

# Northwestern State University

## Blood Borne Pathogens Exposure Control Plan

### EMPLOYEES

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# **High Risk Employees Blood Borne Pathogen Exposure Control Plan**

## **Purpose**

The purpose of this exposure control plan is to eliminate or minimize employee occupational exposure to blood or certain other body fluids;

## **Exposure Determination**

ORM requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials.

The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all departments in which employees may be expected to incur such occupational exposure, regardless of frequency.

At Northwestern State University, the following departments are in this category:

- **Athletic Training/Facilities**
- **Physical Plant**
- **Creative & Performing Arts (specific areas)**
- **University Police**

College of Nursing, School of Allied Health, and Student Health Services take refresher course each year via their continuing education courses. This documentation is kept in their respective departments.

Not all persons in the above listed departments would be expected to come into contact with Bloodborne Pathogens, and those persons are not expected to take the high risk course, only the low risk course online, and read and understand the policy for low risk employees. If at some point the low risk employees have exposure, a high risk employee should assist the low risk employee in proper procedures.

This policy has no effect on contracted companies and their employees. Contracted companies must provide their employees with an exposure control plan as required by state law.

## **Implementation Schedule and Methodology**

ORM also requires that this plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

### **Compliance Methods:**

- Universal precautions will be observed at this facility in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.
- Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this facility.

- Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. At this facility the following engineering controls will be utilized: (list controls, such as sharp containers, biosafety cabinets, etc.)
  - Specimens of blood or other potentially infectious materials will be placed in a container that prevents leakage during collection, handling, processing, storage, or shipping. The containers will be properly labeled with a biohazard label and/or color-coded red.
  - Hand washing facilities will be provided for all employees.
    - Handwashing facilities shall be made available to the employees who incur exposure to blood or other potentially infectious materials. ORM requires that these facilities be readily accessible after incurring exposure.
      - If handwashing facilities are not feasible, the employer is required to provide either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes.
      - If these alternatives are used then the hands are to be washed with soap and running water as soon as feasible.
  - Employers who must provide alternatives to readily accessible handwashing facilities should list the location, tasks, and responsibilities to ensure maintenance and accessibility of these alternatives.
  - Departmental Supervisors shall ensure that after the removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.
  - Departmental Supervisors shall ensure that if employees incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as soon as feasible following contact.

### **Needles:**

- Most employees of Northwestern State University do not use, nor come in contact with, needles in their day-to-day job responsibilities and duties.
- However, they may be a remote possibility where an employee may encounter needles during the performance of their job. If this should occur, the employee is to immediately notify their supervisor for instructions on the proper handling and disposal of needles.
- In the areas that handle needles on a regular basis, the department shall have a needle stick policy or they shall use the needle stick policy of the present clinical setting.
  - Student Health Services and Athletic Training should have a needle stick policy for their departments.
  - College of Nursing and School of Allied Health should refer to the hospital or clinical setting that the employee is presently located. The needle stick policy of the clinical setting or hospital setting will apply to Northwestern State employees and students.
  - College of Nursing and School of Allied Health should have their own policy if needle sticks are possible on the property of Northwestern State. This needle stick policy should address possible needle sticks to students that are not employees of the University.

The Administrative Communication /Occurrence Form should be used for any student in the Experiential Learning Program that is involved with an incident involving a needle stick. That form is available online at the EHS Website.

## Contamination

- Should contamination occur the department supervisor is responsible for ensuring that any item that has become contaminated with blood or other potentially infectious materials shall be examined prior to use and shall be decontaminated if necessary.

## Personal Protective Equipment

- PPE Provision and Use:
  - The Supervisor for each department is responsible for ensuring that the all appropriate PPE is available to every employee if the employee has occupational exposure to blood borne pathogens.
- PPE Accessibility:
  - The Departmental Supervisor shall ensure that appropriate PPE in the appropriate sizes
  - PPE is readily accessible at the work site or is issued without cost to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
- PPE Cleaning, Laundering and Disposal:
  - All personal protective equipment will be cleaned, laundered, and disposed of by the employer at no cost to the employees.
  - All garments, which are penetrated by blood, shall be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the work area.
  - When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
- Gloves:
  - Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes and when handling or touching contaminated items or surfaces.
  - Disposable gloves used at this facility are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
  - Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
- Eye and Face Protection:
  - Masks in combination with eye protection devices (such as goggles or glasses with solid side shields, or chin length face shields) are required to 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 reasonably be anticipated.

## Housekeeping

All contaminated work surfaces will be decontaminated immediately after any spill of blood or other potentially infectious materials. The following procedures are to be followed for cleaning:

- Washable Surfaces -Tables, desks, etc.
  - Use household bleach solution of 1 part bleach to 9 parts water, ~~and~~ refresh.
  - Other disinfectants that are approved by EPA include Actril Cold Sterilant, Barquat 42Z-10, CCX-151, O-125, D125 AG-10, Public Places, and Stat-5 Antimicrobial Spray.
  - Rinse with water if so directed.
  - Allow to air dry.
  - When bleach solution is used, handle carefully.
    - Gloves should be worn, since the solution is irritating to skin.
    - Avoid applying on metal, since it will corrode most metals.
- Floors
  - One of the most readily available and effective disinfectants is the bleach solution detailed above.
  - Use the two-bucket system: one bucket to wash the soiled surface and one bucket to rinse as follows:
    - In bucket #1, dip, wring, and mop up vomit, blood, etc..
    - Dip, wring, and mop once more. Wring out mop in bucket #1.
    - Put mop into bucket #2 (rinse bucket) that has clean disinfectant (bleach solution).
    - Mop or rinse area.
    - Return mop to bucket #1 to wring out. This keeps the rinse bucket clean.
    - After all spills are cleaned up, proceed to the next step below.
    - Soak mop in the disinfectant after use.
    - Disposable cleaning equipment should be placed in a plastic bag as appropriate. Water should be disposed of in a toilet.
    - Rinse non-disposable cleaning equipment (dustpans, buckets) in disinfectant.
    - Dispose disinfectant solution down a toilet or a floor sink.
    - Remove gloves, if worn, and discard in appropriate receptacle.
    - Wash hands as described in Hand Washing Section.
  - Non-Washable Surfaces (Rugs, Upholstery)
    - Apply sanitary absorbing agent, let dry, vacuum.
    - If necessary, use broom and dustpan to remove solid materials.
    - Apply rug or upholstery shampoo as directed. Re-vacuum according to directions on shampoo.
    - If a sanitizing carpet cleaner only available by water extraction method is used, follow the direction on the label.
    - Clean dustpan and broom, if used. Rinse in disinfectant solution.
    - Air dry.

## **Contaminated Waste Disposal**

- Most of the Northwestern State employees will not normally encounter regulated waste in the performance of their job duties. Those that will encounter in their daily duties should follow the procedures in their departmental policy.
- However, should an employee encounter any contaminated waste, they should not handle the waste and the employee is to immediately notify their supervisor for instructions on the proper handling and disposal of waste.
- Should any of the waste be contaminated sharps, they shall be discarded immediately in containers that are closable, puncture resistant, leak proof on all sides. These containers will be properly identified with a biohazard sign and/or color-coded red.
- Soiled feminine hygiene/sanitary napkins, soiled facial tissues, etc., are not considered a biohazard or medical waste.

## Laundry Procedures

- Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible.
- Such laundry will be placed in appropriately marked (biohazard labeled, and/or color-coded red bag) bags at the location where it was used.
- Please note: If your department utilizes the Universal Precautions in the handling of all soiled laundry (i.e. all laundry is assumed to be contaminated) no labeling or color-coding is necessary if all employees recognize the hazards associated with the handling of this material.

## Hepatitis B Vaccine, Post-Exposure Evaluation, and Follow-Up

- Vaccine and Vaccination Series
  - Presently, Northwestern State University is not offering the Hepatitis B vaccine and vaccination series to its employees. However, should a bloodborne pathogen incident occur, the affected employee with exposure will be immediately provided with the Hepatitis B vaccine and vaccination series.
- Post Exposure Evaluation and Follow-Up
  - All exposure incidents shall be reported, investigated and documented.
  - Exposure events in Experiential Learning situations in the College of Nursing and School of Allied Health involving a clinical student should be reported on an Administrative Communication/Occurrence Form.
  - The employee incurs an exposure incident, it shall be reported to the Environmental Health & Safety (EHS) Office.
  - It will be filed as a regular employee accident, and all paperwork shall be completed by the employee, employee's supervisor and the EHS Office.
  - If in the hospital or clinical setting, that agency should be notified and all protocols of that agency followed also.
  - The employee in a clinical setting will follow the protocols of the clinical site.
  - Following a report of an exposure incident, the exposed employee shall immediately receive a medical evaluation and follow-up, including at least the following elements:
    - Documentation of the route of exposure, and the circumstances under which the exposure incident occurred.
    - Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.
    - The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent not obtained, the EHS Officer shall establish that legally required consent cannot be obtained.
    - When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
    - Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious Status of the source individual.
  - Collection and testing of blood for HBV and HIV serological status will comply with the following, if medically necessary:
    - The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

- If the employee does not consent to the HBV and HIV testing, a blood sample may be collected and preserved for 90 days. If within 90 days of the exposure incident the employee elects to have the baseline sample tested, it should be completed as soon as feasible.
- All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the ORM standard. All post exposure follow-up will be performed in accordance with the ORM standard. All post exposure follow-up will be performed by the clinic or physician of the employee's choice.
- Information provided to the Healthcare Professional
  - the healthcare professional of the employee's choosing, that is responsible for the employees Hepatitis B vaccination, if applicable, is provided with the following:
    - A written description of the exposed employee's duties as they relate to the exposure incident.
    - Written documentation of the route of exposure and circumstances under which exposure occurred.
    - Results of the course individuals blood testing, if available, all medical records relevant to the appropriate treatment of the employee including the vaccination status.

### **Healthcare Professional's Written Opinion**

- The Environmental Health & Safety Office shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.
- The healthcare professional's written opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for an employee, and if the employee has received such vaccination.
- The healthcare professional's written opinion for post-exposure follow-up shall be limited to the following information:
  - A statement that the employee has been informed of the results of the evaluation, and
  - A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment.
- NOTE: All other findings of diagnosis shall remain confidential and shall not be included in the written report.

### **Information and Training**

- Training is provided within ninety (90) days of hire to each employee via the Louisiana Employees Online website. Employees are made aware of this training in their New Employee Orientation. A refresher course will be provided every five (5) years, thereafter for low risk employees. Employees that are considered high risk for blood borne exposure will be trained annually through their individual departments or via continuing education credits. Training shall be tailored to the education and language level of the employee, and offered during the normal work shift.
- The training will be interactive and cover the following:
  - A copy of the standard and an explanation of its contents,
  - An explanation of the modes of transmission of blood borne pathogens,
  - An explanation of the Northwestern State University's Blood borne Pathogen Exposure Control Plan, and a will be provided a copy,
  - The recognition of tasks that may involve exposure,
  - An explanation of the use and limitations of methods to reduce exposure, for example: engineering controls, work practices and personal protective equipment

- Information of the types, use, location, removal, handling, decontamination, and disposal of PPE,
- An explanation of the basis of selection of PPE,
- Information on the Hepatitis B vaccination,
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials,
- An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up,
- Information on the evaluation and follow-up required after an employee exposure incident, and
- An explanation of the signs, labels, and color-coding systems,
- The person conducting the training shall be knowledgeable in the subject matter.
- Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

## **Recordkeeping**

### Medical Records:

- The Environmental Health and Safety Office for Northwestern State University is responsible for maintaining medical records as indicated below. These records will be kept in the employees files located in the EHS Office.
- Medical records shall be kept confidential, and must be maintained for at least the duration of employment plus 30 years.
- The records shall include the following:
  - The name and social security number of the employee.
  - A copy of the employee's HBV vaccination status, including the dates of vaccination.
  - A copy of all results of examinations, medical testing, and follow-up procedures.
  - A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.

### Training Records:

- The Environmental Health & Safety Office is responsible for maintaining the following training records. These records will be kept in the EHS Office.
- Training records shall be maintained for five years from the date of training.

## **Employee Responsibility**

- Employees are responsible for reporting any exposure event to their supervisor.
- The event will be reported on an accident report form, DA-2000 and the Supplemental Accident/Incident Report form.
- The claim will be filed with the current insurance carrier as a Worker's Compensation Claim, so that exposure testing can be done.
- If in a clinical setting, protocols of the clinical site should be followed, and an accident report also be filed, for reporting purposes. An Administrative Communication/Occurrence Form should be completed and forwarded to the EHS Office.

## **Evaluation and Review**

The Environmental Health & Safety Officer is responsible for annually reviewing this program, and its effectiveness, and for updating this program as needed.

## **Policy Authority:**

This policy is a requirement of the State of Louisiana, Office of Risk Management.