

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

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This Exposure Control Plan complies with the OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030). The Plan is written for employees of the Wellesley College Community.

The policies and procedures outlined in this plan are supported by the Administration of Wellesley College. The Plan and all other applicable records are available to employees and OSHA authorities upon request.

1. Purpose and Scope

The purpose of this Plan is to minimize and/or eliminate employee occupational exposure to bloodborne pathogens. An occupational exposure means reasonably anticipated skin, eye, mucous membranes, or parenteral contact with blood or other potentially infectious materials (OPIM) that may result from the performance of an employee's duties. Bloodborne Pathogens are microorganisms present in human blood or OPIM that can cause disease in humans. These pathogens can include, but are not limited to, hepatitis B virus ([HPV](#)) and human immunodeficiency virus ([HIV](#)).

OPIM is defined as bodily fluids such as cerebrospinal fluid, pleural fluid, amniotic fluid, semen, or any body fluid that is visibly contaminated with blood, and all body fluids where it is difficult or impossible to differentiate.

The scope of this Plan involves all Wellesley College employees who have the potential to come into contact with contaminated blood or OPIM as a result of their duties on the Wellesley College campus, or field sites.

The Standard excludes employees who perform unanticipated "Good Samaritan" acts from coverage; such an action does not constitute "occupational exposure". For instance, an employee may assist another employee who is bleeding as the result of a fall. This [Good Samaritan act] would not be considered an occupational exposure unless the employee who provides assistance is a member of a first aid team or is otherwise expected to render medical assistance as one of their duties.

2. Responsibilities

Wellesley College is committed to providing a safe and healthful work environment to employees. It is the policy of the College to comply with all applicable sections of the Bloodborne Pathogen Standard. Each affected member of the College community plays an important part in the compliance of the program as follows:

Management

1. Wellesley College's Environmental Health and Safety Office and departmental supervisors, are responsible for establishing, maintaining and auditing this program.
2. Each supervisor is responsible for ensuring that all affected employees are trained in

accordance with this program. This includes full-time, part-time, and temporary workers.

3. Each departmental supervisor is responsible for providing PPE where applicable and reasonable.
4. Investigate and document all exposure incidents.

Environmental Health and Safety Office

5. Update and or review this Plan on an annual basis.
6. Provide training to applicable employees
7. Maintain records

Employees

1. Comply with policies and procedures as outlined in this Plan.
2. Attend trainings and follow guidelines specified.
3. Comply with Universal Precautions when working with blood or OPIM.
4. Report all exposures to their supervisor who will report incidents to Human Resources.
5. Understand the tasks of their job responsibilities and where there is a potential for exposure to blood or OPIM.
6. Maintain PPE following supervisor and or manufacturer recommendations.
7. Notify supervisors if PPE is broken or dysfunctional and needs replacement.
8. If conditions or work practices change and/or if new hazards are present in their work environment, they shall notify their Supervisor.

As required under the Standard, the College shall solicit input from non-managerial employees responsible for direct patient care, and who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls.

3. Exposure Determination

Employees who have contact with blood or OPIM during the course of their job duties are covered by this regulation and all sections of this Plan regardless of how often the exposure may occur. Employees who do not have occupational exposure are not covered by the scope of the standard.

The identification and classification of risk of bloodborne pathogen exposure associated with

different jobs and or tasks is essential for development of safety procedures and appropriate training. In this, Wellesley College has classified affected employees into two main categories based on the potential for exposure to bloodborne pathogens.

Category I:

Employees who, throughout the course of their required job activities, are reasonably expected to come into contact with blood or bodily fluids on a regular basis.

Category I Job Classifications includes:

- Medical Staff in Health Services who provide direct patient care
- Campus Police Officers/Sergeants/Chief as first responders to emergency calls on campus.
- Employee and Student Athletic Trainers who would respond to injuries during recreational or athletic events.
- Teachers at the Child Study Center who would respond to children’s injuries at the school, or be subject to bites or other related injuries.

Comprehensive training as described in this Plan will be provided to the above mentioned staff. All Category I employees will be offered the Hepatitis B Vaccination.

Category II:

Employees who may periodically or infrequently come into contact with blood or bodily fluids during the performance of their job tasks will be considered Category II employees.

Category II Job Classifications includes:

- Equipment (uniform) managers who might handle uniforms or other athletic equipment that might be contaminated with blood or OPIM.
- Coaches who would respond to injuries during recreational or athletic events.
- Custodial Service employees who are responsible for cleaning areas contaminated with blood or other potentially infectious material.
- Plumbers in Maintenance Services who respond to sanitary sewer problems and may come into contact with blood or other potentially infectious material.
- Grounds employees who work on sanitary sewer systems and may come into contact with blood or other potentially infectious material.

Comprehensive training as described in this Plan will be provided to the above-mentioned staff. Category II employees may be offered the Hepatitis B Vaccination.

4. Safe Work Practices and Standard Operating Procedures

This section puts forth safe work practices and standard operating procedures to include

Universal Precautions, engineering and work practice controls, use of personal protective equipment, housekeeping, handling of soiled laundry, and disposal of regulated material.

Universal Precautions is identified as an approach to infectious control. According to the concepts 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. Therefore, employees shall observe "Universal Precautions" when handling all blood and bodily fluids, with no differentiation in fluid type.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees. Engineering controls shall be examined and maintained or replaced on a regular basis to ensure their effectiveness. Where occupational exposure remains after implementation of these controls, personal protective equipment shall also be utilized.

Engineering and Work Practice Controls:

1. Hand washing should occur frequently during employee work hours. Thorough hand washing must occur after the removal of gloves or other personal protective equipment.
2. Hand washing and/or flushing off mucous membranes with soap and water shall take
3. When hand washing facilities are not feasible, employees shall have in their possession antiseptic hand cleanser and a clean cloth or paper towels, or antiseptic towelettes. Hands shall be washed with soap and running water as soon as possible thereafter.
4. In work areas where occupational exposure might take place, no eating, drinking, smoking, or applying cosmetics or lip balm, or handling contact lenses is permitted.
5. No food or drinks shall be kept in refrigerators, shelves, and counter/ bench tops where potential infectious materials are present.
6. All procedures involving blood or potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, or the generation of droplets.
7. Mouth pipetting of blood or other potentially infectious materials is prohibited.
8. Contaminated needles/sharps shall not be bent, recapped, or cut. Contaminated needles/sharps that by specific medical procedure must be recapped are done so through the use of mechanical devices or a one-handed technique.
9. Immediately, or as soon as possible after use, contaminated needles/ sharps shall be placed in appropriate containers. The appropriate container is defined as puncture resistant, leak proof, color coded, and/or biohazard labeled. Filled containers are closed and sent to a licensed vendor for disposal as biohazardous waste.
10. Blood/bodily fluid specimens shall be placed in a leak proof container, then a biohazard specimen bag for transporting/storage within and/or from the facility. If the outside of the bag is soiled, the specimen needs to be placed into a second bag.
11. All contaminated products, equipment, clothing, etc, shall be put in appropriate containers or red bags, sealed and stored in a secure designated area for disposal.
12. Equipment that may become contaminated with blood/bodily fluids shall be examined before servicing/shipping and shall be decontaminated, unless decontamination is not feasible. If decontamination is not performed, a label with a biohazard symbol must be attached listing the area that remains contaminated. This information must be conveyed to the service representative.

13. Mouthpieces or Ambu bags used for CPR will be disposed of as biowaste upon completion.
14. First aid responders must carry the necessary PPE to prevent exposure.
15. Vehicles used to transport victims will be properly equipped with PPE, disinfectant, biohazard containers, and bags.

Personal Protective Equipment

The College shall provide and replace for the employee, all appropriate personal protective devices. This may include gloves, gowns, mask/face shield, laboratory coats, eye protection, pocket masks, and resuscitation devices. "Appropriate" personal protective equipment means it does not permit blood/body fluids to pass through or to reach the employees clothes, eyes and/or mucous membranes, under normal conditions of use.

The College shall ensure that employees use appropriate PPE unless, it can be demonstrated that the employee temporarily and briefly declined to use PPE, when under rare and extraordinary circumstances, the employee's professional judgment would have prevented the delivery of health care, or would have posed an increased hazard to the safety of the worker. If this occurs, it shall be investigated and documented to determine if changes could be instituted to prevent a reoccurrence.

1. PPE must be readily accessible for employees use at work. PPE can be obtained from department supervisors or EH&S. Concerns or problems in obtaining proper PPE should be conveyed to the department supervisor. Matters that cannot be resolved should be directed to EH&S or HR for resolution.
2. Laundering, repair and replacement, or disposal of personal protective devices is the responsibility of the College. Employees must report the need for these services to their supervisor.
3. All personal protective devices must be removed prior to leaving their work area and shall be placed in the proper container for reprocessing or disposal.
4. Gloves are to be worn when it can be reasonably anticipated that the employee may have hand contact with blood or OPIM. Disposable, single use gloves are to be used. Replace them as soon as practical when compromised (i.e. a puncture, tear, etc.). Always remove and replace gloves between patients and or work being performed where there is a possibility of exposure. Always wash hands after removal of gloves. Utility gloves may be decontaminated for reuse if no cracks or peeling appears.
5. Masks, Eye Protection, Face Shields- shall be worn whenever splashes or droplets of blood or OPIM are reasonably anticipated.
6. Gowns, Aprons and Other Protective Body Clothing- Reusable or disposable, shall be worn whenever contamination of clothing by splash is anticipated.

Housekeeping

The employee shall ensure the work site is maintained in a clean, sanitary manner. The College will rely on employees trained in the Bloodborne Pathogens Standard to perform necessary

decontamination and cleaning of all College facilities potentially exposed to blood or OPIM.

Routine decontamination will occur at the end of each shift for the following identified areas of the College:

1. Medical care spaces
2. Training room equipment and furnishings
3. Rest Rooms and shower stalls
4. Locker Rooms

Decontamination of work surfaces using universal precautions, appropriate PPE and a disinfectant shall occur:

- After completion of medical procedures.
- Immediately or as soon as feasible after overt contamination or after any spill of blood or OPIM.
- At the end of a work shift if the surface may have become contaminated since the last cleaning.

Disinfectants used will be EPA/FDA approved. Custodial Services will have approved products on hand as well as the Distribution Center.

Good practices include:

- Waste receptacles intended for reuse shall be inspected and decontaminated on a regular, scheduled basis and immediately upon visible contamination.
- Broken glassware shall never be picked up directly with hands, it shall be picked up using mechanical means (i.e. dust pan and broom)

Regulated Waste

Sharps:

Contaminated sharps shall be discarded immediately or as soon as feasible into containers that are closable, puncture resistant, leak proof, and properly labeled. Containers for contaminated sharps shall be easily accessible to personnel, maintained and remain upright. The employee shall routinely monitor and replace boxes so as not to allow over filling. If leakage should occur, place into a red hazardous waste bag for transporting.

Waste Material:

Any material that has had contact with blood or OPIM that cannot or should not be decontaminated shall be placed into an orange lined or red lined bag that does not leak. If leakage occurs, use a second bag. A licensed vendor for disposal transports this waste.

Locations:

Sharp containers that are sent out for disposal include stations in the science center, health services, and the sports center.

Laundry Guidelines

Contaminated laundry shall be handled as little as possible with minimum agitation. Any individual in contact with contaminated laundry shall wear gloves and other appropriate PPE. It shall be put in appropriate containment, to prevent soak-through or leakage, at the location used, and not sorted or rinsed. Containers/bags shall be labeled or color-coded.

5. Research Laboratories

Wellesley College does not have any HIV or HBV research laboratories or production facilities on campus.

6. Vaccination, Post Exposure Evaluation and Follow Up

Hepatitis B Vaccine:

The hepatitis B vaccine and vaccination series will be made available to all employees who have occupational exposure, and for employees who have had an exposure incident at no cost. Vaccines will be provided at reasonable time and place and by or under the supervision of a licensed health care professional.

The vaccine shall be made available after the employee has received training and within 10 working days of initial assignment. The vaccine shall not be necessary if 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.

If the employee initially declines a Hepatitis B vaccination but at a later date decides to accept the vaccination, the vaccination shall then be made available. All employees who decline the Hepatitis B vaccination offered shall sign the required waiver indicating their refusal.

If a routine booster dose of Hepatitis B vaccine is recommended by U.S. Public Health Service at a future date, such booster doses shall be made available at no cost to the employee.

The immunization program for Hep B includes a series of three injections in the arm as follows:

- Initial injection
- 2nd injection – one month later
- 3rd injection – within six months.

Exposure Incidents:

All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure, it shall be reported immediately to their supervisor. The supervisor will

notify Human Resources and EHS. The supervisor will conduct an investigation into the incident. The employee and or the supervisor will complete the Accident Reporting & Treatment Form from HR.

Following a report of an exposure incident, the exposed employee shall go to the BI Deaconess Hospital Needham Campus – Occupational Health Services for a confidential medical evaluation and follow-up that may include:

- Documentation of the route(s) of exposure.
- A description of the circumstances under which the exposure occurred (i.e. where, when, what potentially infectious material was involved, type of work being performed, how exposure occurred, any unusual circumstances, PPE in use, and actions taken as a result of the incident).
- The identification and documentation of the source individual/material, if possible.
- The collection and testing of the source individuals blood for HBV and HIV serological status, if consent is obtained, and as legally applicable.
- Exposed employee's blood shall also be collected and tested after consent is obtained. Testing may include HBV, HIV, Hep B or Hep C status. Note: If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, it shall be done as soon as possible.
- Post-exposure treatment and testing for the employee, when medically indicated will be in accordance with the U.S. Public Health Service.
- Counseling.
- Evaluation of any reported illness affiliated with the incident.

All medical tests and exams will be done at no cost to the employee, by licensed practitioners and accredited laboratories.

The Healthcare professional evaluating the employee will be provided with the following:

- A copy of this Plan to include the OSHA standard.
- Exposed employees duties as they relate to the incident.
- Documentation of the route(s) of exposure.
- A description of the circumstances under which the exposure occurred.
- Results of the source individual's blood testing, if available.
- All medical records applicable to treatment of the employee, including vaccination status.

The employee will receive a copy of the healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion for a Hepatitis B vaccination is limited to whether the employee needs a Hepatitis B vaccination; and whether the employee has received such a vaccination. The healthcare professional's written opinion for post-exposure evaluation and

follow-up is limited to the following information:

- That the employee was informed of the results of the evaluation.
- That the employee was informed about any medical conditions resulting from exposure to blood or other infectious materials that require further evaluation or treatment.

7. Signs & Labels

Signs

Signs shall be posted at the entrance to HIV or HBV research laboratories or production facilities. Wellesley does not have any of these research facilities on its campus.

Labels

Warning labels shall be affixed to:

- Containers of regulated waste.
- Refrigerators and freezers contained blood or OPIM.
- Other containers to store, transport or ship blood or OPIM.
- Contaminated equipment.

Labels shall have the biohazard symbol as well as the words 'biohazard'. They shall be fluorescent orange or orange-red with letters and symbols in contrasting color.

Red bags or red containers may be substituted for labels.

Department supervisors are responsible for ensuring that all containers are properly labeled.

Exempted from the labeling requirement:

- Containers of blood, components, or products with contents labeled and released for transfusion or other clinical use.
- Individual containers of blood or OPIM placed in labeled container during storage, transport, shipment or disposal.

8. Information and Training

All Category I and II employees shall participate in a training program. Training will occur at the time of initial assignment where occupational exposure may take place and at least annually thereafter. Additional training will be provided when changes, such as modification of tasks or procedures, affect the employee's occupational exposure.

The training program will include at least the following elements:

1. An accessible copy of the regulatory text of 29 CFR 1910.1030 and an explanation of its contents.

2. A general explanation of the epidemiology and symptoms of bloodborne diseases.
3. An explanation of the modes of transmission of bloodborne pathogens.
4. An explanation of Wellesley College's Exposure Control Plan and how employees can obtain a copy of the written Plan.
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood or 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 the basis for selection of personal protective equipment.
9. Information on the Hepatitis B vaccine.
10. Appropriate actions (i.e. spill control) to take and persons to contact in an emergency involving blood or OPIM.
11. Explanation of the procedure if an incident occurs, including the method of reporting and available medical follow up.
12. Post exposure evaluation and follow-up following an exposure incident.
13. Explanation of signs, labels and color-coding requirements.
14. An opportunity for interactive questions and answers with the person providing the training will be afforded to all employees who are trained

Affected employees may contact their supervisor or the EH&S Office for questions or concerns on training or information provided during the training. Other interested members of the Wellesley College community can request information on bloodborne pathogens and universal precautions through EH&S.

Supplemental training methods may be used to include classroom, web-based programs, and hands-on training by supervisors.

9. Recordkeeping

Medical Records:

Employee health records shall be kept in a confidential manner for the duration of employment plus 30 years. The record will include: name, Hepatitis B vaccination status, dates, results of any examinations, medical testing and follow-up procedures, a copy of the health care professionals evaluation, and information provided to the health care professionals.

The employees written consent is required to release medical records except as required by law.

Hepatitis B Vaccination Declination Form:

This form will be kept on file in the EH&S Office.

Training Records:

Training records for employees who attended bloodborne pathogen training, the records will be kept for 3 years at the EH&S Office. Records will include dates of the training session, contents or a summary of the session, name and qualification of persons conducting the training, names and job titles of all persons attending.

Sharps Injury Log:

The sharps injury log records all percutaneous injuries on campus from contaminated sharps. The information in this log shall be kept confidential and contain at least the following:

- Type and brand of device involved in the incident
- Department or work area where incident occurred
- Explanation of how the incident occurred.

This log is required for employers who maintain a log of occupational injuries and illnesses under 29 CFR 1904 and maintained for the period required under 1904.6.

10. Plan Review and Update

The Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. It will also include:

- Changes in technology that eliminate or reduce exposure to bloodborne pathogens
- Consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.
- Employee input into the identification, evaluation and selection of PPE and work practice controls.