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SECTION 1

INTRODUCTION

I. BACKGROUND

A. In December of 1991 OSHA published the Final Rule governing Occupational Exposure to Bloodborne Pathogens in 29 CFR Part 9lO.030 Subpart Z. This Final Rule, effective March 6, 1992, provides guidelines for healthcare facilities to reduce significant risk of infection of employees exposed to infected body fluids or tissue from infected persons or animals.

B. The targeted diseases specifically include human immunodeficiency virus (HIV) and hepatitis B virus (HBV), among other bloodborne diseases such as syphilis, malaria, babesiosis, brucellosis, leptospirosis, arboviral infections, relapsing fever, creutzfelt-jakob, human T-lymphotrope virus Type 1 and viral hemorrhagic fever.

C. The Rule addresses definitions, work practices, procedures, equipment and policies related to employee training, information dissemination, preventative and post-incident medical interventions. The objective is to minimize risk of exposure or, if necessary, to effectively treat employees involved in an incident were there is a significant possibility of exposure.

D. The new Exposure Control Rule focuses on identifying employees at various degrees of risk to insure that they receive appropriate training, protective equipment, vaccination, and that existing Universal Precautions are employed to reduce risk of infection by bloodborne pathogens.

II. EXPOSURE CONTROL PLAN

A. The administration of Gustavus Adolphus College recognizes the potential danger to its health care and service staff which results from occupational exposure to bloodborne pathogens as addressed by OSHA's Occupational Exposure to Bloodborne Pathogens Final Rule. In the best interests of administration, employees and injured workers, the college intends to fully comply with the letter, spirit and intent of these rules. To this end, the following Exposure to Bloodborne Pathogens Control Plan (**ECP**) has been compiled.

B. This plan addresses the methods of compliance with 29 CFR 910.1030 through the use of institutional policies and standards of practice. These specific policies and procedures are intended to strengthen the widely used Universal Precautions. It is the intent of this ECP to focus attention on reducing the risk of contracting a bloodborne pathogen while working at Gustavus Adolphus College.

C. Attention is given to the identification of the degrees or classifications of risk associated with different jobs. Each job is based on a series of tasks, some of which may present some individuals with exposures to blood borne pathogens. By carefully classifying and identifying tasks and potential exposures, we will be able to provide specific policies and training aimed at reducing the risk of infection among Gustavus employees.

D. This plan is effective immediately, and will be under continual evaluation and review. All employees have a responsibility for identifying situations or conditions that have an impact on

this plan and should be addressed by modifications or additions. Changes will be made and communicated as soon as the need is recognized. In addition, the plan shall undergo formal documented review not less than annually.

E. The Exposure Control Plan provides for the following:

1. Determining the risk classification into which each job in the facility best fits and the identification of which specific tasks associated with a job create the risk of exposure to bloodborne pathogens.

2. Methods of compliance with the Rule covering:

   a. Handwashing facilities

   b. Waste management including storage and disposal of sharps and potentially infected materials or equipment

   c. Handling of body fluids

   d. Availability and suitability of protective equipment

   e. Housekeeping related to equipment, work areas and surfaces, protective coverings, waste and waste disposal containers and laundry.

   f. Hepatitis B vaccination (or waivers) and post-exposure follow-up.

   g. Communication of hazards to employees through training, signs and labels.

BLOODBORNE PATHOGENS INCIDENT REPORT

NAME:_____ DATE:_____

ADDRESS:_____ PHONE (Work):_____

_____ PHONE (Home):_____

DATE OF INCIDENT:_____

DESCRIPTION OF INCIDENT:_____

_____

_____

_____

NAME OF FIRST PERSON ON SCENE:_____

NAME OF MEDICAL ATTENDANT:_____

DESCRIPTION OF EVENTS IMMEDIATELY FOLLOWING INCIDENT (INCLUDING ANY MEDICAL ATTENTION GIVEN:_____

_____

_____

DESCRIBE STEPS TAKEN TO ENSURE THAT THIS INCIDENT WILL NOT HAPPEN IN THE FUTURE:

_____

_____

_____

NAME OF PERSON PREPARING REPORT:_____

TITLE OF PERSON PREPARING REPORT:_____

_____ _____

Signature Date

III. COVERED DISEASES

A. Among the more common bloodborne diseases that you could be exposed to on the job are non-A hepatitis, non-B hepatitis, hepatitis B and delta hepatitis, as well as syphilis, malaria and human immunodeficiency virus. The two most significant are hepatitis B (HBV) and human immunodeficiency virus (HIV).

1. HBV

Hepatitis means "inflammation of the liver." Hepatitis B virus is the major infectious bloodborne hazard faced by workers on the job. If you become infected with HBV, you may suffer from flu-like symptoms so severe that you may require hospitalization or you may feel no symptoms at all. Your blood, saliva and other body fluids may be infectious and you might spread the virus to sexual partners, family members and even unborn infants. There is a vaccine available to reduce or eliminate risk of infection.

2. HIV

The human immunodeficiency virus attacks the body's immune system causing the disease known as AIDS, or Acquired Immune Deficiency Syndrome. Currently there is no vaccine to prevent this infection. A person infected with HIV may carry the virus for several years without developing symptoms but will eventually develop AIDS. An infected person may suffer from flu-like symptoms, fever, diarrhea and fatigue; and eventually AIDS-related illnesses including neurological problems, cancer and other opportunistic infections are easily contracted as the body's ability to fight off illness decreases. Although HIV can be transmitted through contact with blood and some body fluids, it is NOT transmitted by touching, feeding or working around persons who carry the disease.

B. The pathogens which can transmit these diseases may be present in the blood and other body fluids such as saliva, semen and vaginal secretions. Pathogens may also be present in cerebrospinal, synovial, pleural, peritoneal, pericardial, amniotic and any other fluids contaminated with blood. Unfixed tissue or organs from living or dead humans, cell, tissue or organ cultures and other biological matter from laboratory experiments have also proven to be sources of some pathogens.

C. These pathogens can enter and infect the human body through openings in the skin including cuts, nicks, abrasions, dermatitis or acne. Infection can also result from punctures or cuts caused by sharp contaminated objects such as needles, scalpels, broken glass, exposed ends of dental wires or any other object that can puncture or cut skin. Infection can also gain access to the body through mucous membranes of the eyes, nose and mouth when these areas are touched with contaminated hands or implements. The HBV virus is particularly dangerous since it can survive on dried surfaces at room temperature for at least one week. This means that a surface can be dangerously contaminated without any

visible signs if the work areas are not thoroughly cleaned immediately after being contaminated with infectious material.

D. The rule provides guidelines but does not offer protection unless the staff and administration work faithfully to adhere to and improve policies, engineering controls and work procedures used when there is an exposure risk. Know the policies and be alert to protect yourself and your co-workers.

E. This manual contains a copy of the rule. The rule includes definitions of terms, but the print is small and difficult to read. We have included the definitions on the next pages in order to make it easier for you to find and read them if you should have questions.

IV. DEFINITION OF TERMS

A. The following definitions, taken from the OSHA Rule are provided for easy reference and apply throughout this plan.

1. Bloodborne pathogens

   Pathogenic microorganisms that are present in human blood and that can infect and cause disease in persons who are exposed to blood containing these pathogens.

2. Clinical laboratory

   A workplace where diagnostic procedures or other screening procedures are performed on blood or other potentially infectious materials.

3. Contaminated

   The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an object or surface.

4. Contaminated laundry

   Laundry that has been soiled with blood or other potentially infectious materials or may contain contaminated sharps.

5. Contaminated sharps

   Any object contaminated with blood or other potentially infectious material that is capable of penetrating the skin.

6. Decontamination

The use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or object to the point at which they are no longer capable of transmitting infectious particles.

7. Engineering Controls

Controls that isolate, minimize or remove a workplace hazard.

8. Exposure incident

A specific exposure to the eye, mouth, other mucous membrane, or puncture exposure to blood or other potentially infectious materials that results from the performance of an employee's duties.

9. Handwashing Facilities

A facility providing an adequate supply of running water, soap and single-use towels.

10. Licensed health care professional

A person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Follow-up.

11. Occupational Exposure

Reasonably anticipated skin, eye, mucous membrane or puncture contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

12. Personal protective equipment

Specialized clothing or equipment worn by an individual to protect him or her from a hazard.

13. Regulated waste

Any one of the following:

a) Liquid or semi-liquid blood or other potentially infectious materials
b) Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed
c) Objects caked with dried blood or other potentially infectious materials which are capable of releasing these materials during handling

d) Contaminated sharps
e) Pathological and microbiological wastes containing blood or other potentially infectious materials.

14. Source individual

Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

15. Sterilize

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

16. Universal precaution

A method of infection control in which all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

17. Work-practice controls

Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

SECTION 2

EXPOSURE DETERMINATION

I. EXPOSURE CLASSIFICATIONS

Supervisors will classify tasks performed in their areas of responsibility according to the following exposure classifications, and for developing and maintaining up-to-date policies for eliminating or reducing task-associated risks. The personnel director or person responsible for maintaining job descriptions shall insure that all position descriptions, including administrative and support personnel, have been evaluated by the supervisors and that a Risk of Exposure to Bloodborne Pathogens Classification I or II has been assigned to the position if appropriate. For jobs that fall in Classification II, a list of tasks or procedures that present an occupational exposure to those employees will be prepared and appended to the job description.

A. CLASSIFICATION I

1. Jobs in which required tasks routinely involve a potential for mucous membrane or skin contact with blood, body fluids or tissues. Use of appropriate measures is required for every employee in these jobs.

B. CLASSIFICATION II

1. Jobs in which required tasks normally do not involve exposure to blood, body fluids or tissues, but may require performing unplanned Classification I tasks. In these jobs the normal work routine involves no exposure to blood, body fluids or tissues. However, exposure or potential exposure may be required as a condition of employment.

C. PERSONNEL NOT COVERED BY THE STANDARD

1. Jobs in which exposure to blood, body fluids or tissues is not part of the job description are not covered by the standard. The normal routine involves no exposure to blood, body fluids or tissues and the worker can decline to perform tasks which involve a perceived risk without retribution.

II. IMPLEMENTATION OF THE ECP

A. All managers and supervisory personnel are responsible for monitoring employees' job performance and for updating job descriptions if new tasks are being performed by individuals which present a change in occupational exposure status.

B. Managers and supervisory personnel are also responsible for monitoring employees' training status and their compliance with risk reducing Universal Precautions. Supervisors shall be particularly attentive to recognize and act to prevent unsafe actions by any employee.

C. The director of personnel or other personnel officer, shall insure that whenever a new position description is prepared, it is reviewed and classified for exposure risk classification prior to being approved.

D. All employees share responsibility with, and for, their co-workers to insure compliance with the letter, spirit and intent of Gustavus Adolphus' policies for the prevention or transmission of disease. Therefore, each employee must know how to recognize occupational exposure and must communicate changes in the exposure classification to their supervisor if asked to perform tasks or procedures which involve an increased risk of exposure.

III. CLASSIFICATION I - JOB LISTING

A. Jobs in which required tasks routinely involve a potential for mucous membranes or skin contact with blood, body fluids, tissues or potential spills or splashes. Use of appropriate measures are required for every worker in the following jobs:

1. Health Service Nurse Practitioner

2. Athletic Trainer

IV. CLASSIFICATION II - JOB LISTING

A. Jobs in which required tasks normally do not involve exposure to blood, body fluids, or tissues, but may require performing unplanned Classification I Tasks. In these jobs the normal work routine involves no exposure to blood, body fluids or tissues, but exposure or potential exposure may be required as a condition of employment in the following jobs:

1. Athletic Coaches

2. Athletic Equipment Handlers

3. Food Service Personnel

4. Lab Technicians

5. Nursing Faculty

6. Resident Assistants

7. Head Residents

8. Security Officers

9. Custodian

10. Mechanical Maintenance

SECTION 3

METHODS OF COMPLIANCE

BLOODBORNE PATHOGENS ASSESSMENT RESULTS

CLASSIFICATION I:

Employees whose Primary Job Description is Administering First Aid, Healthcare or They Have Other Occupational Exposure to Bloodborne Pathogens.

Below are listed the job classifications at Gustavus Adolphus College where the job description is administering first aid, healthcare or they have other occupational exposure to bloodborne pathogens.

JOB TITLE	TYPES OF BODY FLUIDS/ BLOOD ENCOUNTERED	RELATED TASKS/PROCEDURES
Health Care Nurse Practitioner	Blood and other body fluids contaminated with blood	Sharps-lancet for glucose testing; resuscitation/CPR; changing of dressings; first aid; working with injuries
Athletic Trainer	Blood and other body fluids contaminated with blood	Working with injuries

BLOODBORNE PATHOGENS ASSESSMENT RESULTS

CLASSIFICATION II:

Employees Who Provide First Aid as an Auxiliary Component of Their Duties and are Potentially Exposed to Bloodborne Pathogens.

Below are listed the job classifications at Gustavus Adolphus College where employees provide first aid as an auxiliary component of their duties.

JOB TITLE	TYPES OF BODY FLUIDS/ BLOOD ENCOUNTERED	RELATED TASKS/PROCEDURES
Athletic Coaches	Blood and other body fluids	Working with injuries; changing of dressings; clean up of blood spills
Athletic Equipment Handlers	Blood and other body fluids	Clean up of blood spills; working with athletic equipment; contaminated laundry
Food Service personnel	Blood and other body fluids	Preparing food; clean up of tables, etc.; washing dishes
Lab Technicians	Blood and other body fluids	Drawing blood; handling serum products and other body fluids
Nursing Faculty	Blood and other body fluids	Draw blood; handling blood and other body fluids
Resident Assistants	Blood and other body fluids	Handling blood and other body fluids
Junior Counselors	Blood and other body fluids	Handling blood and other body fluids
Hall Directors	Blood and other body fluids	Handling blood and other body fluids
Security Officers	Blood and other body fluids	Handling blood and other body fluids
Custodians	Blood and other body fluids	Handling blood and other body fluids

WORK ACTIVITIES / TASKS

Listed below are various activities and tasks performed by some of our Classification I and II employees. Also included in this chart along with listed activities are corresponding work practices, prevention and appropriate personal protective equipment.

ACTIVITIES	WORK PRACTICES	PREVENTION	PERSONAL PROTECTIVE EQUIPMENT (PPE)
Delivering first aid/ working with injuries and changing dressings	▪ Use disposable gloves and avoid contact by using appropriate barriers. ▪ Direct the person to self-manage injury if at all. possible. Use antiseptic pad or paper towel to wipe injury. ▪ Wash injury with water while avoiding exposure. ▪ Remove soiled clothing to be laundered appropriately. ▪ Remove/dispose of gloves and other contaminated materials in lined containers. ▪ Follow appropriate blood spill cleanup procedures. ▪ Follow proper procedures for glove use, removal and handwashing.	▪ Promote self-management among students/staff. ▪ Vaccinate for Hepatitis B. ▪ Avoid direct contact with body fluids if possible.	▪ Gloves ▪ Protective clothing ▪ Face shield/masks ▪ Eye protection ▪ Other
Handling Sharps	▪ Use disposable gloves. ▪ Use Sharps container to store contaminated sharps until disposal. ▪ Utilize tongs/forceps or other mechanical devices for handling contaminated sharps. ▪ Sharps should never be recapped. ▪ Follow proper procedures for glove use/removal and handwashing.	▪ Utilize appropriate sharps disposal containers. ▪ Vaccinate for Hepatitis B ▪ Avoid direct contact with body fluids if possible.	▪ Gloves ▪ Other
Resuscitations/CPR	▪ If possible, try to avoid or limit contact with bodily fluids by using barriers. ▪ Utilize proper protective wear based on situation and, if available, CPR shields/masks. ▪ Follow appropriate glove use/ removal procedures. ▪ After provision of CPR, wash face/hands thoroughly, utilizing proper washing procdures. ▪ Dispose of contaminated protective wear in a lined waste container or plastic bag.	▪ Utilize proper PPE and protective barriers, i.e. CPR shields/masks ▪ Vaccinate for Hepatitis B. ▪ Avoid direct contact with body fluids if possible.	▪ Gloves ▪ Protective clothing ▪ Face shield/mask ▪ Eye protection ▪ CPR shield ▪ Other
Clean up of blood/ body fluid spills	▪ Wear proper gloves. ▪ Spread absorbent disinfectant or paper towels over spill. ▪ Dispose of material in lined waste container.	▪ Use sharps containers for broken glass and other sharps.	▪ Gloves ▪ Other

ACTIVITIES	WORK PRACTICES	PREVENTION	PERSONAL PROTECTIVE EQUIPMENT (PPE)
	▪ Clean with soap and water and use appropriate disinfectant over affected area, i.e. 1:10 bleach/water solution. ▪ Wipe disinfectant with paper towels or follow appropriate procedure/ disposal. ▪ Remove gloves and use proper handwashing procedures. ▪ Use tongs or other devices to pick up broken glass or sharps.	▪ Utilize tongs or dust pan and brush to pick up broken glass or other sharps. ▪ Vaccinate for Hepatitis B. ▪ Avoid direct contact with body fluids if possible.	
Contaminated laundry (if Universal Precautions are used by treating all soiled laundry as contaminated, the procedures listed need to be implemented.)	▪ Handle as little as possible/ minimize agitation. ▪ If laundry is shipped off-site, additional procedures must be followed. ▪ Place laundry in identifiable bags or appropriately lined containers that are leak-proof. ▪ Use gloves and other protective equipment if appropriate. ▪ Follow proper handwashing procedures.	▪ Use appropriate barriers including mechanical devices such as tongs and other equipment to handle contaminated laundry. ▪ Avoid direct contact with body fluids if possible. ▪ Vaccinate for Hepatits B.	▪ Gloves ▪ Coat/apron ▪ Other
Aggressive behavior	▪ Use appropriate techniques to restrain and, therefore, limit exposure through biting or other aggressive behavior. ▪ Follow proper glove use/removal procedures and other protective clothing to avoid skin exposure. ▪ Proper washing techniques should be followed if biting or other aggressive behavior occurs.	▪ Vaccinate for Hepatitis B. ▪ Avoid direct contact with body fluids if possible.	▪ Gloves ▪ Protective clothing ▪ Other

I. UNIVERSAL PRECAUTIONS

Universal Precautions provide the first line of defense for employees against the risks of exposure to bloodborne pathogens. Universal Precautions shall be practiced at all times to reduce the risk to workers in the vicinity of an exposure. Since there is no way to know the status of body fluids from an unknown source, Universal Precautions must be consistently used. This relates to all activities involving contact with blood, tissue, body fluids, or equipment and materials that may have been contaminated by these substances.

A. At a minimum, the following precautions are required of all employees when attending to an injured worker or working with equipment or materials that may have been contaminated with infectious material. These universal guidelines do not relieve personnel of responsibility for knowing and complying with more detailed policies included in this Exposure Control Plan which must be consulted and followed routinely.

1. WASH HANDS with antiseptic towelettes if there is any possibility of contact with blood, body fluids or human tissue. Wash hands with soap and water as soon as possible.

2. WEAR GLOVES when anticipating contact with blood, body fluid, tissues, mucous membranes or contaminated surfaces, or if breaks in the skin are present.

3. WEAR AN IMPERVIOUS GOWN OR APRON if splattering of clothing is likely.

4. WEAR A MASK if there is to be contact with an infectious disease spread by splatter droplets.

5. WEAR APPROPRIATE PROTECTIVE EQUIPMENT at all times, including a mask and eye protection if splattering is likely to occur when attending to an injured worker.

6. USE MOUTHPIECES, RESUSCITATION BAGS AND OTHER VENTILATION DEVICES during emergency resuscitation if this is a part of the job duties.

7. HANDLE SHARP OBJECTS CAREFULLY:

a. Do not cut, bend, break or reinsert used needles into original sheath by hand.

b. Discard sharp objects intact, immediately after use or finding, into an impervious sharps disposal box.

c. Report immediately all needle stick accidents, mucosal splashes or contamination open wounds with blood or body fluids.

8. DISPOSE OF ALL SPILLS that contain, or may contain, biological contaminants in accordance with policies for infectious waste disposal. Until clean-up is complete, the area should be roped off to other workers.

9. POST UNIVERSAL PRECAUTION SIGNS in all areas designated for first aid and on emergency response boxes and first-aid kits.

B. Again, we must always assume that every situation involving unknown body fluids is a potential exposure to bloodborne pathogens. PPE is our first line of defense. This equipment is a physical barrier preventing skin or mucous membrane contact with potentially contaminated fluids or tissues. Wear gloves for most tasks. Always wear safety glasses with splash guards or goggles if splashing may occur in body fluid cleanups. If other protective clothing is necessary to prevent contact, use it. Your health and safety are our primary concern.

II. ENGINEERING CONTROLS AND WORK PRACTICES

A. In spite of continual improvements in the design and manufacture of safety devices to protect employees from all types of environmental threats to their safety and health, many threats remain. Gustavus Adolphus College acknowledges the significant contribution made by these devices in protecting employees from occupational hazards associated with bloodborne pathogens and will insist that they be used on our job sites.

B. Most BBP threats can be minimized greatly through engineering controls and modified work practices. An engineering control is a device that isolates or removes BBPs from the work place. Sharps containers in the health service would be an example. Work practice controls reduce a BBP threat by changing the manner in which we perform a task. Blotting large amounts of fluid with disposable toweling instead of scooping up quantities with a dust type pan might be an example. This would reduce the possibility of splashing. When engineering controls and work practices cannot ensure safety from an exposure incident, personal protective equipment must be used.

C. The following applies to all classification I and II employees when attending to a situation which presents any risk of exposure to a bloodborne disease:

1. Classification I and II employees are responsible for proper use and routine care of health safety devices and personal protective equipment.

2. Each employee must recognize the possibility of failure of a safety device. Accordingly, employees shall adhere to the tenants of Universal Precautions, always working with care and without placing unjustifiable reliance on mechanical devices as the sole means of avoiding the risk of personal contamination.

3. Each classification I and II employee is responsible for reporting observed deficiencies in existing devices to supervisors or the maintenance staff.

4. Engineering safety controls and devices shall be maintained in working order consistent with manufacturer's specifications and common sense, which ever offers the greater degree of worker protection.

5. Administrators and professional staff shall be alert to the availability of new or improved protective devices.

III. HANDWASHING

A. All employees must wash hands and any other skin with soap and water and flush exposed mucous membranes with water immediately or as soon as possible following contact with blood or other potentially infectious materials.

B. Employees must advise supervisors directly of any locations where contamination could reasonably be expected to occur and hands cannot be cleaned in accordance with the following standards so that corrective action can be taken.

C. It is vitally important to clean hands thoroughly after contact with possible infectious material. This helps to protect you, but is very important in preventing the hand-to-hand spread of contamination to your fellow employees. Inability to clean hands in accordance with the following standard prior to possible contamination of self or others which could result in transmitting a bloodborne disease must be reported and evaluated as a possible exposure incident.

D. Handwashing is the single most important means of preventing the spread of infection. The principle of good handwashing is that of using friction to mechanically remove micro-organisms.

E. After possible exposure:

1. Wash hands with non-abrasive soap and running water.

2. Rinse hands under running water.

3. Dry hands well with paper towel.

4. Use paper towel to turn off faucet. All manually controlled faucets are considered contaminated.

5. Dispose of single use or linen towels in appropriately marked closable containers.

6. Apply hand cream after frequent handwashing. Use lotion to prevent skin irritation, breakdown and subsequent infection.

IV. NEEDLES AND SHARPS

A. Classification I and II employees do not usually use needles or sharps such as scalpels. These implements, however, may be used in the health service in unusual circumstances. If contaminated by use, sharps must be safely contained in proper sharps containers at the use location.

B. Do not cut, bend, break or routinely re-insert used needles into original sheath by hand.

C. Discard sharp objects intact immediately after use into an impervious needle disposal box which should be conveniently placed in appropriate work areas.

D. Report immediately all accidents, including needle sticks, mucosal splashes or contamination of open wound with blood or body fluids.

E. Employees must adhere to the following Standard of Practice when working with uncapped needles, syringes or IV tubing:

1. Place needle cap on flat surface, such as a table top.

2. Thread unprotected needle into cap, holding syringe or tubing at needle juncture, securing firmly over the needle.

3. Discard capped needle and syringe into designated sharps disposal container.

F. For needle attached to IV tubing:

1. Remove the capped needle from tubing and discard the needle into an approved sharps disposal container.

V. INGESTION OF BLOODBORNE PATHOGENS

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

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

C. To every extent possible these cautions shall be communicated to the general work force through routine first aid or other safety training events and through written information distributed or posted as a part of normal employee general information dissemination.

D. Employees who have been working at a site where the possibility of contamination exists shall avoid any behavior that could result in ingesting contaminated materials until they

have washed their hands with soap and running water as described in the Exposure Control Plan's policy on handwashing.

VI. AVAILABILITY AND ACCESSIBILITY OF PERSONAL PROTECTIVE EQUIPMENT

A. Personal Protective Equipment includes but is not limited to gloves, gowns, laboratory coats, face shields, masks, eye protection, mouthpieces, resuscitation bags, pocket masks and other ventilation devices.

B. Appropriate equipment is that which does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions and for the duration of use.

C. Each Classification I and II employee is responsible for knowing the location and inventory level of appropriate and properly sized protective equipment, and for advising supervisors if adequate supplies are not available.

D. Each Classification I and II employee is responsible for inspecting protective equipment before use and for placing defective pieces in the reject container located in each storage area.

E. To reduce the risk of exposure, PPE should not be handled excessively for the purpose of inspection after use. Pieces observed to be damaged should be placed in a separate contaminated laundry container which is tagged defective.

D. Incidence of possible exposure resulting from non-availability of appropriate personal protective equipment is a serious flaw in job performance for all involved.

E. All Classification I and II employees shall use appropriate personal protective equipment to the extent judged appropriate based on any possibility of contracting an infection from bloodborne pathogens at work.

F. Employees shall wear protective caps or hoods and shoe covers or boots in addition to routine personal protective equipment when there is reasonable anticipation of gross contamination, such as at the scene of a major accident.

G. Employees shall remove immediately, or as soon as feasible, any garment that is penetrated by blood or other potentially infectious material. All personal protective equipment shall be removed prior to leaving the scene and shall be placed in a designated container for storage, washing, decontamination or disposal.

H. Each employee is responsible for inspecting protective equipment before use. Defective pieces should be placed in the reject container located in each storage area.

I. All employees are responsible for identifying pieces of protective equipment that have been damaged during use. However, to reduce the risk of personal exposure when removing protective equipment, pieces should not be handled excessively during inspection. Pieces known to have been damaged during use should be placed in a separate contaminated laundry container, and the container should then be tagged accordingly.

VII. SPECIFIC USE OF PERSONAL PROTECTIVE EQUIPMENT

A. Masks, eye protection and face shield combinations shall be worn whenever splashes, spray, splatter or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated.

B. Employees shall wear gloves when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, non-intact skin.

C. Protective body clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

D. Employees shall wear protective caps or hoods and shoe covers or boots when there is reasonable anticipation of gross contamination in mass injury situations with extensive blood loss or body fragmentation, or when gaining access to the victim could result in exposure to blood or other potentially contaminated fluids.

VIII. EYE PROTECTION

A. Eye protection such as goggles, eyeglasses or a face shield will be worn when there is a possibility of contamination of the mucous membranes through splashing.

B. To properly apply eye protection:

1. Wash hands
2. Apply eye protectors
3. Glove
4. Perform procedure
5. Remove gloves
6. Remove eye protectors

7. Wash eye protectors with soap and water

8. Wash hands.

9. Keep eye protectors in a convenient, clean, dry area.

C. Use this same procedure for putting on protective masks, head wear, footwear, gloves and gowns or aprons.

IX. GLOVES

A. Gloves must be worn when it can be reasonably anticipated that the employee may have hand contact with infectious material.

B. Utility (reusable) gloves may be reused if they are in good condition. If they are cracked, peeling or torn, they must be properly disposed of.

C. Disposable (single use) gloves must be replaced as soon as possible if contaminated, or their integrity is compromised.

D. After putting gloves on, reinspect for damage.

E. When removing disposable gloves, pull down from the cuff. This will leave the glove inside out, but minimizes potential contamination of your hands. Place this first glove in the palm of the other hand and remove the second glove in the same manner.

F. When removing reusable gloves, pull down from the cuff. This will leave the glove inside out, but minimizes potential contamination of your hands. Disinfect, dry and reinspect for damage. Discard if damaged in any way.

X. REMOVAL OF PERSONAL PROTECTIVE EQUIPMENT

A. To take off masks, headwear, footwear, gloves and gown:

1. Remove headwear, footwear and then gloves and discard into a waste container or place into an approved, properly marked laundry container located within the space where the task or procedure has been performed.

2. Remove gown, turning it inside out. Handle only the inside of the gown. Place it into an approved, properly marked laundry container located within the space where the procedure has been performed.

3. Wash hands and flush mucous membranes if there is any possibility that membrane exposure to blood or other infectious fluids or materials occurred.

SECTION 4

HOUSEKEEPING

I. HANDLING SHARPS AND OTHER WASTES

A. Sharps containers must be kept upright, replaced routinely and kept from becoming overfilled. When removed from the work area, containers will be closed to prevent spillage or protrusion during handling, storage and shipment to proper disposal sites as specified by local, state and federal law.

If container leakage is possible, the container shall be placed in a secondary container which is closable, properly labeled and/or color-coded and capable of containing leakage through the shipping or handling process.

B. Re-usable containers shall not be manually opened, emptied nor cleaned in any manner that would expose employees to the risk of percutaneous injury. All regulated waste shall be disposed of in accordance with applicable regulations of the United States, states and territories and their political subdivisions.

C. Other unregulated but potentially biohazardous wastes shall be placed in closable containers similar to those described for sharps except for the requirement that they be puncture proof. Should the outer surfaces of a waste container become contaminated, the entire container shall be placed in a second container of equal specification.

II. WASTE DISPOSAL

A. All biological waste and potentially hazardous non-biological waste including all disposable medical products are to be discarded into a color-coded container before being secured and transported for incineration or sterilization.

B. All waste from any unit of this facility in which there is any possibility of contamination by infected biological waste will be collected in color-coded impervious bags labeled "Infectious Waste or Biohazard."

C. Infectious waste and biohazard bags will be closed and stored only in designated collection areas.

D. Employees will not transfer into another container, sort through the contents of infectious waste bags, or sort among closed bags.

E. All infectious waste containers will be transported as soon as feasible by an approved infectious waste handler.

F. Disposable products shall be used in a manner consistent with the manufacturer's written instructions and packaging directions. Procedures involving the safe and efficient use, and means of disposal shall be established by the department using the product.

G. When working with suspected infectious materials, Universal Precautions shall be taken as the first line of defense against occupational exposure to bloodborne pathogens. Therefore, at a minimum, all biological waste and any contaminated waste collected from locations in which a potential exposure has occurred shall be considered infectious and handled accordingly:

1. Gloves will be worn at all times when gathering, containerizing, transporting or destroying waste which has any chance of having been exposed to blood, other human fluids or tissue. Use additional appropriate personal protective equipment is splattering is possible.

2. Do not over fill containers such that they cannot be easily and tightly closed without stretching the container.

3. All containers will be tightly closed or sealed prior to being taken from the area in which the waste was created. Closed containers shall not be left in the area in which they were filled but shall be moved promptly to designated storage areas to await timely transportation to an approved decontamination facility.

4. If the outside of any bag which may contain biohazardous waste is observed to be punctured or damp from internal leakage, that container shall be placed into another qualified container by a Classification I or II employee wearing appropriate PPE before it is moved or otherwise handled.

5. A two-person method of double bagging is preferred, and shall be used if a second worker is reasonably available and properly dressed for handling potentially infected material. The partner should cuff the clean bag over his hands and open it widely. The person handling the defective or contaminated container should place it carefully in the second bag. The clean bag is then closed securely by the partner holding the bag.

6. Spills from biohazardous waste containers shall be cleaned up with an approved disinfectant. Blood spills require particular attention and shall be cleaned up immediately using 5.25% Sodium Hypochlorite (bleach) mixed 1 part to 10 parts water or a quaternary disinfectant with chloride.

7. Immediately after containerizing potentially hazardous waste, cleaning spills from containers holding potentially hazardous waste or handling filled waste containers, employees shall wash their hands in accordance with Universal Precautions and the handwashing standards described in this plan.

III. CLEANING OF EQUIPMENT AND SURFACES

A. All bins, pails, cans and similar receptacles intended for re-use which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

B. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means.

C. Classification I or II employees engaged in cleaning surfaces shall use personal protective equipment that insures there is no contact of potentially contaminated material with skin or personal clothing.

D. Clean spills from around the cleaning area immediately if they occur.

E. All cleaning materials and single use personal protective equipment shall be disposed of as hazardous waste.

F. Wash hands with non-abrasive soap.

IV. CONTAMINATED LAUNDRY

A. Contaminated laundry should be handled as little as possible with a minimum of agitation. It must be placed in designated containers at the location where it was used without being sorted or rinsed. Wet laundry must be placed and transported from the place of use in containers that prevent leakage or soak through. All containers must be labeled or color-coded red and handled in accordance with Universal Precautions.

B. Potentially infectious laundry to be transported off-site for processing must be color-coded and labeled. Employees who have contact with contaminated laundry must wear protective gloves and other appropriate personal protective equipment.

C. Any clothing of employees which, as the result of an accident in their work area, may have been in contact with blood, other body fluids or tissue of an injured person shall be considered contaminated. Classification I and II employees will assist such employees to ensure that their clothing is treated as contaminated material and is containerized, transported and laundered in an approved facility at no cost to the employee.

V. LAUNDRY HANDLING PRACTICES

A. In accordance with Universal Precautions and this policy, all used linen is considered contaminated and is to be handled as follows:

1. Soiled linen and other laundry will be containerized without being sorted or rinsed before it is moved from the location in which it has been used.

2. Soiled laundry shall be placed carefully into a properly color-coded or labeled nonabsorbent leak-proof hamper or bag that is free of holes and tears.

3. Any employee handling soiled laundry shall wear protective gloves, and other appropriate personal protective equipment if necessary, that will prevent contact between the soiled material and personal clothing.

4. Do not over fill the bag.

5. If the first bag becomes wet or could reasonably be expected to become wet before arriving at the laundry, or if the integrity of the bag is compromised, it shall be placed in a second, leak-proof bag.

6. When the bag is filled, close it immediately for transport. A container is considered full and ready for closure when all of the soiled laundry in a location of use has been containerized. Filled bags will be left only in a location specifically designated for temporary storage.

7. Transport laundry or linen as soon as possible within a 24-hour time period.

8. Linen is sorted only in the laundry in accordance with Universal Precautions and separately published laundry practices.

VI. CLEANING OF CONTAMINATED EQUIPMENT

A. Employees engaged in cleaning equipment shall use personal protective equipment that will insure that there is no contact of potentially contaminated material with skin or personal clothing.

B. Clean large equipment, stationary or portable, with a germicidal detergent avoiding splatter or dripping. If dripping is reasonably anticipated, use a drop cloth under the equipment being cleaned.

C. Clean spills from around the equipment immediately.

D. All cleaning materials and personal protective equipment shall be disposed of as infectious waste or properly prepared for transport to the laundry as potentially infectious laundry.

E. Wash hands after removal of personal protective equipment.

VII. HANDLING OF POTENTIALLY INFECTIOUS EQUIPMENT

A. Potentially contaminated equipment which is to be serviced or relocated shall be examined and decontaminated as necessary by an equipment maintenance specialist under the supervision of a the coordinator of environmental health and safety. If decontamination of such equipment or portions of such equipment is not feasible:

1. A readily observable biohazard label shall be attached to the equipment stating which portions remain contaminated and it shall be cordoned off to prevent tampering until it is made safe or properly removed.

2. Information that the piece of equipment may present a risk of occupational exposure to a bloodborne pathogen must be conveyed to all affected employees, the servicing or moving representatives or manufacturer, prior to handling, servicing or shipping.

VIII. CLEANUP OF BLOOD OR OTHER POTENTIALLY INFECTIOUS BODY FLUIDS

A. If blood or other potentially infectious body fluids are encountered in the work place, always observe Universal Precautions first and foremost.

B. While fluids such as urine and vomit are not considered infectious by themselves, they ARE considered infectious if observable blood is present. Use Universal Precautions in any case.

C. The cleanup procedure for blood and other potentially infectious fluids is as follows:

1. Apply appropriate PPE

2. Use absorbent material to pick up the bulk of the fluid. This can be from a commercial kit or might be regular vomit absorbent.

3. Use a straight edged scrapper to gather the absorbent material for pickup.

4. Use disposable toweling to finish wiping up remaining fluid.

5. Absorbent material and toweling should be disposed of in an appropriate bag. Red, biohazard labeled bags should be used for known infectious fluids. These include blood, other body fluids listed in this program, and body fluids which are not normally infectious but which contain visible blood. Again, these might be urine or vomit. Vomit that does not contain gross amounts of blood can go in a regular bag.

6. Refer to the Waste Disposal section of this manual for proper disposal techniques.

7. The affected area should be washed thoroughly with a solution consisting of 5.25% sodium hypochlorite (household bleach) mixed 10:1 with water. You may also use

a quaternary disinfectant that contains chloride. Again, blot with disposable toweling, and discard in the same bag.

8. Follow directions provided in the Section 3 of this manual entitled Specific Use of PPE and removal of PPE.

SECTION 5

EXPOSURE AND EVALUATION

I. HEPATITIS B VACCINE PROCEDURE

A. Gustavus will offer the vaccination series for Hepatitis B to all employees who have occupational exposure to blood borne pathogens. The college will use the post-exposure follow-up process described in this section for employees who have had a reportable exposure.

B. The hepatitis vaccination series, medical evaluation, lab tests and post-exposure follow-up will be made available to the employee at no cost.

C. Hepatitis B vaccination will be made available after blood borne pathogen training has been completed, and within ten days of initial assignment for persons who have come into positions with potential occupational exposure, or who have had new duties assigned which present occupational exposure opportunities. The vaccination series is not mandatory. An employee in an affected classification will be offered the series at any time, even if the offer was originally rejected.

D. All employees who decline the offer of hepatitis B vaccination must sign a waiver form which documents the offer of the vaccination and the employee's wish to decline.

GUSTUVUS ADOLPHUS COLLEGE

EXPOSURE CONTROL PLAN
Hepatitis B Virus Vaccination Declination Form

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future I continue to have occupational exposure to blood or other potentially infectious materials and I wish to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to myself.

_____ _____
Employee Signature Date

_____
Employee Name

_____ _____
Countersign Signature Date

_____
Countersign Name

II. POST-EXPOSURE EVALUATION AND FOLLOW-UP

A. All exposure incidents must be reported to the employees immediate supervisor as soon as possible. Our Definition of Terms section says an exposure incident is, "A specific exposure to the eye, mouth, other mucous membrane, or puncture exposure to blood or other potentially infectious materials that results from the performance of an employee's duties." Exposure incidents must be investigated and documented.

B. Following an exposure incident, the exposed employee must receive a confidential medical evaluation and follow-up which includes, at the least, the following:

1. Documentation of the route of entry and the circumstances involved in the exposure incident.

2. Identification and documentation of the source individual unless it can be established that such an identification is unfeasible or prohibited by any applicable law.

3. The exposed employee will be offered the option of having their blood evaluated for HIV/HBV status. The sample will be retained for ninety days to allow time for the employee to decide of HIV tests should be completed.

4. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV or HIV infection. If the source individual is known to be HBV or HIV positive, further testing need not be pursued.

5. Results of test from the source individual will be made known to the exposed employee. The employee will be informed regarding laws and regulations that address disclosure of the source individual's identity and infectious status.

III. RELATION WITH HEALTH CARE PROFESSIONALS

A. Gustavus will ensure that the health care professional responsible for the medical evaluation and hepatitis B vaccination is provided with the following information:

1. A copy of 29 CFR 1910.1030.

2. A written description of the exposed employee's duties. Written documentation of the route of exposure and circumstances under which the exposure occurred.

3. Results of the source individual's blood testing, if available.

4. All medical records of the exposed employee that are related to the exposure, including vaccination status.

B. The health care provider will provide a written opinion and the college must provide the exposed employee a copy within fifteen days of the completion of the evaluation. In order to ensure confidentiality, the written opinion must be limited to:

1. The exposed employee's vaccination status, and whether or not vaccination for HBV is indicated following this exposure.

2. A statement that the exposed employee has been informed about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

C. All other findings shall remain confidential, and will not become a part of the written record.

SECTION 6

HAZARD COMMUNICATION

I. LABELS AND SIGNS

A. Each department at Gustavus will ensure that biohazard labels will be used to mark containers of regulated waste, refrigerators and freezers containing blood or other infectious materials, and other containers used to store, transport or ship infectious materials. Gustavus will use the universal biohazard symbol, and labels will be red or fluorescent orange.

B. Red bags and containers with the biohazard symbol imprinted may be used without additional labels.

SECTION 7

RECORDKEEPING

I. MEDICAL RECORDS

A. The Gustavus director of personnel is responsible for maintaining all medical records associated with the bloodborne pathogen program. Records will be maintained in accordance with OSHA Standard 29, CFR 1910.1030, subpart Z. Any records will be held in strict confidentiality, and will be maintained for the length of employment plus thirty years. Records will contain the following:

1. The name and social security number of the employee.

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

3. A copy of all results of examinations, medical testing and follow-up procedures.

B. A copy of the information provided to the health care provider, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of entry and circumstances of the exposure.

II. TRAINING RECORDS

A. The Gustavus Director of Personnel is responsible for documenting all training activities and maintaining training records. All training records will be maintained for at least three years from the date of training. Training records will include the following:

1. The dates and times of training sessions.

2. An outline which describes the material presented.

3. The names and qualifications of persons presenting the training.

4. The names and job titles of all persons attending the training. A signed acknowledgement of training from each employee that in attendance.

5. A signed acknowledgement of training from each employee that was in attendance

B. All employee records will be made available to the employee in accordance with 29 CFR 1910.1030. Employee records will also be made available to the assistant secretary of labor for OSHA, and the director of the National Institute for Occupational Health and Safety (NIOSH)