

## **Bloodborne Pathogens Exposure Control Plan**

Revised: May 12, 2022

### **Introduction to the Bloodborne Pathogens Exposure Control Plan**

The Great Basin College Exposure Control Plan incorporates the most current work procedures



## **Scope**

This safety policy is directed towards protecting, as much as possible, all College personnel from exposure to blood and OPIM. It is designed to achieve compliance with State and Federal Occupational Health and Safety Administration (OSHA) standards, specifically 29 CFR 1910.1030, [Bloodborne Pathogens](#)

## **Applicable Documents**

CFR Title 29 1910.1030,



1. Remove PPE:
  - a. Before leaving the work or research area
  - b. Immediately after completing patient contact
  - c. If PPE is grossly contaminated
  - d. If PPE no longer works as an effective barrier

Medical Students, Physician Assistant Students, Resident and Attending physicians carrying out duties at hospitals and clinics are required to follow the host institution's exposure control plan with respect to PPE use.

**Table I: Possible hazards and corresponding personal protective equipment**

<b>Hazards</b>	<b>Eyes</b>	<b>Face</b>	<b>Hand/Body</b>
<b>Any use of chemicals</b>	Safety glasses; goggles when high likelihood of spray or splash	Face shield and goggles for large liquid volumes	Lab coat and gloves
<b>Clinical functions where there is the potential for splash of BBPs.</b>	Safety glasses	Face shield when there is high likelihood of spray or splash	Lab coat or gown, gloves
<b>Biomedical research and clinical laboratory work involving BBPs</b>	Safety glasses; goggles when high likelihood of spray or splash	Face shield for large volumes or high likelihood of spray or splash	Lab coat, gloves
<b>Use of carcinogens, reproductive toxins, and other highly toxic compounds</b>	Safety glasses; goggles when high likelihood of spray or splash	Face shield and chemical goggles for large liquid volumes	Lab coat and gloves as
<b>Cryogenic liquids</b>			

- e. Employees in high-risk environments such as clinicians, nurses, or phlebotomists will be offered testing for antibody to hepatitis B surface antigen (HBsAg) one to two months after completing the three dose vaccination series. Persons who do not respond to the primary vaccine series should complete a second three dose vaccine series or be evaluated to determine if they are HBsAg positive.
  - f. Employees, whose job tasks involve contact with blood or OPIM, who decline to accept the vaccination, shall sign a statement declaring their refusal. Should an employee later change his or her mind, the vaccination shall be made available to them under the above detailed conditions.
2. Employers are only required to provide vaccination to employees who are considered at risk to exposure due to job requirements.

**D: Post Exposure Evaluation and Follow-up**

1. In the event of an exposure incident, as defined in the Exposure Determination section of this





**Winnemucca**

118 E Haskell St  
Winnemucca, NV 89445  
(775) 623-5222

3. The health care facility will provide a confidential medical evaluation to the employee. The affected employee's administrative department or group, in concert with EH&S as appropriate, will review the exposure incident. The following elements shall be performed during the evaluation:
  - a. Document the route of exposure and circumstances of the incident. If a needlestick causes the incident, it must be also documented on a separate needlestick incident log. The University Workers' Compensation Office handles needlestick documentation.
  - b. Document the identity and infectious status of the source individual. If the

- e. A copy of, or information regarding, all available medical records relevant to the treatment of the employee, including vaccination status which are the employer's responsibility to maintain
5. The results of the medical evaluation are to be strictly confidential between the healthcare professional and employee. The exposed employee's supervisor will obtain a written notice from the healthcare professional and provide a copy to the employee following completion of the medical evaluation. **The notice will not contain any findings or diagnoses.** The notice to the supervisor should contain the following:
- a. A statement that the employee has been notified of the evaluation results
  - b. A statement that the employee has been notified of any medical conditions that may arise from the exposure which may require further treatment
6. All records must be kept in accordance with the Recordkeeping section of this Plan (Section J.2).

E: Infectious Waste Mat-02.08 Td(b-0.)JJ/TT1 1 Tf0c )-7 (t-e-e-1. 9031 (: l)-8xd()Tjg31 (l)10o)-(s)-4.3(n)-0 d()Tj@s)

- a.
  - a. Be affixed as close as feasible to the container by string, wire, adhesive or other method that prevents their accidental loss
  - b. Be optional if individual containers of blood or OPIM are placed in labeled containers
  - c. Not be used on containers of blood or blood products that are labeled as to their contents and released for transfusion or other clinical uses
  - d. Not be required for decontaminated waste
- b. Laboratories that use human blood or OPIM, or bloodborne pathogens such as HIV and HBV shall post signs with the following:
  - a. Universal biohazard symbol with the word "biohazard" above or below it
  - b. Biosafety level and type of material worked with
  - c. Special requirements for entering the area
  - d. The name and telephone number of the lab director or other responsible person

**G: Housekeeping Practices**

1. Responsible/Supervisory personnel are obligated to maintain the worksite in a clean and sanitary caint ca.87 0 Td(R)-146 (n)-R cpod()Tj/TT0 1 (n)3s-3 (h)13.1 ( t)-3 6 (r b)1 Tc2.3 (it)-3 (ar.1 ( )-3 (e)-3 (l(/

2. After contact with blood or OPIM, surfaces shall be decontaminated with an appropriate disinfectant and protective coverings replaced under the following guidelines:
  - a. Work surfaces will be cleaned when visibly contaminated, at the end of the work shift, or at a regularly scheduled frequency (i.e. weekly)
  - b. Protective coverings, such as imperviously backed absorbent paper, will be removed and replaced when overtly contaminated or at the end of the work shift
  - c. All equipment and reusable containers shall be inspected and decontaminated on a scheduled basis or when visibly contaminated
  - d. Contaminated broken glassware shall be collected using mechanical means, such as a brush and dustpan, tongs, or forceps, and be properly decontaminated before disposal. This can be accomplished by either using a chemical disinfectant, or by autoclaving the material.
3. Responsible/Supervisory personnel shall establish and implement written procedures for methods of decontamination appropriate for the equipment to be cleaned, the procedures performed, and the relevant contaminant.

#### **H: Laundry Practices**

1. Non-

- a. Personnel who are not employees, such as unpaid students and declared volunteers, and who have exposure to bloodborne pathogens in work settings outside of academic classes in which they are enrolled, must receive the same training as employees.
2. The presentation material must be of appropriate content and language to be compatible with the educational and literacy level of the employees receiving the training. The person conducting the training shall be knowledgeable in the subject matter to be taught.
3. The training shall be provided when:
  - a. Initial assignment is made
  - b. At least annually thereafter
  - c. When changes, modifications or additions are made to the tasks and/or procedures and need only address 182 (b) 3.4 (e) 5.2e-ej1 (i)-3.2 (c)-1 01 Tw edd (.)JJ/.krEMC ET/Artifac-0.88Tnto the t ae



6. HBV vaccination status documents, including:
  - a. Acceptance of HBV vaccination offer
  - b. Dates of all HBV vaccinations or record of positive HBV antibody titer
  - c. Original signed declination form for personnel who decline vaccination

#### **4: Sharps Injury Log**

A sharps injury log must be maintained for all sharps related incidents for at least five years. This log will be maintained by the University Workers' Compensation Office and will be forwarded to the responsible administrator of the location where the injury took place. This sharps injury log must maintain confidentiality and shall contain:

- a. The workplace location of the injury
- b. The type and brand of the device involved in the incident
- c. An explanation of how the incident occurred

All records shall be made available to the employee, employee representatives, and OSHA and NIOSH upon request for purposes of review and/or copying. Medical records are also to be provided to those persons having express written consent of the employee.

#### **Appendix A:**

##### **Exposure Determination by Job Classification**

**Exposure determination information organized by administrative departments, job**

## Appendix B:

### Universal Precautions

#### A: General Guidelines

All material that consists of, or is contaminated with, human blood or other potentially infectious materials (OPIM) must be considered potentially contaminated with bloodborne pathogens. All employees whose activities involve contact with blood or OPIM should consider the following as the precautions.

1. All employees, students and declared volunteers on the BBP Program should routinely use appropriate barrier precautions to prevent skin and mucous-membrane exposure when contact with blood or OPIM is anticipated. Gloves should be worn for touching blood and body fluids or any OPIM, for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Healthcare workers should change gloves after contact with each patient. All employees should change gloves when contaminated. Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or OPIM to prevent exposure of mucous membranes of the mouth, nose, and eyes. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or OPIM.
2. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or OPIM. Hands should be washed immediately after gloves are removed.
3. All employees should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures. To prevent needlestick injuries, needles should NOT be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After they are used, disposable syringes and needles, scalpel blades, and other sharp items should be placed in puncture-resistant containers for disposal – the puncture-resistant containers should be located as close as practical to the use area. Large-bore reusable needles should be placed in a puncture-resistant container for transport to the reprocessing area.
- 4.



## **Hepatitis B Vaccine Declination**

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