain work area in clean & sanitary manner.
Hepatitis B Vaccination	Make available hepatitis B vaccination to all employees identified through the process of exposure determination to have occupational exposure. Maintain declination statements.	Assist departments in the identification of employees that have occupational exposure. Maintain employee declination forms.	Maintain employee declination forms. In permanent personnel file.	Accept or decline optional hepatitis B vaccination; if declined sign statement.
Post Exposure Evaluation	Make immediately available to an exposed employee, following an exposure incident, a confidential medical evaluation and follow-up.	Provide direction on approved medical facilities capable of providing the confidential post exposure evaluation & follow-up.	N/A	Immediately report all exposure incidents to immediate supervisor.
Information and Training	Contact OHS to provide and/or assist in the presentation of the information and training program.	Develop & implement college-wide BB information and training program and/or assist in presentation of information & training.	N/A	Attend initial & annual training program.
Training Records	Compile and maintain employee training records. Retain records for a minimum of three years. Submit copies to OHS.	Compile & maintain all training records relative to the OSHA standard. Retain records for a minimum of 3 years.	N/A	Sign appropriate training roster during information and training sessions.
Labels and Signs	Affix appropriate labels to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious materials; and other containers of blood or potentially infectious materials. HIV and HBV research laboratories will have appropriate signs posted at the entrances to the laboratory facilities.	Recommend labels to requesting departments; disposal bags &N containers shall be procured by the departments.	N/A	Assure that labels are properly affixed; notify supervisor to report labeling problems.
Regulatory Compliance	Comply with all applicable requirements established in OSHA Bloodborne Pathogens Standard.	Promote campus compliance with the OSHA Bloodborne Pathogens Standard.	Comply with all applicable requirements established in the OSHA Bloodborne Pathogens Standard.	Comply with all applicable requirements established in the OSHA Bloodborne Pathogens Standard.

Mesa Community College
Bloodborne Pathogen Standard
Training Record

Pursuant to 29 CFR § 1910.1030 (h)(2)(I)

Date:_____ Time: _____Location:_____

Trainers Name,Title,Qualifications:_____

Name (Please print all information)	**Job Title**	**Department**

Summary of training session; trainer to check categories presented.

- ☑ Copy of standard available and explanation of contents
- ☑ Epidemiology and symptoms
- ☑ Modes of transmission
- ☑ Exposure Control Plan and written copies
- ☑ Exposure determination and methods to reduce exposure
- ☑ Engineering controls, work practices, personal protective equipment
- ☑ Hepatitis B vaccine
- ☑ Exposure incident procedures
- ☑ Post exposure evaluation/follow-up
- ☑ Signs/labels
- ☑ Questions/answers

Declination Form