



## Bloodborne Pathogens—Exposure Control Plan

### Purpose & Scope

The purpose of this exposure control plan is to eliminate or minimize employee occupational exposure to blood and/or certain other body fluids. This standard applies to all faculty and staff that have and may have occupational exposure to blood and other potential infectious materials (OPIM).

The Bloodborne Pathogens-Exposure Control Plan is accessible during each work shift for any employee to review. It is located at the **Physical Plant building #1114 with EHS** and on the **FSU EHS homepage under Bloodborne Pathogen Program**. The **EHS Officer / Professional** will provide a copy of the Bloodborne Pathogen-Exposure Control Plan to any employee who requests a written copy free of charge and within 15 days of the request.

### Exposure Determination

The following job classifications at the university have and may have occupational exposure to blood and other potential infectious materials (OPIM). Tasks which result and could result in exposure are also included:

<b>Academic / Non-Academic Buildings &amp; Resident Housing</b>	
HVAC/Plumbing	Responds to emergency spills and accidents to clean up possible infectious materials. Part of labor pool that repairs and maintains toilets or sewer systems.
Housekeeping	Responds to emergency spills and accidents to clean up possible infectious materials. Cleans restrooms and public areas where possible contact with infectious materials is likely to occur. Collect sharps boxes with potentially infectious used needles from residents for disposal.
<b>Athletics</b>	
Athletic Trainers	Working with athletes.
Athletic Student Workers	Locker room clean up, laundry duties, etc. (e.g., sportswear, towels, etc.).
<b>Forensic Department</b>	
Faculty	Instructing and supervising research that involves the use of human blood, unfixed tissue, cell lines and handles laboratory instruments, utensils, etc. that may be contaminated with infectious materials.
Lab Technicians/Student	Work that involves handling and testing human blood, unfixed tissue or cell and handles laboratory instruments, utensils, etc. that may be contaminated with infectious

Workers	materials.
Research Students	Conducting research that involves the use of human blood, unfixed tissue, cell lines and handles laboratory instruments, utensils, etc. that may be contaminated with infectious materials
<b>Recreation &amp; Fitness</b>	
Student Workers	Responds to medical emergencies and emergency spills and accidents to clean up possible infectious materials. Locker room clean up, laundry duties, etc. (e.g., sportswear, player uniforms, towels, etc.).
Personal Trainers	Required to response to accidents and injuries that may involve contact with human blood or other potentially infected bodily fluid.
Fitness Instructors	Required to response to accidents and injuries that may involve contact with human blood or other potentially infected bodily fluid.
Lifeguards	Required to response to accidents and injuries that may involve contact with human blood or other potentially infected bodily fluid.
Intramural Sports Student Workers	Required to response to accidents and injuries that may involve contact with human blood or other potentially infected bodily fluid. Locker room clean up, laundry duties, etc. (e.g., sportswear, player uniforms, towels, etc.).
<b>Public Safety</b>	
Public Safety Officer / Supervisor / Chief / Director	Required to response to accidents and injuries that may involve contact with human blood or other potentially infected bodily fluid.
Emergency Management Director	Required to response to accidents and injuries that may involve contact with human blood or other potentially infected bodily fluid.
Environmental Health & Safety Officer	Required to response to accidents and injuries that may involve contact with human blood or other potentially infected bodily fluid.
<b>Student Health Services</b>	
Nurses	Required to response to accidents and injuries that may involve contact with human blood or other potentially infected bodily fluid.
Physicians	Required to response to accidents and injuries that may involve contact with human blood or other potentially infected bodily fluid.

## Compliance Methods

Universal precautions will be observed to prevent contact with blood or OPIM. All blood or OPIM will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this university. Where occupational exposure remains after institution of these controls, personal protective equipment will be utilized. At the university, the following engineering controls will be utilized: Sharps disposal containers and dustpan and broom for picking up broken sharps

The process for evaluating existing controls and potential changes in engineering controls and work practices involves consultation with non-management direct-care employees as follows: **JHA's and site inspections will determine the initial engineering controls and work practices. Employee involvement will take place during their annual bloodborne pathogen training, while updating this exposure plan, and through open communication between all employees and the EHS Officer / Professional during the year.**

Handwashing facilities will be made available to employees who incur exposure to blood or OPIM. When hand washing facilities are not available, either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes will be provided. When using these alternatives, the employee must wash their hands with soap and running water as soon as feasible.

### Personal Protective Equipment (PPE)

**Supervisors** are responsible for ensuring that the following provisions are met.

All PPE used will be provided without cost to the employee. PPE will be chosen based on the anticipated exposure to blood or OPIM. The PPE will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employee's clothing, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time while the protective equipment will be used. At this university, employees are provided with the following PPE: Disposable gloves, gowns, mask, and safety glasses.

### PPE Cleaning, Laundering, & Disposal

All PPE will be cleaned, laundered, or disposed of by the university at no cost to employees. All repairs and replacements will be provided by the university at no cost to employees.

All garments that are penetrated by blood or OPIM shall be removed immediately, or as soon as feasible. All PPE shall be removed before leaving the work area. When PPE is removed, it shall be placed in an appropriately designated area or container for storage, laundering, decontamination, or disposal.

### Gloves

Gloves will be worn where it is reasonably anticipated that employees will have hand contact with blood, OPIM, non-intact skin and mucous membranes; when performing vascular access procedures; and when handling or touching contaminated items or surfaces.

Disposable gloves are not to be washed or decontaminated for reuse and are to be replaced as soon as practical when they become contaminated or if they are torn, punctured, or their ability to function as a barrier is compromised. Utility gloves may be decontaminated for reuse, provided that the integrity of the glove is not

compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or show other signs of deterioration or when their ability to function as a barrier is compromised.

### **Eye & Face Protection**

Masks, in combination with eye protection devices such as goggles or glasses with solid side shields, or chin length side face shields must be worn whenever splashes, spray, splatter or droplets of blood or OPIM may be generated and eye, nose or mouth contamination can be reasonably anticipated. The following situation with the student health center and/or public safety would require that such protective eye and face protection be used:

Any medical situation that might expose any medical and non-medical personnel to large amounts of uncontrolled blood and/or OPIM.

### **Additional Protection**

Additional protection clothing (i.e. lab coats, smocks, gowns, aprons, clinic jackets, or similar outer garments) shall be worn when gross contamination can reasonably be anticipated (e.g. autopsies). The following situation with the student health center and/or public safety would require that such protective clothing be used.

Any medical situation that might expose any medical and non-medical personnel to large amounts of uncontrolled blood and/or OPIM.

### **Housekeeping**

This university will be cleaned and decontaminated according to the following schedule:

#### **Areas**

Recreational & Fitness Center (i.e. gym, locker room), Campus-Wide Restrooms, Spaulding Infirmary, Resident Housing, and All other locations (i.e. academic & non-academic bldgs.)

#### **Schedule**

Daily and when housekeeping is contacted about a clean-up

#### **Cleaner**

General cleaning products

Decontamination will be accomplished by using the following materials: Purell Body Fluid Spill Kit

All contaminated work surfaces will be decontaminated after completion of procedures, and immediately or as soon as feasible after any spill of blood or OPIM, as well as at the end of the work shift if the surface may have become contaminated since the last cleaning.

All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis by housekeeping.

### **Sharps & Other Regulated Waste**

Regulated waste, including sharps, must be placed in containers that are closeable and constructed to contain all contents and prevent leakage. Sharps containers must be stored upright during use and may not be opened by employees.

All sharps and regulated waste containers must be labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

*Note: Disposal of all regulated waste must be in accordance with all applicable federal, state, and local regulations.*

## **Laundry Procedures**

Laundry contaminated with blood or OPIM will be handled as little as possible. Employees who handle contaminated laundry shall wear protective gloves and other appropriate PPE. Such laundry will be placed in appropriately marked bags (biohazard labeled or color-coded red) at the location where it was used. The laundry will not be sorted or rinsed in the area of use. Laundry generated from FSU is currently contracted out to a vendor

## **Hepatitis B Vaccine**

FSU shall make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure and post-exposure follow-up to employees who have had an exposure incident. The **EHS Officer / Professional** will ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure follow-up including prophylaxis are:

- Made available at no cost to the employee.
- Made available at a reasonable time and place.
- Performed by, or under the supervision of, a licensed physician or other licensed healthcare professional (PLHCP).
- Provided according to the recommendations of the U.S. Public Health Service.

The **EHS Officer / Professional** is in charge of the Hepatitis B vaccination program. We contract with **Walgreens** to provide this service.

Hepatitis B vaccination will be made available after the employee has received training in occupational exposure and within 10 working days of initial assignment to all employees who have occupational exposure 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.

Participation in a pre-screening program shall not be prerequisite for receiving HB vaccination.

For employees who complete the hepatitis B vaccination series, antibody testing will be made available at no cost to the employee one to two months after completion of the series, as recommended by the U.S. Public Health Service.

Employees who decline the hepatitis B vaccination will sign the OSHA required declination form indicating their refusal. Any employee who initially declines hepatitis B vaccination, but later decides to accept vaccination while still covered by the standard, will be provided the vaccination series as described above.

If at a future date the U.S. Public Health Service recommends a routine booster dose of hepatitis B vaccine, such booster doses will be made available at no cost to the employee.

## **Post-Exposure Evaluation & Follow-up**

All exposure incidents will be reported, investigated, and documented. When an employee incurs an exposure incident, it will be reported to the **EHS Officer / Professional**. Following a report of an exposure incident, the exposed employee will immediately receive a confidential medical evaluation and follow-up, including at least the following elements:

- Documentation of the route of exposure, and the circumstances under which the exposure incident occurred (Attachment 1). If the incident involves percutaneous injury from a contaminated sharp, appropriate information should be entered in the sharps injury log. *(Must also be entered on the OSHA 300 log)*
- Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law. The source individual's blood will be tested as soon as feasible, and after consent is obtained, to determine HBV and HIV infectivity. If consent is not obtained, the **EHS Officer / Professional** will establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the blood (if available) will be tested and the results documented.
- Results of the source individual's testing will be made available to the exposed employee, and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Services.
- Counseling and an evaluation of reported illnesses will be offered.

Collection and testing of blood for hepatitis B virus (HBV) and human immunodeficiency virus (HIV) serological status will comply with the following:

- The exposed employee's blood will be collected as soon as feasible and tested after consent is obtained.
- The employee will be offered the option of having his or her blood collected for testing of the employee's HIV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV status.

Any employee who incurs an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. All post-exposure follow-up will be provided by the following healthcare provider: **Concentra Urgent Care, Fast Med Urgent Care, Elite Care Fayetteville, Cape Fear Valley Medical Center, NextCare Urgent Care, or Physicians Urgent Care.**

### **Information Provided to the Health Care Professional**

The **EHS Officer / Professional** will ensure that the health care professional (HCP) responsible for the employee's hepatitis B vaccination is provided with a copy of the OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030).

The **EHS Officer / Professional, Supervisor, and HR** will ensure that the HCP who evaluates an employee following an exposure incident is provided with the following:

- A copy of the OSHA Bloodborne Pathogens Standard. **(EHS)**
- A description of the exposed employee's duties as they relate to the exposure incident. **(HR/Supervisor)**
- Documentation of the route(s) of exposure and circumstances under which exposure occurred. **(EHS)**
- Results of the source individual's blood testing. **(HR)**
- All medical records relevant to the appropriate treatment of the employee, including vaccination status. **(HR & EHS)**

### Health Care Professional's Written Opinion

**HR** will obtain and provide the employee with a copy of the evaluating HCP's written opinion within 15 days of completion of the evaluation. For hepatitis B vaccination, the HCP's written opinion will be limited to whether the vaccination is indicated for an employee and whether the employee has received such vaccination.

For post-exposure follow-up, the HCP's written opinion will be limited to the following:

- A statement that the employee has been informed of the results of the evaluation.
- A statement that the employee has been told about any medical conditions resulting from exposure to blood or OPIM which may require further evaluation or treatment.

***Note:** The doctor must be informed that all other findings or diagnoses unrelated to the bloodborne pathogens exposure incident must remain confidential and must not be included in the written report from the doctor to the university.*

### Labels & Signs

**All trained affected employees listed** will ensure that biohazard labels are affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM and other containers used to store, transport or ship blood or OPIM. The universal biohazard symbol will be used. Labels will be fluorescent orange or orange-red and will be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents loss or unintentional removal. Red bags or containers may be substituted for labels.

### Information & Training

The **EHS Officer / Professional** will ensure that training is provided at the time of initial assignment to tasks where occupational exposure may occur, and that training is repeated within 12 months of the previous training. Training will be tailored to the education and language level of the employee and offered during the normal work shift with the opportunity for interactive questions. Training will cover at minimum the following topics:

- a) An accessible copy of the regulatory text of the Bloodborne Pathogen Standard (29 CFR 1910.1030) and an explanation of its contents
- b) A general explanation of the epidemiology and symptoms of bloodborne disease
- c) An explanation of the modes of transmission of bloodborne pathogens
- d) An explanation of the employer's exposure control plan and how the employee can obtain a copy of the written plan
- e) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials
- f) 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

- g) Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment
- h) An explanation of the basis for selection of personal protective equipment
- i) Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge
- j) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials
- k) 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
- l) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- m) An explanation of the signs and labels and color-coding requirements

## **Recordkeeping**

Medical Records: The **EHS Officer / Professional** is responsible for maintaining medical records as indicated below. These records are confidential and must be maintained for the duration of employment plus 30 years. These medical records will include a copy of the employee's hepatitis B vaccination status (including the dates of all the hepatitis B vaccinations), copy of all results of examinations. If the employee had an exposure incident then the medical records will include a copy of all results of examinations, medical testing, and follow-up procedures, a copy of the healthcare professional's written opinion, and information provided to the healthcare professional.

Training Records: The **EHS Officer / Professional** is responsible for maintaining BBP training records. These records will be maintained for three years from the date of training. The training records will include the date(s) of the training session(s), contents or summary of the training, instructors' names and qualifications and the names and job titles of all persons attending the training sessions.

### **Declination Form**

If an employee initially declines the hepatitis B vaccination but later, while still covered under the standard, decides to accept the vaccination, we will make available hepatitis B vaccination at that time.

If an employee declines the hepatitis B vaccination, the employee must sign the mandatory FSU declination form found in Attachment 2.

### **Sharps Form**

29 CFR 1910.1030(h)(5) requires FSU to establish and maintain a sharps injury log (Attachment 3) by recording all percutaneous injuries occurring from contaminated sharps.

### **Annual Review**

The Bloodborne Pathogens-Exposure Control Plan will be reviewed by the **EHS Officer / Professional**. The annual review will also include documenting considerations and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure. When new tasks, procedures, and/or positions are added or modified/revised which affect occupational exposure, the Bloodborne Pathogens-Exposure Control Plan will be updated immediately to reflect these changes.





**Exposure Incident Report for Blood or OPIM**

Employee: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date & Time of Incident: \_\_\_\_\_

Description of incident and procedure being performed:

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Nature of exposure (i.e. needlestick, non-intact skin, mucous membrane):

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Engineering controls in place at time of incident (i.e. sharps container, broom & dustpan):

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Work practice controls in place at time of incident (i.e. hand washing, alcohol-based sanitizer):

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PPE used at time of incident (i.e. gloves, face shield):

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Policy or Exposure Control Failures involved:

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Employee/Department Response to Incident:

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Recommended Corrective Measure:

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Employee Name

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Date

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EHS Officer / Professional

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Date



**Declination Statement**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Sharps Injury Log**

Year 20\_\_

<b>Date</b>	<b>Type of Device</b> (Syringe, suture needle, etc.)	<b>Brand Name</b> <b>of Device</b>	<b>Work Area Where Injury</b> <b>Occurred</b> (lab, dorm, etc.)	<b>Brief description of how the incident occurred</b> (i.e. procedure being done, action bring performed, body part injured)

How to use this form:

Following a percutaneous injury from a contaminated sharp, the **EHS Officer / Professional** must record the necessary information in the table above. OSHA’s Bloodborne Pathogens Standard 29 CFR 1910.1030(h)(5) requires FSU as an employer to establish and maintain a sharps injury log by recording all percutaneous injuries occurring from contaminated sharps. The purpose of this log is to aid in the evaluation of devices and procedures being used in healthcare and other facilities that may require additional attention or review. This log must be in addition to the injury and illness log required by 29 CFR 1904. The sharps injury log should include all sharps injuries occurring in a calendar year and must be kept for five years following the end of the year of which it relates. The log must be kept in a manner that preserves the confidentiality of the affected individual.