

COLLEGE *of*
CHARLESTON

ENVIRONMENTAL
HEALTH AND SAFETY

College of Charleston

**Bloodborne Pathogen
Exposure Control Plan**

August 1, 2013

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Bloodborne Pathogens Exposure Control Plan

I. POLICY

The College of Charleston will make every effort to comply with the [U.S. Department of Labor Occupational Safety and Health Administration Bloodborne Pathogen Standard \(29 CFR 1910.1030\)](#). The purpose of this standard is to eliminate or minimize occupational exposure to the hepatitis B virus (HBV), hepatitis C virus (HCV), human immunodeficiency virus (HIV), and other bloodborne pathogens.

It has been well documented that employees with occupational exposure to blood and other potentially infectious materials (OPIM) containing bloodborne pathogens face a significant health risk. This risk can be minimized or eliminated using a combination of engineering and work practice controls, personal protective clothing and equipment, training, medical surveillance, hepatitis B vaccination, warning signs or labels, and other provisions described in this plan.

Universal precautions must be utilized to prevent contact with human blood or OPIM. Under the Universal Precautions concept, all human blood, blood products and OPIM are considered to be contaminated with bloodborne pathogens (BBP). Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

II. SCOPE AND APPLICATION

This document serves as a broad-based Exposure Control Plan (ECP) for all College of Charleston personnel (employees, including faculty, staff, student employees, contractors, volunteers etc.) whose occupational tasks or responsibilities include reasonable anticipated risk of occupational exposure to human blood or OPIM of human origin; it includes occupations with non-routine exposure and designated College of Charleston Public Safety and Fire and EMS personnel at all College of Charleston facilities and operations. The ECP will be reviewed and updated at least annually, and whenever necessary, to reflect: 1) new or modified tasks and procedures which affect occupational exposure and 2) new or revised positions with occupational exposure. The ECP provide a means by which to minimize or eliminate occupational exposure to bloodborne pathogens. The most up to date BBP ECP can be found on-line on the Environmental Health and Safety website.

Exposure Determination by Job Title and Task

Professor/Associate Professor/Assistant Professor/Research Associate/Graduate Student: Instructs, supervises and participates in research that involves the use of human blood, body fluids, unfixed tissue, or cell lines.

Teacher: Responds to emergencies and accidents with children/students which may involve potentially infectious materials.

Laboratory Technician/Animal Laboratory Technician: Conducts research that involves the use of human blood, unfixed tissue, or cell lines and handles animals and/or laboratory instruments, utensils, etc. that may be contaminated with potentially infectious materials.

Team Physician: Responds to illnesses, accidents and injuries that involve exposure to human blood, tissues or other body fluids.

Head Coach/Coach Assistant/Weight Trainer/Athletic Trainer/Athletic Training Student/ Physical Therapist: Responds to accidents and injuries that may involve contact with human blood, other body fluids and OPIM.

Building Services staff: Responds to emergency spills and accidents to clean up human body fluids or OPIM. Supervises the cleaning of restrooms and public areas with possible contact with human blood,

body fluids and OPIM. Collects containers with potentially infectious used needles from residents for disposal. Handles uniforms and laundry items that may be contaminated with infectious materials.

Maintenance Staff: Repairs and maintains facilities, equipment, and fixtures that may be contaminated with OPIM.

Physician/Nurse: Responds to illnesses, accidents and injuries or provide preventative treatment that might involve exposure to human blood, body fluids or OPIM.

Emergency Response staff (CofC Fire and EMS Department personnel and CPR-trained student volunteer responders): Responds to illnesses, accidents and injuries that involve exposure to human blood, other body fluids and OPIM.

Public Safety: Responds to situations that may involve exposure to human blood, body fluids and OPIM.

Life Guard Staff: Responds to emergencies that may involve contact with human blood, body fluids and OPIM.

III. RESPONSIBILITIES

College of Charleston and all personnel have a joint responsibility to be well informed regarding the hazards associated with bloodborne pathogens. Delineation of responsibilities is described below.

1. Management

Senior management is supportive of this BBP ECP and all safety programs by providing facilities, proper equipment, personal protective equipment (PPE), and oversight.

2. Managers/ Principal Investigators (PI)/ Area Supervisors

Managers/ Principal Investigators (PI)/ Area Supervisors are responsible for their laboratory or areas' compliance with the College BBP ECP and specifically for:

- a) Identifying those employment positions within each Department/Laboratory/Office/Work Area that fit the definition of "occupational exposure" described in section IV of this Plan and specify those tasks or procedures in which occupational exposure is likely to occur (in consultation with the College's Director of Environmental Health and Safety (EH&S)).
- b) Ensuring that all personnel are informed of the hazards associated with the work performed.
- c) Identifying and informing personnel on proper control measures, including available vaccinations/immunizations, safe work practices, standard operating procedures specific to the laboratory or other work areas and proper use of engineering controls and PPE.

NOTE: Where the scope of hazards is not adequately addressed by this document, the PI/ Supervisors must develop specific SOPs to be appended to this plan.

- d) Ensuring that all existing and new personnel under their direction are properly informed and trained (initial and recurrent annual training) in all elements of this Plan, and have a means to determine when an employee demonstrates proficiency.
- e) Establishing (where applicable) a program for evaluating sharps with safety devices designed to eliminate or minimize occupational exposure. This program should include an identification process, an evaluation process, and a selection process (see Appendix A).
- f) Enforcing all safety rules and policies within the work setting and initiate progressive disciplinary proceedings, when necessary, as outlined by the College's Office of Human Resources.
- g) Ensuring the most up to date ECP is readily available to all personnel in their work area, through

their Manager/ PI/ Area Supervisor or the EH&S website.

3. Personnel

- a) All personnel working with bloodborne pathogens must accept a shared responsibility for conducting their work in a safe manner.
- b) Personnel shall not engage in work for which they are not trained.
- c) Personnel shall report to their PI, area supervisor, management, or EH&S, potentially unsafe work conditions or practices.
- d) All personnel are also responsible for:
 - Knowing which of their tasks have a potential occupational exposure to bloodborne pathogens;
 - Following guidance provided in the ECP;
 - Following Universal Precautions and standard microbiological practices;
 - Planning and conducting all operations in accordance with exposure control procedures and specific departmental, work area or laboratory safety procedures;
 - Completing the appropriate Bloodborne Pathogens Training (initial and annual retraining) depending on job functions;
 - Reporting hazardous conditions to the PI/area supervisor and EH&S;
 - Reporting job-related injuries or illnesses to the PI, supervisor, Office of Human Resources and EH&S and seeking medical treatment immediately (see EH&S and Office of Human Resources website for applicable forms)
 - Requesting information and training when unsure how to work with bloodborne pathogens;
 - Wearing and properly maintaining the PPE necessary to perform each task to which he/she is assigned; and
 - Using engineering controls, including safe sharps technology and safety equipment properly.

4. Environmental, Health & Safety Department (EH&S) and Office of Human Resources

EH&S is responsible for overseeing compliance with the OSHA Bloodborne Pathogens Standard and the BBP ECP required therein and will develop the provisions of the BBP ECP.

The Director of EHS, the College of Charleston Institutional Biosafety Committee and Departmental Safety Committee(s) will work with management to assign areas of responsibility to departments, principal investigators, laboratory supervisors, and other individuals as necessary, to implement and carry out the provisions of the BBP ECP.

Individual Departments shall be responsible for managing the HBV Vaccination Program in consultation with EH&S.

Office of Human Resources shall be responsible for working with the EH&S in order to facilitate appropriate identification of treatment provider and counseling provider in cases of personnel exposure to bloodborne pathogens in the workplace. Office of Human Resources will maintain the sharps injury log and the medical records.

IV. DEFINITIONS

- **Blood:** human blood, blood components, and products made from human blood
- **Bloodborne Pathogens (BBP):** Pathogenic microorganisms that are present in human blood and can cause disease in humans. These disease causing organisms can be found in all body fluids, unfixed tissue, cell lines, and in situations where it is difficult or impossible to differentiate between body fluids and other materials.
- **Contamination:** The presence, or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- **Contaminated laundry:** Laundry that has been soiled with blood or OPIM (might contain sharps)
- **Contaminated Sharps:** Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, Pasteur pipettes 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.
- **Engineering Controls:** Controls (e.g., sharps disposal containers, self-sheathing needles) 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 personnel duties. This definition excludes incidental exposures that might take place on the job, and that are neither reasonably nor routinely expected and that the worker is not expected to incur in the normal course of employment.
- **HBV:** Hepatitis B Virus..
- **HCV:** Hepatitis C Virus
- **HIV:** Human Immunodeficiency Virus.
- **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 personnel duties. **Important!** Each Department should append to this definition any specifics that would apply to its personnel.
- **Other Potentially Infectious Material (OPIM):** Any of the following: semen, vaginal secretions, amniotic fluid, cerebrospinal fluid, peritoneal fluid, pleural fluid, pericardial fluid, synovial fluid, and saliva in dental procedures; any body fluid that is visibly contaminated with blood; all body fluids in situations where it is difficult or impossible to differentiate between body fluids; any unfixed tissue or organ, other than intact skin, from a living or dead human; cell or tissue cultures that contain HIV, organ cultures, and culture medium or other solutions that contain HIV or HBV; blood, organs or other tissues from experimental animals infected with HIV, HBV or other bloodborne pathogen(s).
- **Parenteral:** Piercing mucous membranes or the skin barrier, such as exposure through subcutaneous, intramuscular, intravenous, or arterial routes resulting through such events as needle sticks, human bites, cuts, and abrasions.
- **Personal Protective Equipment (PPE):** 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.
- **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.

- **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 employee.
- **Universal Precautions:** Is 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 to BBP by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

V. METHODS OF COMPLIANCE

A. Communication of Hazards to Employees (Biohazard Warning Label)

Biohazard warning labels will be affixed to containers of blood or regulated waste, refrigerators and freezers containing blood or other potentially infectious material and other containers used to store, transport or ship these materials. Biohazard labels will be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color: These labels will be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal. Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement. Regulated waste that has been decontaminated need not be labeled.

Biohazard Warning Label



B. Engineering and Work Practice Controls

Engineering and work practice controls will be used to eliminate or minimize employee exposure. Engineering controls include all measures designed to reduce the potential for contact between workers and potentially infectious materials by either removing the hazard or isolating the worker from exposure. Engineering controls must be examined and maintained or replaced to ensure their effectiveness on a regular schedule. Each Department or Manager/ PI/ Area Supervisor is responsible for ensuring the engineering controls in their area are evaluated and maintained. Personal protective equipment will also be used if there is exposure potential. College of Charleston will provide readily accessible hand washing facilities for employees use. When hand washing

facilities are not possible, appropriate antiseptic hand cleanser or antiseptic towelettes will be provided. When these alternatives are used, employees shall wash their hands with soap and water as soon as feasible. Employees must be trained to wash their hands and any other exposed skin surfaces with soap and running water, and mucous membranes flushed with water as soon as possible after contact with blood, body fluids or other potentially infectious material. Personnel must be trained to wash their hands with soap and running water after removing personal protective equipment.

Contaminated needles and other contaminated sharps will not be bent, recapped or removed unless no alternative is feasible or that such action is required by a specific medical or dental procedure. Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

Food and drink will not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.

All procedures involving blood or other potentially infectious materials will be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

Specimens of blood or other potentially infectious materials will be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping. Containers used for storage, transport, or shipping will be biohazard labeled and closed prior to being stored, transported, or shipped.

The primary container will be placed within a biohazard labeled second container to prevent puncture and leakage during handling, processing, storage, transport, or shipping.

Equipment which may become contaminated with blood or other potentially infectious materials will be decontaminated prior to servicing or shipping. A readily observable biohazard label will be attached to the equipment stating which portions remain contaminated. The College will ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, and prior to handling, servicing, or shipping so that appropriate precautions will be taken.

C. Sharps Injury Protection Program

Managers/ PI/ Area Supervisors who have employees with occupational exposure to bloodborne pathogens must consider and, where appropriate, use effective engineering controls, including safer medical devices, in order to reduce the risk of injury from needlesticks and from other sharp medical instruments.

They must implement the safer medical devices that are appropriate, commercially available, and effective. An appropriate safer medical device includes only devices whose use, based on reasonable judgment in individual cases, will not jeopardize patient or employee safety or be medically contraindicated.

Identification Process: All sharp devices that have available products with safer engineering features shall be identified, evaluated and selected.

Evaluation Process:

1. Evaluation of the safer sharp devices must be documented on the "Safe Needle/Sharps Evaluation Form." (Appendix A)
2. Supervisors alone cannot identify, evaluate and select the safer sharps devices; supervisors must choose members of non-managerial employees who perform tasks with sharps exposure risks to be involved in this process.
3. Managers/ Supervisors/ PI/ Institutional Biosafety Committee (IBC)/ Safety Committees must determine which products are to be evaluated and provide at least four or more test samples for each individual evaluating the product.
4. Supervisors will ensure that visual instructions and a demonstration of the proper use of each device are provided.
5. Supervisors will review the instructions and rating system on the evaluation form with each evaluator.
6. Supervisors should encourage each evaluator to comment on the forms. This will provide a useful decision making tool.
7. Supervisors will send (or fax) one copy of the completed evaluation forms to the EH&S office, and retain the original forms for their records.

Once the evaluation process is complete and the safer sharp device has been chosen, supervisors must implement use of the safer sharps devices as soon as possible.

If safer sharps devices are currently in use, the evaluation process must still be completed.

D. Personal Protective Equipment

When there is occupational exposure, The College will provide, at no cost to the employee, appropriate personal protective equipment such as gloves, gowns, laboratory coats, face shields, eye protection, masks, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's clothes, 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.

The College requires that the employees use the required personal protective equipment and that appropriate sizes are readily accessible at the worksite or are issued to employees. Personal protective equipment will be repaired or replaced as needed to maintain its effectiveness, at no cost to the employee. All personal protective equipment will be removed prior to leaving the work area and/or if the protective clothing is contaminated with blood, body fluids or OPIM. The College will clean, launder, and dispose of personal protective equipment. When personal protective equipment is removed it will be placed in designated areas or containers for storage, washing, decontamination or disposal.

Gloves will be worn when there is potential for hand contact with blood or other potentially infectious materials and when handling or touching contaminated items or surfaces. Hypoallergenic gloves, glove liners, powerless gloves, or other similar alternatives will be readily accessible to those employees who are allergic to the gloves normally provided. Disposable (single use) gloves will be replaced as soon as practical when contaminated or damaged. Disposable (single use) gloves will not be washed or decontaminated for re-use. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibiting other signs of deterioration or when their ability to function as a barrier is compromised.

Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin- length face shields, will be worn whenever splashes, spray, spatter, or droplets of

blood or other potentially infectious materials may be generated.

Appropriate protective clothing such as gowns, aprons, lab coats, clinic jackets, or similar outer garments will be worn in occupational exposure situations. Surgical caps or hoods and/or shoe covers or boots will be worn in instances when gross contamination can reasonably be anticipated (e.g., necropsies, sawing, or otherwise aerosolizing human tissue or fluids).

E. Housekeeping

The College will ensure that the worksite is maintained in a clean and sanitary condition. The College will determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

1. All contaminated equipment and work surfaces will be decontaminated immediately or as soon as feasible with an appropriate disinfectant after completion of procedures and at the end of the work shift if the surface may have become contaminated since the last cleaning.
2. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces will be removed and replaced when they become contaminated.
3. All bins, pails, cans, and similar receptacles intended for reuse will be decontaminated immediately if they are contaminated with blood or other potentially infectious materials.
4. Broken glassware which may be contaminated will not be picked up directly with the hands. Mechanical means, such as a brush and dust pan, tongs, or forceps will be utilized for cleaning.
5. Reusable sharps that are contaminated with blood or other potentially infectious materials will not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

F. Regulated Waste

Disposal of all regulated waste will be in accordance with the College policy as well as applicable federal, state, and local regulations. Contaminated sharps and other regulated waste will be discarded immediately or as soon as feasible in biohazard labeled containers that are closable, puncture resistant, and leak-proof. Containers for contaminated sharps will be maintained upright throughout use, easily accessible to personnel, replaced routinely, and not be allowed to overfill.

When moving contaminated sharps or other regulated wastes the containers will be biohazard labeled and closed to prevent spillage or protrusion during handling, storage, transport, or shipping. Secondary containers will be used if leakage is possible. The second container will also be biohazard labeled, closable and constructed to contain all contents and prevent leakage.

G. Laundry

Contaminated laundry will be handled as little as possible while being placed in biohazard labeled transport bags or containers. Contaminated laundry will not be sorted or rinsed in the location of use. Wet contaminated laundry will be placed in appropriate leak proof bags or containers. The College will provide employees who have contact with contaminated laundry protective gloves and other appropriate personal protective equipment at no cost to the employee. Employees are responsible for wearing the PPE provided by the College.

VI. TRAINING

If an employee has occupational exposure or potential exposure to human blood, body fluids and OPIM they must take part in the Bloodborne Pathogen Exposure Control Plan training to control exposure. Training will be provided at the time of initial assignment to tasks where occupational exposure may take place and annually thereafter. The person conducting the training will be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to College of

Charleston.

The College will provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee' occupational exposure. The additional training may be limited to addressing the new exposures created.

A. Training Requirements

1. Training must take place within 10 days of employment and before there is any potential occupational exposure.
2. Training must be conducted by an approved designated trainer (contact EH&S for more information) or during periodically scheduled training sessions.
3. Recurrent training must be conducted annually.
4. Training must contain elements as prescribed below in section B.
5. Training documentation, Hepatitis B vaccination rosters, and health release authorization forms must be sent to EH&S, as instructed in the BBP ECP- associated forms.

B. Training Program Elements

1. An accessible copy of the regulatory text of the OSHA Bloodborne Pathogen Standard (29 CFR 1910.1030) and an explanation of its contents;
2. A general explanation of how widespread bloodborne diseases are among the general population and what the symptoms of bloodborne diseases are;
3. An explanation of the ways bloodborne diseases are transmitted;
4. An explanation of the College of Charleston Exposure Control Plan and the means by which you can obtain a copy;
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood, body fluids and OPIM;
6. 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;
7. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
8. An explanation of how personal protective equipment is selected for particular jobs;
9. Information on the hepatitis B vaccine, including information on how well it works, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood, body fluids or OPIM;
11. 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;
12. Information on the post-exposure evaluation and follow-up that College of Charleston is required to provide for the employee following an exposure incident;
13. An explanation of the signs and labels and/or color coding required by the Exposure Control Plan; and
14. An opportunity for interactive questions and answers with the person conducting the training session.

All current Bloodborne Pathogen forms can be found at the end of this BBP ECP.

VII. HEPATITIS B VACCINATION

A. Availability and Responsibilities

The College will make available hepatitis B vaccine and vaccination series at no cost to all employees who have occupational exposure. Post-exposure evaluation and follow-up to all employees who have had an exposure incident will also be at no cost. The vaccinations and/or testing will be made available to the employee at a reasonable time and place and be performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional. Hepatitis B vaccination will be made available after the employee has received Bloodborne Pathogen training and within 10 working days of initial assignment to all employees who have occupational exposures 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.

Employees who decline to accept hepatitis B vaccination must sign a declination statement but can at any time change their mind. The College will make available hepatitis B vaccination at that time. If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) will be made available.

The Manager/ PI/ Area Supervisor is responsible for identifying (in consultation with the EH&S Director) the employees under their supervisor that will have to be offered hepatitis B vaccination. The employees identified to have potential occupational exposure according to the Plan's definition (see section IV) will have to formally accept and/or decline the hepatitis B vaccination offered by the College (see Appendix B). Any changes in acceptance/declination of hepatitis B vaccination by the identified employees must be formally recorded.

B. Post-Exposure Evaluation and Follow-Up

After an exposure incident, the College will provide the exposed employee/student with a confidential medical evaluation and follow-up. The student will have to notify immediately (as soon as reasonably possible) the supervisor/ PI/ Instructor regarding the incident and proceed to the Student Health Services for evaluation. The employee must immediately (as soon as reasonably possible) the supervisor/PI and Office of Human Resources. The exposed employee will be asked to document the route of exposure, the circumstances under which the exposure incident occurred, and asked for the identification of the source individual. The source individual's blood will be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity.

If consent is not obtained, the College will establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, will be tested and the results documented. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

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 Service will be provided. Medical counseling and evaluations of reported illnesses will be available.

1. Information Provided to the Healthcare Professional

The College will ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided with:

- a. A copy of the Bloodborne Pathogen regulation
- b. A description of the exposed employee's duties as they relate to the exposure incident
- c. Documentation of the route(s) of exposure
- d. The circumstances under which exposure occurred.

If available, the results of the source individual's blood testing will be provided and all medical records relevant to the appropriate treatment of the employee including vaccination status.

2. Healthcare Professional's Written Opinion

The College will obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. The healthcare professional's written opinion for Hepatitis B vaccination will be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination. All other findings or diagnoses will remain confidential and will not be included in the written report.

The healthcare professional's written opinion for post-exposure evaluation and follow-up will be limited to the following information:

- a. The employee has been informed of the results of the evaluation
- b. The employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

VIII. RECORDS AND RECORDKEEPING

A. Records Availability

The College will ensure that all records required to be maintained will be made available upon request to the Assistant Secretary and the Director for examination and copying. If the College ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer will notify the Director, at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three month period.

B. Medical Records

The College will establish and maintain an accurate medical record for each personnel with occupational exposure. This record will include:

1. The name and CWID of the affected person
2. A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
3. A copy of all results of examinations, medical testing, and follow-up procedures
4. The employer's copy of the healthcare professional's written opinion
5. A copy of the information provided to the healthcare professional

The College will ensure that employee medical records are kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as may be required by law. The College will maintain the records for at least the duration of employment plus 30 years. Employee records will be maintained within the College's Office of Human Resources. Student Health Services will maintain records of treatment for students.

C. Training Records

Training records will be maintained at each Departmental level for 3 years from the date on which the training occurred. Training records will include the following information:

1. The dates of the training sessions
2. The contents or a summary of the training sessions
3. The names and qualifications of persons conducting the training
4. The names and job titles of all persons attending the training sessions

D. Sharps Injury Log

The College will establish and maintain a Sharps Injury Log (SIL) for the recording of percutaneous injuries from contaminated sharps. The SIL is currently maintained in the College's Office of Human Resources. The information in the sharps injury log will be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The College will maintain the records at least the duration of employment plus 30 years. The sharps injury log will contain, at a minimum:

1. The type and brand of device involved in the incident,
2. The department or work area where the exposure incident occurred
3. An explanation of how the incident occurred.

IX. APPENDICES

- A. Safe Needle/Sharps Evaluation Form
- B. Hepatitis B Vaccination/Declination Form
- C. Sharps Injury Log (SIL)
- D. Training and Information Certification
- E. Department Hepatitis B Vaccination Eligibility List

Appendix A

College of Charleston

Safe Needle/Sharps Evaluation Form

Evaluator's Name:

Job Title:

Department:

Date:

Supervisor's Name:

Telephone #:

Name of Device:

Name of Manufacturer:

Applications of Device:

Number of Times Used:

Please circle the most appropriate answer for each question. A rating of one (1) indicates the highest level of agreement with the statement, five (5) the lowest. Not applicable (NA) may be used if the question does not apply to this product.

Please explain all problems with the device in the comments section.

Agree.....Disagree

- | | | | | | | |
|---|---|---|---|---|---|----|
| 1. The safety feature can be activated using a one-handed technique. | 1 | 2 | 3 | 4 | 5 | NA |
| 2. The user's hands remain behind the needle/sharp until activation of the safety mechanism is complete. | 1 | 2 | 3 | 4 | 5 | NA |
| 3. The safety feature does not interfere with normal use of this product. | 1 | 2 | 3 | 4 | 5 | NA |
| 4. Use of this product requires you to use the safety feature. | 1 | 2 | 3 | 4 | 5 | NA |
| 5. A clear and unmistakable change (either audible or visible) occurs when the safety feature is activated. | 1 | 2 | 3 | 4 | 5 | NA |
| 6. The device is easy to handle while wearing gloves. | 1 | 2 | 3 | 4 | 5 | NA |
| 7. The device is easy to handle when wet. | 1 | 2 | 3 | 4 | 5 | NA |

Released/Revised: June 2013

The official version of the College of Charleston BBP ECP will only be maintained on-line. Review the material on-line prior to placing reliance on a dated printed version.

8. The device does not require more time to use than a non-safety device. 1 2 3 4 5 NA
9. The safety feature operates reliably. 1 2 3 4 5 NA
10. The exposed sharp is blunted or covered after use and prior to disposal. 1 2 3 4 5 NA
11. The safety feature works well with a wide variety of hand sizes in addition, with a left-handed person as easily as with a right-handed person. 1 2 3 4 5 NA
12. Use of this product does not increase the number of sticks to the patient. 1 2 3 4 5 NA
13. Sterilization (if applicable) of this device is as easy as a standard device. 1 2 3 4 5 NA
14. The product does not require extensive training to be operated correctly. 1 2 3 4 5 NA
15. The device can be used without causing more patient discomfort than a conventional device. 1 2 3 4 5 NA
16. Would you recommend using this device? Yes No

Comments: _____

NOTE: Send one copy of this evaluation form to EH&S Department, Attn: Randy Beaver, EH&S Director or e-mail or fax to Randy Beaver (Beaverr@cofc.edu; 843-953-3927). Retain the original form for your records.

Released/Revised: June 2013

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Appendix B

College of Charleston

Hepatitis B Vaccination/Declination Form

Due to your occupational exposure to blood or other potentially infectious material (OPIM) you may be at risk of acquiring hepatitis B virus (HBV) infection. You may obtain the Hepatitis B vaccination series and Post-Exposure Evaluation from the College of Charleston provider at no cost to you.

Hepatitis B vaccination is recommended unless:

- 1) documentation of prior vaccination and post-vaccination titer is provided to EHS
- 2) medical evaluation identifies that vaccination is contraindicated.

If you have received prior Hepatitis B immunization, list the following three dates (month/year):

and provide documentation of the immunization and post-vaccine titer as soon as possible to the Office of Human Resources. Students can request the Student Health Services to fax their immunization record required prior to acceptance to the College.

SELECT ONE OF THE OPTIONS BELOW AT THE END OF THE TRAINING CLASS:

Check #1 below if you want to receive Hepatitis B vaccination at this time

Check #2 below if you do not want or need to receive Hepatitis B vaccination at this time

Note: you can change your decision at any time and discuss questions by contacting the Office of Human Resources (843.953.7320 or 953.5512) and EH&S Director (843-953-6802)

#1. I certify that I have been offered and will participate in the Hepatitis B Vaccination Program which includes serological testing at 1-2 months post-vaccination. I understand that I must request an appointment for these medical services within ten (10) working days, by contacting the Office of Human Resources.

#2. I understand that due to my occupational exposure to blood or OPIM 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 OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature or Employee

Date signed

Employee Full Name (Please Print): _____

CWID #: _____

Dept. _____

Phone#: _____

Email: _____

Principal Investigator/Supervisor: _____

Appendix C

College of Charleston

Sharps Injury Log

Instructions: Please complete the 2-page log for each employee exposure incident involving a sharp. Make a copy for your own records. The form must be received within 14 days by the EH&S Director, Randy Beaver by campus mail (175 Calhoun St., RSS Building, Room # 111) or fax (843-953-3927) and by the Office of Human Resources.

Full Name of Injured: _____ Job classification: _____

CWID: _____ Email: _____

Supervisor's Full Name: _____ Telephone#: _____

Department: _____ Location of Incident (Building/Room#): _____

Date of Injury: _____ Time of Injury: _____

1. Procedure being performed at time of injury:

2. Describe how the incident occurred (attach another sheet if needed):

3. Provide the following sharps information:

a) Did the device being used have engineered sharps injury protection? (if yes, go on to question b&c below)

Yes No Don't Know

b) Was the protective mechanism activated? Yes Yes-partially No

c) Did the exposure incident occur: Before activation During activation After activation

d) Identify Sharp (if known) as follows:

Type _____ Brand _____ Model _____

(e.g. 18g needle/ABC Medical/ "no stick" syringe)

4. If the sharp had no engineered sharps injury protection, injured employee's opinion as to whether and how such a mechanism could have prevented the injury:

Appendix D
College of Charleston
Bloodborne Pathogens Exposure Control Plan
TRAINING AND INFORMATION CERTIFICATION

The Occupational Safety and Health Administration (OSHA) require all employees with occupational exposure to bloodborne pathogens to participate in an annual training program (29 CFR 1910.1030). By signing below you acknowledge that you have received training and information concerning the OSHA Bloodborne Pathogens Standard and the policies and procedures applicable to your work. This training program contained at a minimum the following elements:

1. An accessible copy of the regulatory text of the OSHA Bloodborne Pathogen Standard (29 CFR 1910.1030) and an explanation of its contents;
2. A general explanation of how widespread bloodborne diseases are among the general population and what the symptoms of bloodborne diseases are;
3. An explanation of the ways bloodborne diseases are transmitted;
4. An explanation of the College of Charleston Bloodborne Pathogens Exposure Control Plan and the means by which you can obtain a copy;
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
6. 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;
7. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
8. An explanation of how personal protective equipment is selected for particular jobs;
9. Information on the hepatitis B vaccine, including information on how well it works, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
11. 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;
12. Information on the post-exposure evaluation and follow-up that Purdue University is required to provide for the employee following an exposure incident;
13. An explanation of the signs and labels and/or color coding required by the Exposure Control Plan; and
14. An opportunity for interactive questions and answers with the person conducting the training session.

Please Type or Print Clearly (Form must be sent to the Office of Human Resources)

Name: _____ CWID: _____

Department: _____ Job Title: _____

Building: _____ Supervisor's Name: _____

Signature: _____ Date: _____

APPENDIX E

College Of Charleston

Bloodborne Pathogens Exposure Control Plan

DEPARTMENT HEPATITIS B VACCINATION ELIGIBILITY LIST

Instructions:

Return to College of Charleston EH&S via campus mail or in person (175 Calhoun St., RSS Building, Office # 111; Attn: Randy Beaver, EH&S Director)

Use a separate form for each account number to be billed.

<u>Department</u>	<u>Account</u>	<u>Notes</u>

The following employees are eligible to receive HBV vaccinations:

Full Name (Please Print)	CWID	Job Title	Supervisor's Full Name (Please Print)	Supervisor's Phone #

Contact Person: _____

Phone#: _____

Email: _____

Employees are approved to receive Hepatitis B vaccination series at their request and their Department's expense.

Approved by EH&S Director: _____

Date: _____