

WHITMAN COLLEGE



BLOODBORNE PATHOGENS

EXPOSURE CONTROL PLAN

INFORMATION AND TRAINING MANUAL

07/17

BLOODBORNE PATHOGENS WAC 296-823

WHITMAN COLLEGE BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Washington Department of Occupational Safety and Health (DOSH) requires the College have a plan to protect employees from exposure to blood or other potentially infectious materials (OPIM) that may contain bloodborne pathogens. This includes blood and other body fluids as defined in WAC 296-823. This plan was to be in place by July 6, 1992.

To summarize the law, the College is required to:

- Write and implement an exposure control plan to encompass all the elements of the rule.
- Provide information and training for employees about bloodborne pathogens.
- Maintain accurate records of those employees who become exposed to body fluids.
- Keep records of training.
- Provide preventive measures by making hepatitis B vaccination series available to any employee with reasonably anticipated risk of occupational exposure.
- Provide personal protective equipment, such as gloves, masks, face shields, gowns and goggles.
- Procedures must be established for housekeeping, laundering of contaminated linen, and disposal of waste.
- Procedures must include what to do if an employee is exposed to blood or other potentially infectious materials.

Summary of Supervisors responsibilities:

- Identify which employees are at risk of occupational exposure.
- Ensure employees who have occupational exposure receive training for exposure to bloodborne pathogens.
- Offer Hepatitis B vaccination series to those employees who are at risk of occupational exposure. This must be done within ten days of employment in the position where risk of occupational exposure exists.
- Assure all personnel who are at risk of occupational exposure sign the declination waiver or receive the Hepatitis B Vaccine.
- If an employee becomes exposed, assist in filling out the accident report and follow the post exposure plan.

Summary of employee rights:

- Employees who are at risk of occupational exposure must receive information about bloodborne pathogens.
- Employees have a right to obtain a copy of the law.
- Employees have the right to decline or receive the Hepatitis B vaccine at the employer's expense.
- Personal protective equipment must be furnished by the employer.
- Containers for sharps must be easily accessible for all personnel.
- Employees have a right to a clean work environment.
- All hazardous waste must be identified so employees will know the contents of waste containers.
- Employees who have been exposed, must be provided a post exposure evaluation including medical care.

WHTIMAN COLLEGE BLOODBORNE PATHOGENS
EXPOSURE CONTROL PLAN

SCHEDULE FOR IMPLEMENTATION

Complete exposure control plan	4/93
Training for Supervisors	4/93
Training for employees	5/93
Start Hepatitis B Vaccinations	5/93
Records on file for training and vaccinations	5/93
Personal protective equipment	5/93
Engineering work practices	5/93
Labels and signs	5/93
Housekeeping practices	6/93
Full compliance	6/93
Plan reviewed and updated	11/97
Plan reviewed	11/98
Plan reviewed	9/99
Plan reviewed	7/00
Plan reviewed and updated	7/01
Plan reviewed and updated	3/05
Plan reviewed	3/06
Plan reviewed and updated	7/07
Plan reviewed	7/08
Plan reviewed	7/09
Plan reviewed and updated	7/10

Plan reviewed	7/11
Plan reviewed	7/12
Plan reviewed	7/13
Plan reviewed and updated	7/14
Plan reviewed and updated	7/2017

WHITMAN COLLEGE BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

INTRODUCTION

Whitman College is committed to providing a safe and healthful work environment. This is our plan to eliminate or minimize occupational exposure to bloodborne pathogens. Individual departments may be requested to provide supplemental information to act as addenda to this written program.

SCOPE

The following program will apply to Whitman College employees at risk of occupational exposure to potentially infectious materials as defined below. In addition, the post exposure plan in this program will apply to any College employee who experiences an exposure incident as a result of the performance of their duties. Employees may review this plan at any time during their work shift. The College will provide a copy, free of charge, to any employee within 15 days of a request.

RESPONSIBILITIES

Department Supervisors – will assure all employees are aware of the BBP program and how it impacts them. Supervisors will be responsible for seeing that employees comply with the program. Supervisors will report any exposure incident to the Environmental Health and Safety Department (EH&S) immediately, and assist the exposed employee in seeking medical attention.

Employees - are responsible for complying with procedures established by their supervisor and the BBP plan to minimize the risk of exposure. Employees must report any incident of exposure to their supervisor.

The Director of the Welty Health Center - The Director will assist departments in evaluation of potential exposures. The Health Center will make available hepatitis B vaccinations for employees who are identified as at risk. The Director will assist in employee training and will provide post exposure care and counseling upon request to employees who have experienced an occupational exposure.

Environmental Health and Safety Department - is responsible for maintenance of training records, as well as assuring all at risk employees have received the required training. EH&S will review and make necessary program revisions annually. The Safety Coordinator may conduct BBP training for employees.

DEFINITIONS

“Blood” Human blood, human blood components, and products made from human blood.

“Bloodborne pathogens” Pathogenic microorganisms that are present in human blood and can cause disease in humans. Examples of these pathogens include:

- Human Immunodeficiency virus (HIV)
- Hepatitis B virus (HBV)
- Hepatitis C virus (HCV)
- Malaria
- Syphilis
- Babesiosis
- Brucellosis
- Leptospirosis
- Arboviral infections
- Relapsing fever
- Creutzfeld-Jakob Disease
- Human T-lymphotrophic virus Type I
- Viral Hemorrhagic Fever

“Clinical laboratory” A workplace where diagnostic or other screening procedures are performed on blood or other potential infectious materials (OPIM).

“Contaminated” The presence or the reasonably anticipated presence of blood or other potentially infectious materials (OPIM) on an item or surface.

“Contaminated Laundry” Laundry which has been soiled with blood or other potentially infectious materials (OPIM) or may contain contaminated sharps.

“Contaminated Sharps” Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, 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.

“Exposure Incident” A specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials (OPIM) that results from the performance of an employee’s duties. Examples of non-intact skin include skin with dermatitis, hangnails, cuts, abrasions, chafing or acne.

“Handwashing facilities” A facility providing an adequate supply of running potable water, soap and single-use towels or air drying machines.

“Licensed health care professional” A person whose legally permitted scope of practice allows them to independently perform the activities required by this rule.

“Needleless systems” A device that does not use needles for any of the following:

- (a) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established;
- (b) The administration of medication or fluids;
- (c) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

“Occupational Exposure” A reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or OPIM that may result from the performance of an employee’s duties.

“Other Potentially Infectious Materials” (OPIM) Includes:

- (a) Human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
- (b) any unfixated human tissue or organ (other than intact skin) from a human (living or dead).
- (c) HIV- containing cells or tissue cultures, organ cultures, and HIV or HBV- containing culture medium or other solutions and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
- (d) Blood and tissues of experimental animals infected with bloodborne pathogens.

“Parenteral contact” When mucous membranes or skin is pierced by needles sticks, human bites, cuts, or abrasions.

“Personal protective equipment”(PPE) Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (for example, uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be PPE.

“Regulated Waste” is any of the following:

- (a) Liquid or semi-liquid blood or OPIM
- (b) Contaminated items that would release blood or OPIM in a liquid or semiliquid state if compressed (*NOTE** Washington State Department of Occupational Safety and Health (DOSH) in a letter of interpretation states they do not specifically consider discarded feminine hygiene products, used to absorb menstrual flow, to fall within the definition of regulated waste. The function of the absorbent materials of which they are composed would, under normal circumstances, prevent the release of liquid or semi-liquid blood or flaking off of dried blood. DOSH expects these products to be discarded into waste*)

containers which are lined in such a way as to prevent contact with the contents”).

- (a) Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling
- (b) Contaminated sharps, and pathological and microbiological wastes containing blood or OPIM.
- (c) Pathological and microbiological wastes containing blood or OPIM

“Research laboratory” a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

“Safer medical devices” medical devices that have been engineered to reduce the risk of needle sticks and other contaminated sharps injuries. These include not only sharps with engineered sharps injury protections and needleless systems but also other medical devices designed to reduce the risk of sharps injury exposures to bloodborne pathogens. Examples include blunt suture needles and plastic or Mylar-wrapped glass capillary tubes.

“Secondary duty” any job expectation outside the primary job duties assigned to that position.

“Sharps with engineered sharps injury protections” (SESIP) a non-needle sharp or needle device used for withdrawing body fluids, accessing a vein or artery, or administering medication or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

“Source person” A person, living or dead, whose blood or OPIM may be a source of occupational exposure to the employee. Examples include,

- (a) Hospital and clinic patients;
- (b) Clients in institutions for the developmentally disabled;
- (c) Trauma victims;
- (d) Clients of drug and alcohol treatment facilities;
- (e) Residents of hospices and nursing homes;
- (f) Human remains;
- (g) Individuals who donate or sell blood or blood components.

“Sterilize” The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

“Universal Precautions” 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 of HIV, HBV, and other bloodborne pathogens.

+EXPOSURE DETERMINATION

The following departments have been determined to have employees who are at risk of occupational exposure as per WAC 296-823.

- Athletic Department
- Athletic Field Keeper
- Custodial Departments
- Health Center Employees
- Environmental Health and Safety Department
- Security Department
- Physical Plant

(See addenda- Exposure Determination List for job classifications, tasks and procedures which are performed by specific departments).

CONTROLLING EMPLOYEE EXPOSURE TO BLOODBORNE PATHOGENS

Universal Precautions will be used to prevent contact with blood or other potentially infectious materials (OPIM) by those involved in this program whenever possible. When distinction between body fluids is difficult or impossible, that material will be considered potentially infectious.

Universal precautions is an infection control system that considers the blood and OPIM from all persons as containing a bloodborne disease, whether or not the person has been identified as having a bloodborne disease. Other effective infection control systems include standard precautions, universal blood-body fluid precautions, and body substance isolation. These methods define all body fluids and substances as infectious. They incorporate not only the fluids and materials covered by universal precautions and this chapter, but expand coverage to include all body fluids and substances

1. **Feasible Controls** – Use feasible controls, including appropriate equipment and safer medical devices to eliminate or minimize occupational exposure. Supervisors and staff representatives will review on a periodic basis, controls to ensure their effectiveness. Examples of appropriate equipment include:
 - Sharps containers
 - Biosafety cabinets
 - Splash guards
 - Centrifuge cups
 - Specimen storage and transport containersExamples of safer medical devices include:
 - Sharps with engineered sharps injury protections
 - Needleless systems
 - Blunt suture needles
 - Plastic capillary tubes

2. **Work Practices** - Whenever possible, employees will be provided with easily accessible hand washing facilities. When this is not possible, employees will be provided with antiseptic hand cleanser in first aid kits for use until a sink with hot and cold running water, soap and disposable towels is available.

- Employees will wash their hands immediately or as soon as feasible after removing gloves or other personal protective equipment. In the event of eye, nose or mouth, contact with blood or OPIM, those mucous membranes will be flushed with water immediately or as soon as feasible.
- Needles used by College employees will not be bent, sheared or broken off. If needles must be recapped, it will be done using the one-hand scoop method or a recapping device.
- All contaminated sharps will be placed in appropriate containers immediately or as soon as possible after use. Containers will be puncture resistant, leak proof on the sides and bottoms and labeled or color coded as per WISHA regulations. Sharps which are reusable shall not be stored in such a manner that employees will be required to reach into containers.
- Eating, Drinking, smoking, applying cosmetics (including lip balm) or handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- Food and drink will not be allowed in refrigerators, freezers, cabinets or on shelves, counter tops or bench tops where blood or OPIM are present.
- Procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, spattering and generating droplets.
- Mouth pipetting or suctioning of blood or OPIM is prohibited.
- Specimens of blood or OPIM will be placed in containers which prevent leakage during collection, handling, processing, storage, transport or shipping. The following items will be marked with a "biohazard" tag or be stored in a red bag or container: Regulated waste that has not been decontaminated; refrigerators or freezers used to store blood or OPIM; contaminated equipment or containers used to store, transport or ship blood or OPIM. Departments may choose to substitute orange or red bags or orange or red containers for labels. Individual containers of blood or OPIM that are placed in colored containers during handling and storage shall be labeled.
- If the primary container leaks or becomes contaminated, employees will put the container in a secondary container which meets the above criteria.

Containers will be available for purchase through medical and safety equipment suppliers.

- Equipment that may become contaminated with blood or other potentially infectious materials will be examined prior to servicing or shipping and decontaminated if necessary. If the equipment cannot be decontaminated, it shall be tagged with “biohazard” labels and all persons to come into contact with the equipment shall be informed of the hazard as well as to which pieces of the equipment are contaminated.

3. **Personal Protective Equipment (PPE)**. – “appropriate” personal protective equipment shall be provided to protect employees from potential occupational exposure. Employees are required to use PPE except when *“under rare and extraordinary circumstances it was the employee’s professional judgment that in the specific instance its use would have prevented the delivery of health care of public safety services or would have posed an increased hazard to the safety of the worker or co-worker.”* In this situation the incident and circumstances will be investigated and documented to determine if changes can be made to avoid a similar future situation. Equipment will be provided to employees at no cost. A variety of sizes will be available to employees and when necessary, hypoallergenic gloves or similar alternatives will be provided. The department in which the potential occupational exposure exists will determine the specific equipment for the situation. This equipment may include gloves, gowns, and lab coats, face shields; masks; eye protection, and mouthpieces or pocket masks. At a minimum, gloves will be used whenever there is reasonable anticipation of hand contact with blood or other potentially infectious materials. For the purpose of this paragraph, appropriate shall mean capable of preventing blood or OPIM from passing through or reaching the employee’s skin, mucous membranes or clothes under normal conditions of use. Attached are equipment and the availability of such equipment (see addenda-Personal Protective Equipment).

All PPE shall be disposed of after use by placing in a specially marked “Biohazard” bag and put in the medical waste container at the Welty Health Center. Refer to “Housekeeping – Contaminated laundry.”

4. **Housekeeping** – Generally, departments are responsible for maintaining a clean and sanitary workplace. Departments will implement an appropriate written schedule for cleaning and decontamination methods based on the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area. This will include an explanation of the cleaning and decontamination of equipment which has been in contact with blood or OPIM. Contaminated work surfaces will be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon after as feasible when surfaces are overtly contaminated or after any spill of blood or OPIM; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

- Contaminated laundry will be handled as little as possible and with the least amount of agitation. This rule applies to treatment areas in the Welty Health Center and the Athletic Department. This does not apply to gym towels and gym clothing under normal conditions. Contaminated laundry will be bagged at the location and identified as a biohazard. If a hazard of soaking through exists, the laundry shall be double bagged.
 - Individual departments will be responsible for making their own laundry arrangements including documentation that the laundry facility uses Universal Precautions in handling the contaminated items.
5. **Regulated Waste** - Waste generated during the course of work with potentially infectious materials will be disposed of as per WAC 296-823. Other than sharps, those materials which meet the definition of those rules will be immediately transferred upon generation into a red or orange biohazard bag. Bags will be closable, constructed to contain all contents and prevent leakage during handling, storage, transport or shipping and closed prior to removal to prevent spillage or protrusion of contents at any time. If there is a potential for spillage, a secondary container will be provided. The waste will then be placed in the medical waste container at the Welty Health Center.
- Sharps will be disposed of in an approved sharps container which will be closable, puncture resistant, leak proof on both sides and bottoms, and labeled to color coded as per this plan. During use, the container will be easily accessible to employees and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found, e.g. treatment rooms or areas. Sharps containers will be maintained in an upright position and routinely replaced to avoid overfill. When sharps containers are removed they will be closed immediately prior to removal or replacement to prevent spilling or protrusion of the contents. If leaking is a possibility, a secondary container shall be provided which is closable, constructed to contain all contents and labeled as per this plan. Sharps containers are available at medical supply companies as well as other private commercial sources.
 - Waste material not meeting the definition of regulated waste will be put in a plastic bag, sealed and disposed of in the normal waste stream.
 - LABELS AND SIGNS - Warning labels will be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM and other containers used to store, transport or ship blood or OPIM. Labels shall meet the requirements of WAC 296-823. Red or orange bags or containers may be substituted for labels.

6. **Decontamination Procedures** - Generally, decontamination of equipment and the surrounding area is the responsibility of the Custodial Department. However, in those situations where responsibility is unclear or specialized equipment or devices are involved, the department supervisor will determine responsibility.

- In cases of response by Emergency Medical Personnel, the Custodial Department is responsible for the area once the patient has been removed. In cases where immediate cleanup and decontamination is not possible, the Security Department will be notified and the area secured until it can be cleaned.

HEPATITIS B VACCINE

The College will make the Hepatitis B vaccine series available at no cost to all employees who have been identified in this plan as being at risk of occupational exposure. The vaccine series will be explained at the employee training session within 10 days of initial assignment of the duties which may result in potential exposure. Departments will coordinate the vaccinations through the Welty Health Center.

Vaccination is encouraged unless:

- Documentation is provided stating the employee has previously received the vaccination series.
- Antibody testing reveals the employee is immune.
- Medical evaluation shows that vaccination is contraindicated.
A copy of the health care professional's written opinion will be provided to the employee.

Employees who choose to decline the vaccination must sign the College's HBV Declination Form. This form will notify employees that should they decline the vaccine, yet experience continued occupational exposure, they may at any time, and at no cost, ask for and receive the vaccination series. Completed Declination Forms will be maintained by the Human Resources Office in confidential personnel files.

EMPLOYEE TRAINING AND HAZARD COMMUNICATION

Departments with employees at risk of occupational exposure will be responsible for assuring their employees receive training on bloodborne pathogens. Training for compliance with the regulation will be done through the Health Center or the EH&S Office. Training will be conducted during working hours or the employee will be compensated for the time. Training must take place before initial assignment to tasks where occupational exposure may take place, annually thereafter and when changes in tasks or procedures take place that affect occupational exposure.

Training will include:

- Epidemiology, symptoms, and transmission of bloodborne pathogens.
- Copy and explanation of Chapter 296-823 WAC, Occupational Exposure to Bloodborne Pathogens.

- Explanation of our Exposure Control Plan and how to obtain a copy.
- Methods used to identify tasks and other activities that may involve exposure to blood and OPIM.
- What constitutes an exposure incident.
- The use and limitations of controls, work practices and PPE.
- The basics of PPE selection and explanation of:
 - Types
 - Uses
 - Location
 - Handling
 - Removal
 - Decontamination
 - Disposal
- Information on the Hepatitis B vaccine including:
 - Effectiveness
 - Safety
 - Method of administration
 - Benefits of being vaccinated
 - Vaccination series is offered at no charge to employees
- Actions to take and persons to contact in an emergency involving blood or OPIM
- Procedures to follow if an exposure incident occurs, including:
 - How to report the incident
 - Medical follow-up available

The College recognizes the value of information on bloodborne pathogens; therefore, any interested employee may attend bloodborne pathogen training. However, only designated “at risk” employees will be eligible for HBV vaccinations at College’s expense.

Training rosters will be maintained by the individual departments. Copies of training records will be sent to the EH&S office (see addenda – Training Record). These rosters will include a space for participating employees’ signatures as well as a summary of points covered during training (see addenda-Training Record).

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Following the initial first aid treatment such as cleaning the wound, flushing eyes, or other mucous membranes, the Post Exposure Plan will be followed.

In the event of an occupational exposure incident the College will make available to the exposed employee, a confidential medical evaluation and follow up. The employee’s supervisor will obtain the exposure packet from the back of the BBP Exposure Control Plan Information and Training Manual. The packet contains instructions for the supervisor, an accident report form, a post exposure form, a medical file report and a copy of WAC 296-823. The accident report should be completed by the employee and

supervisor and sent to EH&S. The post exposure form is to be filled out by the supervisor and sent in the packet with the employee to the physician or licensed health care provider of their choice including the personnel at the Welty Health Center. The Medical File report instructs physicians that the information must be returned to the employer within 15 days of the evaluation.

The supervisor will immediately notify the Security Department of the exposure incident. Security will secure the area and notify EH&S. EH&S and Security will conduct a joint investigation to identify and document the route of exposure and how the exposure occurred, identify the source of any potentially infectious materials unless identification is not possible or is prohibited by state or local law. If the source individual cannot be identified or will not consent to having blood drawn for testing, the College will notify the exposed employee. If the source individual refuses, testing the refusal must be documented. If the source individual is already known to be HIV, HBV or HCV positive, new testing is not needed.

The College and health care provider must provide to the exposed employee:

- Information about laws on confidentiality for the source individual.
- The option to obtain an initial evaluation with appropriate lab studies so they are able to make an informed choice regarding post exposure immunization.
- Counseling will be made available to the employee.

The exposed employee has the option to decline HIV serological testing. If the employee does not give consent for HIV serological testing, the baseline blood sample must be preserved for at least 90 days. If the exposed employee decides to have the sample tested during this time, the testing must be performed as soon as feasible. A copy of the written opinion of the medical provider will be provided to the employee.

A Post Incident Review will be conducted as soon as feasible after the incident. EH&S, Director of Security, Welty Health Center Director and the exposed employee's Supervisor will participate in the review. The circumstances of the exposure incident will be reviewed to determine:

- Controls in place at the time
- Work practices that were followed
- Description of the device used, including type and brand if applicable
- Protective equipment or clothing in use at the time
- Location of the incident
- Procedure being performed when the incident occurred
- Employee's training

RECORDKEEPING

1. **Medical Records** – Medical records must be maintained for each employee who has an occupational exposure to bloodborne pathogens in accordance with WAC 296-62-052. The Human Resources Department will establish a file for each employee identified in the exposure determination. This file will include the following:

- a) Employee name.
 - b) Employee social security number.
 - c) Hepatitis B Immunization records with dates of injections and any medical records relative to the employee's ability to receive vaccinations.
 - d) A copy of all results of examinations, medical testing, and follow up care.
 - e) The employer's copy of the health care professional's written opinion as outlined in WAC 296-823.
 - f) A copy of all employer generated exposure incident, and accident reporting forms.
- Files related to employee exposure will be kept confidential and not disclosed or reported to any person within or outside the workplace, without the employee's express written consent except as required by law. These records shall be maintained for the duration of employment plus 30 years.
2. **Training Records** - Attendance at a training class will be recorded and maintained by the individual departments. Copies of training records will be sent to EH&S. Documentation will include; the date of training, content of the information, names and position of attendees, and names and qualifications of the trainers. Training records will be kept on file for three years from the date of training. Documentation of training may be made available to employees or their representatives upon written request and as required by law.

SHARPS INJURY LOG

The Director of the Welty Health Center will maintain a confidential record of percutaneous injuries from contaminated sharps. A summary of the information will be provided to EH&S. Information included in the log will include at minimum:

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

The Sharps Injury Log will be maintained for five years following the year to which they relate.

PLAN REVISIONS

This plan will be reviewed and updated annually as well as whenever necessary to reflect new or modified tasks, procedures, exposures or rule changes. EH&S is responsible for the review and update.

EXPOSURE PLAN ADDENDUM **(Bloodborne Pathogens)**

EXPOSURE DETERMINATION LIST

Specific job classifications, tasks and procedures which may present a reasonably anticipated risk of occupational exposure.

- Nurses and Nurses' Aides and Health Center Employees
 - a. Use of medical sharps
 - b. Patient care
 - c. Cleaning areas contaminated by blood or OPIM
- Custodial Staff
 - a. Cleaning areas contaminated by blood or OPIM
- Athletic Trainers and Coaches
 - b. Rendering first aid/CPR
 - c. Cleaning areas contaminated by blood or OPIM
- Lifeguards
 - a. Rendering first aid/CPR
 - b. Cleaning areas contaminated by blood or OPIM
- Security Officers
 - a. Physical altercations
 - b. Rendering first aid/CPR
 - c. Cleaning areas contaminated by blood or OPIM
 - d. Transporting medical materials from Welty Health Center
- Safety Coordinator
 - a. Rendering first aid/CPR
 - b. Cleaning areas contaminated by blood or OPIM
- Landscape Specialist for Soccer Field
 - a. Cleaning areas contaminated by blood or OPIM

EXPOSURE PLAN ADDENDUM
(Bloodborne Pathogens)

Personal Protective Equipment (PPE)

Disposable gloves – will be available in the following areas:

- All first aid kits
- Examination rooms
- Nursing station
- Laboratories
- Baker Ferguson Fitness Center
- Sports medicine training areas
- Physical therapy areas
- Security Office and on the person of Security Officers
- EH&S Office
- Food Service areas

Face Protection – Masks, goggles, face shields, and ventilation devices will be available in the following areas:

- All patient care areas
- Security Office
- All first aid kits (CPR barriers)
- Biohazard response kits

Protective gowns or coats – will be available in the following areas:

- Welty Health Center
- Security Office (biohazard response kit)

In addition, each of the following areas will have a blood/body fluid protection kit available:

- Welty Health Center
- Custodial Closets
- Sherwood Center
- Baker Ferguson Fitness Center
- Physical Plant
- Security Office
- EH&S Office

Each kit will contain:

- Disposable gloves
- Mask/eye shield
- “Biohazard” disposal bag
- Scoop
- Towelettes
- Disinfectant wipes
- Absorbent material

WHITMAN COLLEGE
Bloodborne Pathogen Exposure Control Plan

INSTRUCTIONS FOR SUPERVISORS
IN THE EVENT OF A BLOODBORNE PATHOGEN
EXPOSURE INCIDENT

1. Determine first if an exposure to blood or other potentially infectious material (OPIM) has actually occurred. If you are unsure, consult with EH&S or the Welty Health Center staff. If you are still unsure, handle the incident as an exposure until a determination by medical evaluation is made.
2. Notify Security or EH&S that an exposure incident has occurred.
3. Obtain the Bloodborne Pathogen "Exposure Packet" from the back of this book. Fill in the following forms with the exposed employee.
 - Accident Report Form
 - Post Exposure Form
 - Make sure the Post Exposure Form and the Medical File Report Form included in the packet accompany the employee to the medical evaluation.
 - Forward the Accident Report Form to EH&S
4. If the source individual is known and is available, inquiries should be made to determine if the source individual is willing to have his/her blood tested for HIV and HBV. If the source individual agrees to testing, he/she shall be referred to a health practitioner for pre-test counseling. Consent for testing must be in writing. If the source individual declines testing the refusal must also be documented.

DO NOT ATTEMPT TO GAIN CONSENT FROM THE SOURCE INDIVIDUAL BY COERSION.

THE SOURCE INDIVIDUAL IS NOT LEGALLY REQUIRED TO SUBMIT TO TESTING.

5. As soon as it is feasible, assist the exposed employee in making arrangements to be seen by a health care practitioner. College employees have the option of being evaluated by the Medical Director at the Welty Health Center, or by the physician of their choice.

**HEALTH CARE PROFESSIONAL'S WRITTEN OPINION FOR
POST-EXPOSURE EVALUATION**

Employee's Name: _____

Date of Incident: _____

Date of Evaluation: _____

Health Professional's Address: _____

Health Professional's Telephone: _____

_____ The employee named above has been informed of the results of the evaluation for exposure to blood or other potentially infectious materials.

_____ The employee named above has been told about any health conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

_____ Hepatitis B vaccination is _____ is not _____ indicated.

Health Care Professional's Name

Health Care Professional's Signature

Date

Return this form to the employer and provide a copy to the employee within 15 days. Please label the outside of the envelope "Confidential."

Employer's Name _____

Employer's Address: _____

Confidential Fax: _____

**HEALTH CARE PROVIDER'S WRITTEN OPINION FOR
HEPATITIS B VACCINATION**

Employee's Name: _____

Date of Evaluation: _____

Health Provider's Address: _____

Health Provider's Telephone _____

As required by the Occupational Exposure to Bloodborne Pathogens rule, Chapter 296-823 WAC:

Hepatitis B vaccination **is** ____ **is not** ____ recommended for the employee named above.

The employee named above is scheduled to receive 3 total hepatitis B vaccinations on the following dates:

1st of 3 _____

2nd of 3 _____

3rd of 3 _____

Healthcare Provider signature

Healthcare Provider signature

Date

Return this form to the employer, and provide a copy to the employee, within 15 days. Please label the outside of the envelope "Confidential."

Employer Name _____

Address _____

Confidential fax _____

WHITMAN COLLEGE POST EXPOSURE FORM
(To be completed by exposed employee and supervisor)

Name of Employee:

Social Security Number:

Department:

Description of duties as they relate to exposure incident:

Date of exposure:

Route of exposure:

Circumstances under which exposure occurred:

Has employee been immunized against hepatitis B? Yes No

Dates of immunization: _____

Series complete? Yes No

Note: As stated in WAC 296-62-08001, the employee has the right to a confidential medical evaluation. At that time, the employee can consent to baseline blood collection and not give consent for HIV serologic testing. The blood sample shall be preserved for

at least ninety days during which time the employee can elect to have the baseline blood sample tested for HIV.

Name of source individual:

Consent for testing HIV/HBV infectivity: ___ Yes* ___ No

Not asked (state reason):

Employee Signature

Supervisors Signature

*Refer source to health care professional for pre-post test counseling

HEPATITIS B VACCINE DECLINATION
WAC 296-62-08001(6)

Name of Employee _____

Date of Training _____ Trainer _____

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of exposure to the hepatitis B virus (HBV). I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline the vaccination at this time.

I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no cost to me.

Employee's Signature

Date

Witness Signature

Date

Additional Information

_____ I have previously received a complete series of hepatitis vaccinations.

_____ I have received antibody testing showing I am immune to the hepatitis B virus.

_____ I cannot receive the hepatitis vaccine for medical reasons.

Comments:

This record is required to be retained for the duration of employment plus 30 years.

Return this completed form to the Human Resources Office.