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#### BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

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# **STANDARDS**

Bloodborne Pathogens, Title 29 Code of Federal Regulations (CFR) Part 1910.1030

# 1.0 PROCEDURE

The Illinois Wesleyan University Physical Plant is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA rules § 1910.1030 Bloodborne Pathogens.

"Exposure" means 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. "Exposure" does not include incidental exposures which may take place on the job, which are neither reasonably nor routinely expected, and which the worker is not required to incur in the normal course of employment.

"Exposure incident" means a specific eye, mouth, other mucous membrane, nonintact skin, or parenteral contact with blood or other potentially infectious material that results from the performance of an employee's duties.

The ECP is a key document to assist our firm in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
  - -Universal precautions
  - -Standard operating procedures
  - -Engineering and work practice controls
  - -Personal protective equipment
  - -Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Procedures for evaluating circumstances surrounding an exposure incident
- Communication of hazards to employees and training
- Recordkeeping



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The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

# 2.0 PROGRAM ADMINISTRATION

The Physical Plant is responsible for the implementation of the ECP. The Manager of Custodial Services will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number: Dave Shiers x 3066

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

The Physical Plant will maintain and provide all necessary personal protective equipment (PPE), engineering controls and spill kits as required by the standard. The Physical Plant will ensure that adequate supplies of the equipment are available in the appropriate sizes. Contact location/phone number: Dave Shiers x 3066.

The Physical Plant and Human Resources will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.

The Physical Plant Managers will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

#### 2.1 EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications at our establishment that have been determined to be Category A due to expected occupational exposure to blood or other potentially infectious material (OPIM) regardless of frequency. The exposure determination is made without regard to the use of personal protective equipment:

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	DEPARTMENT/LOCATION
Physical Plant Employees	Physical Plant

## 2.2. METHODS OF IMPLEMENTATION AND CONTROL

## 2.2.1. Universal Precautions



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All employees will utilize universal precautions to prevent contact with blood or OPIM. "Universal Precautions" means a method of infection control that treats all human blood and other potentially infectious material (OPIM) as capable of transmitting HIV, HBV, and other bloodborne pathogens.

# 2.2.2. Exposure Control Plan

Employees covered by the bloodborne infectious diseases standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting the Physical Plant Managers or Director.

The Manager of Custodial Services, in consultation with the Director and other Physical Plant Managers, is responsible for reviewing and **updating the ECP annually** or more frequently if necessary. The updates are to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

# 2.2.3. Standard Operating Procedures

Standard operating procedures (S.O.P.'s) provide specific guidance on controls and practices that shall be used when performing tasks involving the risk of occupational exposure to bloodborne pathogens. See Appendix A. These will be utilized in employee training.

# 2.2.4. Contingency Plans

There are no circumstances in which employees will be permitted not to follow standard operating procedures.

# 2.2.5. Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The following engineering controls are being implemented:

 Hand washing technique: For routine hand washing, vigorously rub together lathered hands for 15 seconds, followed by thorough rinsing under a stream of water. Dry with paper towels and use paper towel to turn off faucet.



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- Employees will wash their hands and any other exposed skin with soap and water as soon as possible following any contact of body areas with blood or OPIM. Exposed mucous membranes will be flushed with water.
- After the use of any protective glove or other protective equipment the employee shall immediately or as soon as practical wash their hands with soap and water.
- Hand washing facilities are located in restrooms where soap and water are readily available.
- In the event of a blood or OPIM spill, employees covered by this ECP shall clean up the material. A Disposable Clean-Up Kit shall be used following the directions inside the kit. The Manager of Custodial Services supplies clean-Up Kits and extra Red Biohazard Plastic Bags. Protective equipment must be worn.
- All items used in the clean up, including protective equipment, are placed in the Red Biohazard Plastic Bag provided in the kit and the bag is tied securely to prevent leakage.
- The Red Biohazard Plastic Bag is stored in a secure location and a work order is submitted to have this removed and disposed of in the Regulated Waste Container in the Health Services.
- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in areas where there is a potential for exposure to bloodborne pathogens.
- Clothing that is contaminated with blood or OPIM must not be brought home for laundering.
- If clothing should become contaminated the clothing shall be removed and placed in a <u>red plastic biohazard bag</u> and placed in the Contaminated Laundry Container in the Physical Plant for laundering.
- Protective gloves and other appropriate PPE shall be worn while handling contaminated laundry.
- All contaminated laundry will be cleaned and laundered according to the clothing manufacturer's label. Any bloodborne pathogens present are inactivated or destroyed.
- Disposal of used needles are not part of the Physical Plant employees' job tasks.

# 2.2.6 Evaluation of Engineering Controls and Work Practices

The Physical Plant Managers identify the need for changes in engineering control and work practices through employee interviews and discussions with covered employees during annual training.

# 2.2.7. Personal Protective Equipment (PPE)



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PPE is provided to our employees at no cost to them. The protective equipment 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 which the protective equipment will be used. Training is provided by the Physical Plant Managers in the use of the appropriate PPE for the tasks or procedures employees will perform.

The types of PPE available to employees are as follows: gloves (latex, synthetic latex-free), eye/face protection, apron, and shoe covers. These items are found in the Disposable Clean-Up Kit. Latex and Synthetic Latex-Free gloves are available from the Manager of Custodial Services.

All employees using PPE must observe the following precautions:

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

The following tasks have been reviewed and have been found to have the potential for occupational exposure to blood or OPIM. Engineering and work practice controls have been instituted to eliminate or minimize employee exposure. Where exposure or the potential for exposure remains after institution of these controls, PPE shall also be used. The following lists are not exhaustive. They list the **minimum** PPE to be worn by staff. Additional protective clothing shall be worn if additional contact to unprotected portions of the body with blood or OPIM can be reasonably expected to occur.



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# Hazards

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Tasks to Perform	Where Performed	Persons Performing Tasks	PPE Required
Emptying Trash	Campus Buildings	Custodian	Gloves
Collecting Trash	Campus Buildings	Custodian/Labor Crew	Gloves
Clean up of body fluid	Campus Buildings	Custodian	Gloves
Clean restrooms	Campus Buildings	Custodian	Gloves
Plumbing/Drain Maintenance	Campus Buildings	Plumber/Building Mechanics	Gloves
Sewage Pump Maintenance	Campus Buildings	Plumber/Building Mechanics	Gloves

# 2.2.8. Housekeeping

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels), and closed prior to removal to prevent spillage or protrusion of contents until they are disposed. Disposal of feminine hygiene products and bandages or Kleenex used in self-administered first aid (bloody nose, small cut) are not considered regulated waste and will be disposed of in the normal waste stream.

The procedure for handling other regulated waste is:

- The Red Biohazard Plastic Bag is stored in a secure location and a work order is submitted to have this removed and disposed of in the Regulated Waste Container in the Health Services.
- Notify the Manager of Custodial Services

#### 2.3. Labels

The following labeling method(s) is used in this facility:

EQUIPMENT TO BE LABELED
Regulated Waste Container

<u>LABEL TYPE</u> Black/Orange Biohazard Label



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# **Contaminated Laundry Container**

**Black/Orange Biohazard Label** 

The Manager of Custodial Services will ensure warning labels are affixed or red bags are used as required if regulated waste is brought into the facility. Employees are to notify their supervisor if they discover a regulated waste container without the proper label.

#### 2.4. HEPATITIS B VACCINATION

The Physical Plant will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series, 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination is contraindicated. Employees will sign the vaccination authorization form (see Appendix B).

However, if an employee chooses to decline vaccination, the employee must sign a copy of the declination form (see Appendix B). Employees who decline may request and obtain the vaccination at a later date at no cost.

# 3.0 POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur:

- Wash the exposed area immediately (cleanse wound or skin with soap and water, flush eyes or mucous membranes with water)
- Contact Dave Shiers at 309-556-3066
- An immediately available medical evaluation and follow-up will be conducted by a physician
- An incident report must be completed as soon as practical.

The following activities will be performed after an exposure incident:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as



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soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider

- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
- If the employee does not give consent for HIV serological testing during collection
  of blood for baseline testing, preserve the baseline blood sample for at least 90
  days; if the exposed employee elects to have the baseline sample tested during
  this waiting period, perform testing as soon as feasible.

# 3.1. ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

The Manager of Custodial Services ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne infectious diseases standard.

The Manager of Custodial Services ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- a description of the employee's job duties relevant to the exposure incident
- route(s) of exposure
- circumstances of exposure
- if possible, results of the source individual's blood test
- relevant employee medical records, including vaccination status

The Manager of Custodial Services provides the employee with a copy of the evaluating health care professional's confidential written opinion within 15 days after completion of the evaluation.

The written opinion obtained by the employer shall <u>not reveal specific findings or diagnoses</u> that are unrelated to the employee's ability to wear protective clothing and equipment or receive vaccinations. Such findings and diagnoses shall <u>remain</u> confidential.

#### 3.2. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES



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## SURROUNDING AN EXPOSURE INCIDENT

The Manager of Custodial Services will review the circumstances of all exposure incidents to determine:

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

If it is determined that revisions need to be made, the Physical Plant Director will ensure that appropriate changes are made to this ECP. (Changes may include an evaluation of safer work practices, adding employees to the exposure determination list, etc.)

## 4.0 EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive annual training.

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

- a copy and explanation of the standard
- an explanation of our ECP and how to obtain a copy
- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- an explanation of the use and limitations of engineering controls, work practices, and PPE
- an explanation of and supervised practice with the types, uses, location, removal, handling, decontamination, and disposal of PPE
- an explanation of the basis for PPE selection
- information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the confidential medical evaluation and



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follow-up that will be made available

- information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- an explanation of the signs and labels and/or color coding required by the standard and used at this facility
- an opportunity for interactive questions and answers with the person conducting the training session

Training materials for this facility are available in the Physical Plant.

# 5.0 RECORDKEEPING

# 5.1. Training Records

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

The training records include:

- the dates of the training sessions
- the contents or a summary of the training sessions
- the names and qualifications of persons conducting the training
- the names and job titles of all persons attending the training sessions

#### 5.2. Medical Records

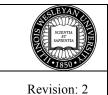
Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020

These confidential records are kept for at least the duration of employment plus 30 years.

Employee Records for each employee with occupational exposure include:

- Name
- Social Security Number
- Hepatitis B vaccine from status
- Copies of any past exposure/evaluation or follow-up

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to Human Resources.



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# 5.3. OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (Part 11). This determination and the recording activities are done by the Manager of Custodial Services.

# 5.4. Annual Reviews

Date	Performed By



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#### **APPENDIX A**

# STANDARD OPERATING PROCEDURE FOR BLOODBORNE INFECTIOUS DISEASE CONTROL MEASURES

1. Task/Procedure: Cleaning Up Body Fluids from Hard

**Surfaces** 

Exposure Potential: Vomit, urine, feces, saliva, and

any other body fluid may contain blood or other potentially infectious material. Dried bodily fluids remain potentially infectious (hepatitis B) for up to 7 days. If dried bodily fluids could flake off during handling, the contaminated object

must be disposed of as regulated waste.

Personal Protective Equipment: Gloves (mandatory)

Goggles (optional)
Shoe Covers (optional)

Apron (optional)
Face Mask (optional)

## Procedure:

- Obtain Disposable Clean-Up Kit
- Prevent people from walking through the area
- Follow the instruction on the back of the kit
- The Red Biohazard Plastic Bag is stored in a secure location and a work order is submitted to have this removed and disposed of in the Regulated Waste Container in the Health Services.

Wash hands with soap and warm running water.

# 2. Task/Procedure: Cleaning Up Body Fluids from Carpet or Upholstery Surfaces

Exposure Potential: Vomit, urine, feces, saliva, and

any other body fluid may contain blood or other potentially infectious material. Dried bodily fluids remain potentially infectious (hepatitis B)

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for up to 7 days. If dried bodily fluids could flake off during handling, the contaminated object must be disposed of as regulated waste.

Personal Protective Equipment: Gloves (mandatory)

Face Shield (optional) Shoe Covers (optional)

Apron (optional) Face Mask (optional)

#### Procedure:

- Obtain Disposable Clean-Up Kit
- Obtain a carpet extractor
- Obtain bathroom disinfectant
- Prevent people from walking through the area
- Open kit and cuff the red biohazard bag, placing it close to the spill
- Put on Gloves and other protective equipment as needed
- Remove any excess debris, following all of the Clean-Up Kit instructions.
- Spray bathroom disinfectant to soiled area
- Use the carpet extractor over the entire area
- Re-spray area with bathroom disinfectant, following manufacturer's directions for amount and time of contact
- Use the carpet extractor over the entire area again
- Empty the extractor and clean extractor using bathroom disinfectant
- Remove gloves and other proactive equipment and place them in the biohazard bag
- Use the Antiseptic Hand Wipe to clean your hands and discard into the biohazard bag
- Tie the red biohazard bag securely to prevent leakage
- The Red Biohazard Plastic Bag is stored in a secure location and a work order is submitted to have this removed and disposed of in the Regulated Waste Container in the Health Services.
- Wash hands with soap and warm running water.

# 3. Task/Procedure: Cleaning Up Broken Glass

Exposure Potential:

Broken glass that is not properly disposed of puts employee at a risk of getting cut, thereby providing an exposure potential for

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others

Personal Protective Equipment: Gloves (mandatory)

# Procedure:

- Put on Gloves
- Sweep the broken glass into a dust pan
- Place broken glass into box or other hard container.
  - Remove gloves and place broken glass container and gloves in the Red Biohazard Plastic Bag. The Red Biohazard Plastic Bag is stored in a secure location and a work order is submitted to have this removed and disposed of in the Regulated Waste Container in the Health Services.
- Wash hands with soap and warm running water

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# PLEASE READ CAREFULLY:

You must select **only one** of the following two choices, by signature:

# **VOLUNTARY EMPLOYEE IMMUNIZATION HEPATITIS "B"**

# **VACCINATION**

(Please print the following information legibly) (FIRST) (LAST) (MIDDLE) PRESENT OCCUPATION (title):\_\_\_\_\_

# **AUTHORIZATION FOR HEPATITIS "B" VACCINATION**

- 1. I understand that, due to my occupational exposure to blood or other potentially infectious, materials, that I may be at risk of acquiring the Hepatitis "B" infection.
- 2. I have been given the opportunity to be vaccinated with Hepatitis "B" vaccine by medical personnel designated by my employer, and at no cost to myself.
- 3. I authorize such medical personnel designated by my employer to give me the Hepatitis "B"
- 4. I acknowledge receipt of the information sheet titled "Hepatitis B Vaccine: What You Need to Know."

SIGNATURE	DATE:	
EMPLOYEE		

# **DECLINATION OF HEPATITIS "B" VACCINATION**

- 1. I understand that, due to my occupation, I have a potential risk of exposure to blood or other potentially infectious materials, which may place me at risk of acquiring the Hepatitis "B" virus (HBV) infection.
- 2. I have been given the opportunity to be vaccinated with Hepatitis "B" vaccine, by medical personnel designated by my employer at no charge to myself. However, I decline vaccination at this time.
- 3. I understand that, by declining this vaccination that I continue to be at risk of acquiring Hepatitis "B", a serious disease.

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- 4. I acknowledge receipt of the information sheet titled "Hepatitis B Vaccine: What You Need to Know."
- 5. If in the future, I continue to have occupational exposure to blood or other potentially infectious material, and I wish to be vaccinated with the Hepatitis "B" vaccine I can change this request and receive the vaccination, at no charge to me.

EMPLOYEE	
SIGNATURE	DATE: