Contents

[I. INTRODUCTION 2](#_Toc159051641)

[II. EXPOSURE DETERMINATION 2](#_Toc159051642)

[III. IMPLEMENTATION AND METHODOLOGY 4](#_Toc159051643)

[A. COMPLIANCE METHODS 4](#_Toc159051644)

[B. NEEDLES 7](#_Toc159051645)

[C. WORK AREA RESTRICTIONS 8](#_Toc159051646)

[D. SPECIMENS 8](#_Toc159051647)

[E. CONTAMINATED EQUIPMENT 14](#_Toc159051648)

[F. PERSONAL PROTECTIVE EQUIPMENT 9](#_Toc159051649)

[G. HOUSEKEEPING 11](#_Toc159051650)

[H. REGULATED WASTE DISPOSAL 12](#_Toc159051651)

[I. LAUNDRY PROCEDURES 21](#_Toc159051652)

[J. HEPATITIS B VACCINE AND POST-EXPOSURE EVALUATION AND FOLLOW-UP 13](#_Toc159051653)

[K. POST-EXPOSURE EVALUATION AND FOLLOW-UP 14](#_Toc159051654)

[L. LABELS AND SIGNS 15](#_Toc159051655)

[IV. INFORMATION AND TRAINING 26](#_Toc159051656)

[V. RECORDS 27](#_Toc159051657)

Building Safety Officers 18

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

AUGUSTANA COLLEGE

I. INTRODUCTION

Augustana College is committed to providing a safe work­ing environment and believes that employees have a right to know about the health hazards associated with their work. The purpose of the bloodborne pathogens exposure con­trol program is to:

develop an aware­ness of bloodborne pathogens and train employees to work safely with potentially infectious fluids, elimi­nate or mini­mize employ­ee occupational exposure to human blood or other potentially infectious body fluids and, comply with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030.

It is important that employees assume responsibility for personal safety. All employees may have access to specific safety information through their supervisory staff. The people who work in particular jobs are most able to detect pathogen hazards. When safety concerns arise, employees are encouraged to contact their supervisor or the Office of Human Resources.

Exposures to blood and other body fluids occur across a wide variety of occupations. Health care workers, emergency response, public safety personnel, and other workers can be exposed to blood through needlestick and other sharps injuries, mucous membrane, and skin exposures. The pathogens of primary concern are the human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV). Workers and employers are urged to take advantage of available engineering controls and work practices to prevent exposure to blood and other body fluids.

HIV has been found in saliva and tears in very low quantities from some AIDS patients. It is important to understand that finding a small amount of HIV in a body fluid does not necessarily mean that HIV can be transmitted by that body fluid. HIV has not been recovered from the sweat of HIV-infected persons. Contact with saliva, tears, or sweat has never been shown to result in transmission of HIV.

There is no known risk of HIV transmission to co-workers, clients, or consumers from contact in industries such as food-service establishments (see information on survival of HIV in the environment). Food-service workers known to be infected with HIV need not be restricted from work unless they have other infections or illnesses (such as diarrhea or hepatitis A) for which any food-service worker, regardless of HIV infection status, should be restricted. The Centers for Disease Control and Prevention (CDC) recommends that all food-service workers follow recommended standards and practices of good personal hygiene and food sanitation.

Although HIV has been transmitted between family members in a household setting, this type of transmission is very rare. These transmissions are believed to have resulted from contact between skin or mucous membranes and infected blood. To prevent even such rare occurrences, precautions, as described in previously published guidelines, should be taken in all settings "including the home" to prevent exposures to the blood of persons who are HIV infected, at risk for HIV infection, or whose infection and risk status are unknown. For example, Gloves should be worn during contact with blood or other body fluids that could possibly contain visible blood, such as urine, feces, or vomit. Cuts, sores, or breaks on both the care giver’s and patients exposed skin should be covered with bandages. Hands and other parts of the body should be washed immediately after contact with blood or other body fluids; and surfaces soiled with blood should be disinfected appropriately.

Practices that increase the likelihood of blood contact, such as sharing of razors and toothbrushes, should be avoided.

Needles and other sharp instruments should be used only when medically necessary, and handled according to recommendations for health-care settings. (Do not put caps back on needles by hand or remove needles from syringes. Dispose of needles in puncture-proof containers out of the reach of children and visitors.)

**Hepatitis A Virus (HAV)**  
Hepatitis A virus is spread from person to person by putting something in the mouth that has been contaminated with the stool of a person with hepatitis A. This type of transmission is called "fecal-oral." Most infections result from contact with a household member, or sex partner, who is infected with HAV. Casual contact, as in the usual office, factory, or school setting, does not spread the virus.

**Hepatitis B Virus (HBV)**  
HBV is spread when blood from an infected person enters the body of a person who is not infected. For example, HBV is spread through having sex with an infected person without using a condom (the efficacy of [latex condoms](http://www.cdc.gov/nchstp/od/condoms.pdf) in preventing infection with HBV is unknown, but their proper use might reduce transmission), by sharing drugs, needles, or "works" when "shooting" drugs, through needlesticks or sharps exposures on the job, or from an infected mother to her baby during birth.

**Hepatitis C Virus (HCV)**  
HCV is spread when blood from an infected person enters the body of a person who is not infected. This could happen through sharing needles or "works" when "shooting" drugs, through needlesticks or sharps exposures on the job, or from an infected mother to her baby during birth.

Augustana College has a number of jobs which, under normal circumstances, we can reasonably anticipate resulting in exposure to body fluids. Others, such as English professors and the Chaplain of the College, face very low risk. This control plan recognizes these changing risk levels by dividing college employees into 3 groups as follows:

|  |  |  |
| --- | --- | --- |
| Levels of Regulation | Risk Analysis | Goal of Training |
| First Responder | High risk - employees either decontaminate potentially infectious incidents, or provide first aid services to injured staff or students. Their job descriptions include these responsibilities. | Learn proper decontamination techniques  Learn to provide first aid & CPR safely and effectively |
| Awareness Level | Medium risk - The employee may be present during an incident, but is not asked to provide either decontamination or first aid services. These services are not included in their job description. | Learn to protect themselves and avoid exposure to BBPs |
| Other staff & students | Low risk - The employee is unlikely to be present during an incident under normal circumstances. Job responsibilities do not involve decontamination or providing first aid services. | Training limited to informational flyers provided at the time of employment |

II. EXPOSURE DETERMINATION

The exposure determination is made without regard to the use of personal protective equipment (in other words, employees are considered to be exposed even if they wear personal protective equipment). It is based on job classifications in which employees may be expected to incur an occupational exposure, regardless of frequency. Employees will fall under one of three levels of regulation, depending upon their job classification. In addition, Augustana receives information from the Center of Disease Control.

FIRST RESPONDERS

|  |  |
| --- | --- |
| Staff Position | Duties |
| Athletics / Sports Medicine | Performing routine medical procedures |
| Athletics / Laundry | Handling and washing dirty towels and uniforms |
| Athletics/ PepsiCo Rec Center | Fitness center employees clean equipment, and clean up small BBP spills  Provide first aid supplies for small injuries  Supervise intramural athletic events |
| Athletics / Lifeguards | Provides first aid services at the pool  Administers CPR |
| Security Officers | Responds to accidents, fights, emergencies  Manages inebriated students |
| Custodians | Routinely cleans up unknown fluids in hallways, rooms, bathrooms  Decontaminates areas after first aid emergencies  Handles trash containing unknown materials and fluids |
| First Responders / First Aid Providers | Provides first aid supplies and assistance to injured parties |

EMPLOYEES AT AWARENESS LEVEL

|  |  |
| --- | --- |
| Staff Position | Area of risk |
| Athletics / Coaches | May be present when athletes are injured |
| Faculty in the Sciences (Chemistry / Biology) /  Lab Proctors | Students use scalpels, saws and other equipment to dissect animals or pr­eserved human cadavers. May be present during lab accidents. Handles cultures prior to autoclaving. |
| Food Service Workers | Handles sharp objects and industrial equipment. May be present when an injury occurs. |
| Residence Hall Directors and Assistants | Requests aid from Security and Custodial for response and clean­up of vomit & accidents. |
| Theatre | Staff and students use power equipment for set construction. May be present when an injury occurs. |
| Communications Sciences and Disorders, Supervisors and Clinicians | Provides evaluation and treatment of children with speech impairment and / or learning disabilities |

EXAMPLES OF EMPLOYEES AT LOW RISK

Occupational exposure to BBPs is highly unlikely for various staff positions including admin assistants, faculty whose teaching is limited to the classroom (i.e. English, History, Math), librarians, campus ministry staff and administrators. These employees received informational memos from EHS when they are retained. These memos identify exposure to body fluids as a potentially hazardous task, and warn employees to speak with a supervisor or EHS before engaging in tasks including cleanup, decontamination, or providing first aid.

III. IMPLEMENTATION AND METHODOLOGY

This plan includes a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

A. COMPLIANCE METHODS

Universal Precautions

Universal Precautions will be observed at this College in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infec­tious regardless of the perceived status of the source individual. The following Universal Precautions are to be observed by all employees:

1. Disinfection of all blood spills in any location, wea­ring rubber/latex gloves, and using fresh 1:10 dilu­tion of household bleach in water. The solution is considered fresh if made weekly, or approved hospital-grade disinfectant may be used.
2. Gloves should be worn to avoid skin contact with blood or other body fluids, as well as surfaces, materials and objects exposed to them. Gloves with any body fluid are to be placed in a color-coded bag, 1:10 bleach solution added, followed by adequate hand washing.
3. Disposable syringes and needles, scalpel blades and other sharp items should be placed into puncture-resistant containers located in the area in which they are used. Needles should not be bent after use or re-inserted into their original sheaf before being discarded into the container, since this is a common cause of needle injury. Sharp items should be considered as potentially infectious and should be han­dled with extraordinary care to prevent accidental injuries.
4. Goggles/mask/face shields must be worn when there is a possibil­ity of a splash of blood/body fluids to the face.
5. Gowns, aprons or other disposable protective clothing must be worn when there is a possi­bility of exposure to blood/body fluids.
6. Wash hands! Wearing gloves is not a substitute for washing hands.

# 2. ENGENEERING AND WORKPLACE CONROLS

Engineering Controls include items that isolate or remove workers from exposure to potentially infectious materials such as puncture resistant sharps containers, decontaminating absorbent powders and biohazard bags.

Work Practice Controls are procedures that are performed in a manner to minimize generation/exposure of blood or other potentially infectious materials. This includes, but is not limited to, not eating, drinking, smoking, applying cosmetics or lip balm, and/or handling contact lenses in work areas with the possibility of exposure to BBP. As well as, never keeping food or drink in refrigerators/freezers, shelves, countertops, bench tops where blood or other potentially infectious materials are present, and never reaching into the trash or touching broken glass.

Engineering and Work Practice Controls will be utilized to eliminate or minimize exposure to employees at this College. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. At this College the following controls will be utilized:

|  |  |
| --- | --- |
| DEPART­MENT | ENGINEERING/WORK PRACTICE CONTROLS |

|  |  |
| --- | --- |
| Art Department | Puncture resistant containers, disinfectant/bleach, and color-coded bags in each art building. |
| Athletic Department | Locker Rooms: Puncture-resistant sharps and infectious waste containers in each locker room.  Athletic Treatment Center: Puncture-resistant sharps and infectious waste containers, Mess Kits, disinfectant/bleach.  Wrestling Room: Infectious waste containers.  Laundry: Bleach, hospital-grade disinfectant |

|  |  |
| --- | --- |
| Biology Department | Puncture-resistant sharps container, bio-hazard waste containers in each laboratory that are autoclaved. Bleach containers available in each laboratory. |
| Chemistry Department | Puncture-resistant sharps container in each teaching laboratory where needles are used. Protective gloves on each laboratory floor. Bleach containers on every floor. |

Communication Sciences & Bio-hazard containers, approved disinfectant (Sure Bet)

Disorders and Mess Kits

|  |  |
| --- | --- |
| Facilities Services | Approved disinfectant, infectious waste containers, Biohazard emergency clean-up kits in each building. |
| Food Service | Color-coded bags |
| Psychology Department | Puncture-resistant sharps containers, bleach, Mess Kits |
| Recreation Center | Approved hospital-grade disinfectant, bleach solution, infectious waste containers, Mess Kits. |
| Security | Mess Kit |
| Theatre Department | Puncture-resistant containers, Mess Kits |

3. CONTROL MEASURES

The above controls will be examined and maintained on a regular, monthly schedule and documented. The individual responsible to review the controls is:

Art Department………………………………………….. Department Safety Officer

Athletic Department……………………………………Coordinator of Athletic Training

Athletic Laundry…………………………………………. Equipment Room Manager

Biology Department…………………………………….Department Safety Officer

Chemistry Department………………………………..Department Safety Officer

Communicate Sciences & Disorders Dept…….Department Safety Officer

Facilities Services…………………………………………Department Safety Officer

Food Service………………………………………………..Department Director

Psychology Department……………………………….Lab Instructor

Recreation Center………………………………………..Director

Residential Life…………………………………………….Department Director

Theatre Department…………………………………...Department Safety Officer

Hand washing

Hand washing facilities are also available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. At this College, hand washing facilities are located:

|  |  |
| --- | --- |
| Art Department | Each studio, photography darkroom and restrooms in Art Studio, Abbey House, Abbey Studios & The Pottery |
| Athletic Department  Athletic Laundry | Athletic Training Rooms (PE Center & Stadium)  Restrooms  Laundry Room |
| Biology | Each Laboratory, Restrooms: 1st, 2nd and 3rd floors, Science Building.  Also, Eyewash Fountain each laboratory |
| Chemistry Department | Each Laboratory  Restrooms on 1st, 2nd , 3rd and 4th floors, Science Building  Storerooms on 3rd, 4th floor, Science Building  Also, Eyewash Fountain each laboratory |
| Communication Sciences & Disorders | Therapy Rooms, Restrooms |
| Facilities Services | All Public Rest Rooms  Janitor closets and work areas |
| Food Service | Kitchen Areas  Restrooms |

|  |  |
| --- | --- |
| Psychology Department | Laboratory Area |
| Recreation Center | Restrooms  Custodial Closets |
| Security | Restrooms, all buildings |

|  |  |
| --- | --- |
| Theatre Department | Restrooms 1st and 2nd floor, Actor’s Dressing Room |

Instructors or supervisors in each department shall ensure that after the removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately, or as soon as feasible, with soap and water.

Instructors or supervisors in each department shall ensure that if employees incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water, as soon as feasible, following contact.

B. NEEDLES

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. OSHA allows an exception to this if the procedure would require that the contaminated needle be recapped or removed, no alternative is feasible, and the action is required by the medical procedure. If such action is required, then the recapping or removal of the needle must be done by the use of a one-handed technique.

In any campus location where needles are used, puncture resistant containers must be available. Needles used in the Chemistry Department are sharp and not permanently affixed to glass syringes when in use. They are used in Organic Labs to: 1) Add chemicals into sealed containers and 2) inject samples into a Gas Chromatograph. The syringes are dispensed to each student in the Organic Lab and placed in a test tube for storage; inventory is taken spring term. Needles that become broken or bent are placed in a puncture-resistant container for disposal.

Resident Hall Advisors discuss the disposal of syringes/needles of known Diabetics with the student. Students who do not have puncture resistant containers are provided one via Residential Life. Students are expected to use a puncture resistant container for disposal of their needles/syringes as careless disposal in waste receptacles places employees at risk. Facilities/Central Receiving will dispose of the containers.

Any and all needle injuries occurring on the campus must be reported to Human Resources.

Athletic Department…………………………………….N/A

Biology Department……………………………………..N/A

Chemistry Department…………………………………Needles used, but not for blood work.

Communication Sciences & Disorders………….N/A

Facilities Services…………………………………………N/A

Food Service…………………………………………………N/A

Psychology…………………………………………………..N/A

Recreation Center………………………………………..N/A

Residential Life…………………………………………….N/A

Theatre Department…………………………………….Sewing Needles (costume room)

C. WORK AREA RESTRICTIONS

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosme­tics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, on counter tops, or on bench tops where blood or other potentially infectious materials are present.

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited. All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other poten­tially infectious materials.

D. SPECIMENS

Specimens of blood or other potentially infectious materials will be placed in a container which prevents leakage during the collection, handling, processing, storage, and transport of the specimens.

The container used for this purpose will be labeled or color-coded in accordance with the requirements of the OSHA standard. The standard provides for an exemption for specimens from the labeling/color-coding requirement of the standard provided that the facility utilizes universal precautions in the handling of all specimens and the containers are recognizable as containing specimens. This exemption applies only while the specimens remain in the facility.

Biology Department: Bio-hazard containers are autoclaved and disposed of in accordance with State/local regulations.

Any specimens which could puncture a primary container will be placed within a secondary container which is puncture resistant.

If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container to prevent leakage during the handling, processing, storage, transport, or shipping of the specimen.

E. CONTAMINATED EQUIPMENT

The following are responsible for ensuring that equipment which is known to be contaminated with blood or other potentially infectious materials shall be examined prior to servicing, and decontaminated as necessary, unless the decon­tamination of the equipment is not feasible:

Art Department……………………………………………Department Safety Officer

Athletic Department…………………………………….Athletic Trainer

Athletic Laundry…………………………………………..Equipment Room Manager, Trained Personnel

Biology Department……………………………………..Department Safety Officer

Chemistry Department………………………………...Department Safety Officer

Communications Sciences & Disorders………..Clinical Supervisors/Department Safety Officer

Facilities Services………………………………………...Custodial Manager

Food Service…………………………………………………Management Supervisors

Psychology…………………………………………………..Lab Instructor

Recreation Center………………………………………..Director

Theatre Department…………………………………….Department Safety Officer /Technical Director

PERSONAL PROTECTIVE EQUIPMENT

Employees having occupational exposure to blood/body fluids must use personal protective equipment, which will be provided free of charge by Augustana College. No affected employee shall knowingly risk exposure to blood or infected materials by failing to use the personal protective equipment provided.

All employees under the Level I job classifications must have personal protective equipment readily available at their job site for their use at all times.

All employees under the Level II job classifications must have personal protective equipment at their disposal when the potential for an exposure exists.

The following are responsible for ensuring that all affected employees follow the required universal precautions, and that appropriate personal protective equipment, in appropriate sizes, is readily accessible at the work site:

Art Department……………………………………………Department Safety Officer

Athletic Department…………………………………….NATA Certified Staff Member

Athletic Laundry…………………………………………..Equipment Room Manager

Biology Department……………………………………..Department Safety Officer

Chemistry Department…………………………………Department Safety Officer

Communication Sciences & Disorders………….Department Safety Officer

Facilities Services…………………………………………Department Safety Officer

Food Service…………………………………………………Management Supervisors

Psychology Department……………………………….Department Safety Officer

Recreation Center………………………………………..Director

\*Residential Life…………………………………………..Director

Theatre Department…………………………………….Department Safety Officer

All personal protective equipment (PPE) used will be readily accessible at the work site and provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protec­tive equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees’ 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. It must also be of an appropriate size for the employee. Disposable clothing is available for emergencies after showering.

\*Residential Life staff are: 1) Trained in universal precautions, 2) Advised not to handle body fluids, 3) To contact Security in all situations involving BBP. Also, 3) Gloves are made available for use at their discretion in each residence hall.

|  |  |  |
| --- | --- | --- |
| DEPARTMENT | PPE PROVIDED | RESPONSIBLE FOR DISTRIBUTION |
| Art Department | Gloves, Goggles | Safety Officer |
| Athletic Department | Gloves, goggles, CPR Microshield | Coordinator of Athletic Trainers |
| Athletic Laundry | Gloves, Impermeable clothing, Sleeves, Face Shields | Equipment Room Manager |
| Biology Department | Gloves, Goggles | Instructor |
| Chemistry Department | Gloves, Goggles | Instructor |
| Communication Sciences & Disorders | Gloves | Department Safety Officer |
| Facilities Services | Gloves, Goggles, Face Shields | Department Supervisor |
|  |  |  |
| Food service | CPR Mouthpiece, Gloves | Supervisors |
| Psychology | Gloves | Instructor |
| Recreation Center | CPR Microshield, Gloves | Director |
| Security | Gloves on person, CPR Microshield | Department Safety Officer |
| Theatre Department | Gloves | Dept. Safety Officer/Technical Director |

1. Gloves

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other poten­tially infectious materials, non-intact skin, mucous membranes, and when han­dling or touching contaminated items or surfaces. No vascular access procedures are done in any campus department.

Disposable gloves used at this facility are not to be washed or decontaminated for re-use, and are to be replaced as soon as practical when they become con­taminated, or as soon as feasible if they are torn, punctured, or when their ability to function as a barri­er is compromised.

Hypoallergenic gloves will be provided for employees who are allergic to those normally provided. The following glove alternatives will be provided for employees allergic to latex:

* Glove liners without elastic cuff
* Low-protein, powderless gloves
* Nitrile gloves

Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.

2. Eye and Face Protection

Masks in combination with eye protection devices, such as goggles or face shields, are required to be worn whenever splashes, spray splatter, droplets of blood, or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

HOUSEKEEPING

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

|  |  |  |  |
| --- | --- | --- | --- |
| AREA | SCHEDULE | CLEANER | DECONTAMINATION MATERIAL |

|  |  |  |  |
| --- | --- | --- | --- |
| Art Department | Per Occurrence | Faculty | Bleach Solution or Powder.  Approved hospital-grade disinfectant. |
| Athletic Department  (Ath. Training Room  Wrestling Mats)  Athletic Laundry | Daily  Daily/per Occurrence | Student Athletic Trainer  Authorized Personnel | AK Solution. Precise  Bleach Solution. 1:10  Approved mat cleaner  Bleach Solution 1:10, Quat Stat |
| Biology Department | Daily | Building Services  Faculty | Autoclaving  Bleach Solution. 1:10 |
| Chemistry Dept. | Per Occurrence | Building Services Custodial Staff | Bleach Solution 1:10  Approved hospital-grade disinfectant |
| Communication Sciences & Disorders | Per Occurrence | Staff | Bleach Solution 1:10, Sure-Bet |
| Facilities Services | Per Occurrence | Building Services  Cus­todial Staff | Bleach Solution 1:10  Approved hospital-grade disinfectant. |
| Food Service  (All Kitchen Areas) | Per Occurrence | Mgr./Supervisor | Bleach Solution 1:10 |
| Psychology | Per Occurrence | Instructor | Mess Kit |
| Recreation Center | Per Occurrence | Director or Building Services Staff | Bleach Solution 1:10  Approved hospital-grade disinfectant. |
| Theatre Department | Per Occurrence | Technical Director,  Bldg. Services Staff | Mess 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 other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.

H. REGULATED WASTE DISPOSAL

1. Disposable Sharps

Contaminated sharps shall be discarded immediately, or as soon as feasible, in containers that are closable, puncture resistant, leak proof on sides and bottom, and labeled or color-coded. Non-contaminated sharps used in Chemistry Depart­ment are non-color-coded.

During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (i.e. laundries). The containers shall be maintained upright throughout use, replaced routinely, and not be allowed to overfill.

When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. A bleach solution added to the contents is recommended prior to closing the container and removal from the area.

Containers with used syringes/needles will be stored in the Central Receiving Department via EHS. Central Receiving will place the puncture-resistant containers in receptacles provided by Stericycle. Stericycle is contracted to remove the containers from the campus June and December.

The container shall be placed in a secondary container if leakage of the primary container is possible. The second container shall be closable, constructed to contain all contents, and prevent leakage during handling, storage and transport/shipping. The second container shall be labeled or color-coded to identify its contents.

2. Other Regulated Waste

Other regulated waste shall be placed in containers which are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping.

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

All body fluids will be decontaminated with 1:10 bleach solution or chlorinated bleach powder on site prior to disposal. Reusable equipment will be decontaminated with 1:10 bleach solution, if feasible. If unable to decontaminate effectively, the equipment will not be reused.

NOTE: Disposal of all regulated waste shall be in accordance with applicable federal, state and local regulations.

3. Autoclaved Waste from Biology Department

Only sterile media is autoclaved in the Biology Department.

I. LAUNDRY PROCEDURES

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible.

ON CAMPUS: All soiled laundry is assumed to be contaminated. All employees handling/sorting soiled uniforms or towels will wear protective gloves. Impermeable clothing protection will also be worn as needed. Sorting table will be disinfected with 1:10 bleach solution following sorting procedure daily. Laundry that is visibly soiled with blood will be soaked in 1:10 bleach solution or Precise prior to washing.

Laundry from the Athletic Department at this College will be cleaned at the Carver P.E. Center by authorized personnel that have been trained.

Laundry from Guest Operations at House on the Hill will be laundered by the Building Services Manager

using universal precautions.

OFF CAMPUS: Laundry will be sent off campus where Universal Precautions are utilized in the handling of all laundry. Laundry that is known to be contaminated with blood should be placed in red bags. Laundry is sent to the following:

A. Soiled laundry from Guest Operations (Summer Camps) to Crescent Laundry

B. Soiled laundry from Food Service to Premier Linen & Dry Cleaning.

J. HEPATITIS B VACCINE AND POST-EXPOSURE EVALUATION AND FOLLOW-UP

1. General

Augustana College will make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure following Bloodborne Pathogens Training, and post-exposure follow-up to employees who have had an exposure incident.

The Department Chair/Safety Officer together with the EHS Manager will ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post exposure follow-up, including prophylaxis are:

a.) Made available at no cost to the employee;

b.) Made available to the employee at a reasonable time and place;

c.) Performed by or under the supervision of a licensed physician/another licensed health care professional; and provided according to the recommendations of the U.S. Public Health Service.

All laboratory tests shall be conducted by an accredited laboratory at no cost to the employee.

2. Hepatitis B Vaccination

EHS is in charge of the Hepatitis B vaccination program. We currently utilize the services of Metropolitan Medical Laboratory and the Rock Island County Health Dept. to provide this service.

Hepatitis B vaccination shall be made available after the employee has received the training in occupational exposure (see information and training) 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 a prerequisite for receiving the Hepatitis B vaccination.

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

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

If a routine booster dose of the Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available.

K. POST-EXPOSURE EVALUATION AND FOLLOW-UP

All exposure incidents to another's body fluid shall be reported, investigat­ed, and documented. When an employee incurs an exposure incident, it shall be reported to their immediate supervisor who will contact EHS. The supervisor, or individual delegated by the supervisor, must accompany the employee who incurs a possible exposure to blood or other body fluids in the workplace to Work Fitness or a local emergency room. Protocol for Work Fitness is on file in local emergency rooms. A copy of Augustana College's exposure control plan for Bloodborne Pathogens is on file at Work Fitness.

Following a report of an exposure incident, the exposed employee shall 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;

b.) 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 shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV and HIV infectivity. If consent is not obtained, EHS shall 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, shall be tested and the results documented.

a) When the source individual is already known to be infected with HBV, HCV or HIV, testing for the source individual's known HBV, HCV or HIV status need not be repeated.

b) Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection and testing of blood for HBV, HCV and HIV serological status will comply with the following:

a) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained;

b) The employee will be offered the option of having their blood collected for testing of the employee's HIV/HBV/HCV 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 serological status.

All employees who incur 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 coordinated by Work Fitness.

Employees who incur an exposure incident will be offered counseling, at the College's expense.

1. Information Provided To The Health Care Professional

EHS or the employee’s supervisor shall ensure that the health care professional responsible for the employee's Hepatitis B vaccination is provided with the following:

a) A copy of 29 CFR 1910.1030;

b) A written description of the exposed employee's duties as they relate to the exposure incident;

c) Written documentation of the route of exposure and circumstances under which exposure occurred;

d) Results of the source individuals blood testing, if available; and All medical records relevant to the appropriate treatment of the employee including Hepatitis B vaccination status.

2. Health Care Professional's Written Opinion

EHS shall obtain and provide the employee with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation.

The health care professional's written opinion for HBV vaccination shall be limited to whether

HBV vaccination is indicated for an employee, and if the employee has received such vaccination.

The health care professional's written opinion for post-exposure follow-up shall be limited to the following

information:

a) A statement that the employee has been informed of the results of the evaluation; and A statement that 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.

NOTE: All other findings or diagnosis shall remain confidential and shall not be included in the written report.

L. LABELS AND SIGNS

Department Chairs/Safety Officers shall ensure that biohazard labels shall be affixed to containers of

regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport or ship blood or other potentially infectious materials.

The universal biohazard symbol shall be used. The label shall be fluorescent orange or orange-red.

Color-coded bags or containers may be substituted for labels. However, regulated wastes must be handled

in accordance with the rules and regulations of the organization having jurisdiction.

IV. INFORMATION AND TRAINING

The Office of Human Resources is responsible for notifying EHS of new employees hired in departments requiring BBP training. Department supervisors/safety officers are responsible for scheduling initial and annual training for employees. When informed by Human Resources or supervisors, EHS shall ensure that training is provided at the time of initial assignment to tasks where occupational exposure may occur, and that it shall be repeated annually. Training shall be tailored to the education and language level of the employee, and offered during the normal work shift. The training will be interactive and cover the following:

a) An accessible copy of the standard and an explanation of its contents;

b) A discussion of the epidemiology and symptoms of bloodborne diseases, including Hepatitis B, Hepatitis C and HIV;

c) An explanation of the modes of transmission of bloodborne pathogens; An explanation of the Augustana College Bloodborne Pathogen Exposure Control Plan and a method for obtaining a copy.

e) The recognition of tasks that may involve exposure.

An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices and personal protective equipment (PPE).

Information on the types, use, location, removal, handling, decontamination, and disposal of PPEs.

h) An explanation of the basis of selection of PPEs.

i) Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it 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 procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.

l) Information on the evaluation and follow-up required after an employee exposure incident.

m) An explanation of the signs, labels, and color-coding systems.

The person conducting the training shall be knowledgeable in the subject matter.

Employees who have received training on bloodborne pathogens in the twelve months preceding the effective date of this policy shall only receive training in provisions of the policy that were not covered.

Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

V. RECORDS

1. MEDICAL RECORDS

Medical records regarding exposure to blood or other potentially infectious material shall be maintained in accordance with OSHA Standard 29 CFR 1910.1030. These records shall be kept confidential, and must be maintained for at least the duration of employment plus 30 years. Documentation will be maintained in the following locations for Augustana College employees:

A. Human Resources:

b) A copy of the employee's HBV vaccination status, including the dates of vaccination.

c) A copy of the information provided to the health care professional, including a description of

the employee's duties as they relate to the exposure incident, and documentation of the routes

of exposure and circumstances of the exposure.

B. Work Fitness:

Examination and medical testing results follow-up procedures

Follow-up procedures

2. TRAINING RECORDS

Training records shall be maintained for three years from the date of training in the HR Office. The

following information shall be documented:

a) The dates of the training sessions;

b) An outline describing the material presented;

c) The names and qualifications of persons conducting the training;

d) The names and job titles of all persons attending the training sessions.

3. AVAILABILITY

All employee records shall be made available to the employee in accordance with 29 CFR

1910.1030.

All employee records shall be made available to the Assistant Secretary of Labor for the Occupational

Safety and Health Administration and the Director of the National Institute for Occupational Safety and Health upon request.

4. TRANSFER OF RECORDS

If this College is closed or there is no successor employer to receive and retain the records for the

prescribed period, the Director of the NIOSH shall be contacted for final disposition.

5. PROGRAM EVALUATION AND REVIEW

The Office of Human Resources, together with department representatives, are responsible for annually reviewing this program, and its effectiveness, and for updating this program as needed.

A copy of the Augustana College BBP Exposure Control Plan is available for all employees to review, upon request. A copy is available in the EHS and all offices listed in the distribution list.

\*Designated to review Exposure Control Plan Annually

¹ Participant in annual review of Exposure Control Plan