80-7 Exposure Control Plan—Blood-Borne Pathogens

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1. **Purpose.** The purpose of the exposure control plan for Eastern New Mexico University (the University) is to implement the requirements of OSHA Standard 29 CFR 1910.1030 Blood-Borne Pathogens, relating to the risk of employee infection with blood-borne pathogens such as, but not limited to, Hepatitis B Virus (HBV) and the Human Immunodeficiency Virus (HIV), which results in the disease commonly known as AIDS. [See OSHA Standard 29 CFR 1910.1031.]

2. **Policy.** The policy of the University is that employees shall adhere to "Universal Precautions." Universal precautions is an approach to infection control. According to this concept, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other blood-borne pathogens.

The foregoing purpose and policy are implemented by the following.

Procedures

3. **Exposure Determination.** AGP&P, 80-7 Addendum 1 lists job classifications in which all employees at the facility listed have been identified as having occupational exposure as defined in AGP&P, 80-7 Addendum 2. The exposure determinations have been made without regard to the use of personal protective equipment.

4. **Methods of Compliance.**

   A. **General.**

      (1) Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials.

      (2) Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

   B. **Engineering and Work Practice Control.**

      (1) Employees shall wash their hands immediately or as soon as possible after removal of gloves or other personal protective equipment and after hand contact with blood or other potentially infectious materials. If hand washing facilities are not immediately available, employees shall use antiseptic hand cleaner or towels, and shall wash hands with soap and water as soon as feasible.

      (2) If overtly contaminated, all personal protective equipment shall be removed immediately upon leaving the work area or as soon as possible and placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

      (3) Used needles shall not be sheared, bent, broken, recapped or removed by hand. Any exception must comply with OSHA Standard 29 CFR 1910.1030(d)(2)(vii).

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

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

(6) All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering and generation of droplets.

(7) Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

(8) Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport or shipping.

a. The container for storage, transport or shipping shall be closed and labeled or color coded according to section 6. A. below.

Exception: All laboratory specimens, identifiable as such, are handled using universal precautions and do not need additional hazard labeling.

b. If outside contamination of the primary container occurs, it shall be placed within a second container which prevents leakage during handling, processing, storage, transport or shipping. The second container shall be labeled with a biohazard sign. [See section 6. A. below.]

c. If the specimen could puncture the primary container, it shall be placed in a puncture resistant second container meeting the characteristics of the above paragraph.

(9) Equipment which may become contaminated with blood or other potentially infectious material shall be decontaminated as necessary unless decontamination is not feasible.

a. Contaminated equipment shall be labeled by enclosure in a red bag or attachment of a biohazard label (see section 6. A. below) and shall state which portions remain contaminated.

b. It is the responsibility of the safety officer or his or her designated charge person (whichever department receives the labeling equipment) to notify all affected employees, the servicing representative and/or manufacturer as appropriate prior to handling, servicing or shipping of contaminated equipment so that appropriate precautions can be taken.

C. **Personal Protective Equipment.**

(1) When there is occupational exposure, employees shall be provided and shall use appropriate personal protective equipment, such as gloves, aprons, lab coats, head and foot coverings, face shields or masks and eye protection and mouthpieces, resuscitation bags, pocket masks or other ventilation devices. The appropriate personal protective equipment shall be discussed with each employee and shall be required based upon the tasks involved and the hazards of the job duty.

(2) Appropriate personal protective equipment in the appropriate sizes shall be provided at the work site. If deemed appropriate, non-disposable multi-use equipment may be assigned to individual employees.

(3) Cleaning, laundering or disposal of personal protective equipment shall be provided by the employer without cost to employees.

(4) When necessary, personal protective equipment shall be repaired or replaced by the employer.

(5) Gloves shall be worn when it can be reasonably anticipated for the hands to have contact with blood, other potentially infectious materials, mucous membranes, non-intact skin and when touching or handling contaminated items or surfaces.

a. Disposable (single use) gloves, such as surgical or examination gloves, shall be replaced as soon as possible when contaminated, torn, punctured or when their ability to function as a barrier is compromised. Disposable gloves shall not be washed or disinfected for re-use.

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

c. Gloves shall be worn when performing vascular access procedures, heel sticks and finger sticks.

(6) Masks and eye protection or chin-length face shields shall be worn whenever splashes, spray, spatter, droplets or aerosols of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated.

(7) Appropriate protective 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 shall depend upon the task and degrees of exposure anticipated.

(8) Surgical caps or hoods and/or shoe covers shall be worn in instances when gross contamination can be anticipated (i.e. autopsies, orthopedic surgery).

D. **Housekeeping.** The work site is to be maintained in a clean and sanitary condition. Written schedules for cleaning and method of decontamination, type of surface to be cleaned, type of soil present and tasks and procedures being performed in the area shall be available in the affected departments.

(1) **Cleaning and Disinfection.** All equipment and environmental working surfaces shall be properly cleaned and decontaminated after contact with blood or other potentially infectious materials.

a. Work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures, when surfaces are overtly contaminated, immediately or as

soon as feasible after any spill of blood or other potentially infectious material and at the end of the work shift if contaminated since the last cleaning.

b. Protective covering such as plastic wrap, aluminum foil or imperviously backed absorbent paper may be used to cover equipment and environmental surfaces. These coverings shall be removed and replaced at the end of the work shift or when they become overtly contaminated.

c. All bins, cans and similar receptacles intended for reuse, 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 possible upon visible contamination.

d. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned using mechanical means such as a brush and dust pan, tongs or forceps.

e. Contaminated reusable sharps shall not be stored or processed in such a manner that employees must reach by hand into containers where they have been placed.

(2) **Regulated Waste.** [See AGP&P, 80-7 Addendum 2.]

a. Contaminated Sharps.

i. Contaminated sharps shall be discarded immediately or as soon as feasible in closeable, puncture-resistant, leak-proof (on sides and bottom) containers. The container shall be labeled in accordance with section 6. A. below.

ii. Contaminated sharps containers shall be easily accessible to employees and located as close as feasible to the immediate area where sharps are used or can reasonably be anticipated to be found.

iii. Contaminated sharps containers shall be kept upright throughout use and not allowed to overfill.

iv. If leakage is possible, contaminated sharps containers shall be placed in a closeable, appropriately labeled container constructed to contain all contents and prevent leakage.

v. Reusable sharps containers shall not be opened, emptied or cleaned by hand or in any other manner which would expose employees to risk of percutaneous injury.

b. Other Regulated Waste.

i. Regulated waste shall be placed in containers which are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping. Containers shall be labeled in accordance with section 6A of this plan.

ii. If outside contamination of the regulated waste container should occur, it shall be placed in a second container meeting the same requirements as those in section 4.D.(2)b.i. above.

c. Regulated waste shall be disposed of in accordance with New Mexico Environment Department Solid Waste Regulations. Contact the University safety officer.

(3) **Laundry.**

a. Contaminated laundry shall be handled as little as possible with a minimum of agitation. Contaminated laundry shall be bagged or contained at the location where it was used and shall not be sorted or rinsed in the location of use.

b. All contaminated laundry shall be placed in labeled or color-coded bags or containers.

c. Whenever contaminated laundry is wet and presents a reasonable likelihood of soaking through or of leakage from the bag or container, the laundry shall be placed and transported in leak-proof containers or bags.

d. Employees handling contaminated laundry shall wear gloves and other appropriate personal protective equipment.

e. Contaminated laundry is transported off-site to a second facility which uses universal precautions in the handling of all laundry.

5. Hepatitis B Virus Vaccination and Post Exposure Follow-Up.

A. **General Policy.**

(1) The University shall make available HBV vaccinations free of charge to all employees who have occupational exposure on an average of one (1) or more times per month and post exposure follow-up for all employees with an occupational exposure incident. For required employee training regarding HBV exposure, see section 6. B. below.

(2) All medical evaluations and procedures shall be performed under the supervision of a licensed physician and all laboratory tests shall be conducted by an accredited laboratory.

(3) All evaluations, procedures, vaccinations and post exposure management shall be provided at a reasonable time and place and according to standard recommendations for medical practice.

B. **HBV Vaccination.**

(1) HBV vaccinations shall be offered to all employees occupationally exposed on an average of one (1) or more times per month to blood or other potentially infectious materials, unless the employee has a previous HBV vaccination or unless antibody testing has revealed that the employee is immune. If the employee initially declines HBV vaccination but at a later date, while still covered under the standard, decides to accept the HBV vaccine, the employer shall provide the vaccine. Should a booster dose(s) be recommended at a future date, such booster dose(s) shall be provided according to standard recommendations for medical practice.

(2) HBV antibody testing shall be made available to an employee who desires such testing prior to deciding whether or not to receive HBV vaccination. If the employee is found to be immune to HBV by virtue of adequate antibody titer, then the employer is not required to offer the HBV vaccine to that employee.

(3) Following a report of an exposure incident, the University's Health Services shall make available a confidential medical evaluation and follow-up, including at least the following elements:

a. Documentation of the route(s) of exposure, HBV and HIV antibody status of the source patient, if known, and the circumstances under which the exposure occurred;

b. Collection of and testing of the source patient's blood to determine the presence of HIV or HBV infection if the source patient can be determined and permission is obtained;

c. Collection of blood from the exposed employee as soon as possible after the exposure incident for the determination of HIV and/or HBV status (Actual antibody or antigen testing of the blood or serum sample may be done at that time or at a later date if the employee so requests.)

d. Follow-up of the exposed employee including antibody or antigen testing, counseling, illness reporting and safe and effective post exposure prophylaxis, according to standard recommendations for medical practice.

(4) The employer shall provide the following information to the evaluating physician:

a. A copy of the OSHA regulation and its appendices and

b. A description of the affected employee's duties as they relate to the employee's occupational exposure.

(5) For each evaluation under this section, the employer shall obtain and provide the employee with a copy of the evaluating physician's written opinion within fifteen (15) working days of the completion of the evaluation. The written opinion shall be limited to the following information:

a. The physician's recommended limitations upon the employee's ability to receive HBV vaccination;

b. A statement that the employee has been informed of the resulting medical evaluation and that the employee has been evaluated for any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment and

c. Specific findings or diagnoses which are related to the employee's ability to receive HBV vaccination. Any other findings and diagnoses shall remain confidential.

C. **Medical Record Keeping.**

(1) The University shall establish and maintain an accurate record for each employee who might have been exposed to blood-borne pathogens.

(2) This record shall include:

a. The name and social security number of the employee;

b. A copy of the employee's HBV vaccination records and medical records relative to the employee's ability to receive vaccination or the circumstances of an exposure incident;

c. A copy of all results of physical examinations, medical testing and follow-up procedures as they relate to the employee's ability to receive vaccination or to post-exposure evaluation following an exposure incident;

d. The employer's copy of the physician's opinion and

e. A copy of the information provided to the physician.

(3) **Confidentiality.** The employer shall assure that employee medical records are:

a. Kept confidential and

b. Are not disclosed or reported to any person within or outside the workplace.

(4) The employer shall maintain this record for at least the duration of employment plus thirty (30) years in accordance with 29 CFR 1910.1020, Access to Employee Exposure and Medical Records.

6. Communication of Hazards to Employees.

A. **Labels and Signs.**

(1) Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material and other containers used to store, transport or ship blood or other potentially infectious materials except as noted in the following paragraphs (5), (6), (7), (8) and (10).

(2) Labels shall include the biohazard warning.

(3) Labels shall be fluorescent orange or orange red with lettering or symbols in a contrasting color.

(4) Labels shall be affixed as close as possible to the container by string, wire, adhesive or other method to prevent their loss or unintentional removal.

(5) Red bags or red containers may be substituted for labels.

(6) Containers of blood, blood components or blood products which are labeled as to their contents and have been released for transfusion or other clinical use are exempt from the labeling requirement.

(7) Individual containers of blood or other potentially infectious materials which are placed in a labeled container during storage, shipping, transport or disposal are exempt from the labeling requirement.

(8) Because the University utilizes universal precautions for all specimens, labeling is not necessary providing containers are recognizable as containing specimens and the specimen remains within the department.

(9) Labels required for contaminated equipment shall state which portion of the equipment is contaminated.

(10) Regulated waste which has been decontaminated need not be labeled or color coded.

B. **Employee Information and Training.**

(1) All University employees identified as having occupational exposure shall participate in a training program.

(2) Employees shall be trained at the time of initial assignment to tasks where occupational exposure may occur and at least annually thereafter.

(3) Additional training may occur when changes such as modification of tasks or procedures may affect employees' occupational exposure.

(4) A minimum training for employees with occupational exposure at this facility shall include:

a. The location of an accessible copy of OSHA Standard 29 CFR 1910.1030 Blood-borne Pathogens and an explanation of its contents.

b. A general explanation of the epidemiology and symptoms of blood-borne disease.

c. An explanation of the modes of transmission of blood-borne disease.

d. An explanation of this exposure control plan and the location where an easily accessible copy shall be kept.

e. An explanation of methods employees may use to recognize tasks which may involve occupational exposure.

f. An explanation of the methods and their limitations which shall prevent or reduce occupational exposure.

g. Information of the selection, limitations, location, decontamination and proper disposal of personal protective equipment.

h. Information on the HBV vaccine, including information on its effectiveness, safety, method of administration, benefits of vaccination and that the vaccine shall be administered without cost to the employee.

i. Information on appropriate actions and the person to contact in the event of an emergency involving blood or other potentially infectious materials.

j. An explanation of proper procedures to follow if an exposure incident occurs, including reporting procedures and the medical follow-up which shall be made available.

k. Information on post-exposure follow-up which the employer is required to provide.

l. An explanation of the labels and/or color-coding system at the facility.

m. An opportunity for the employee to ask follow-up questions and obtain answers during the training.

(5) A record of the training required by this standard may be found in Office of Human Resources.

7. HIV and HBV Research Laboratories or Production Facilities. The University does not have any of these HIV or HBV research laboratories or production facilities.

Approved by the Board of Regents on December 16, 2005.