

PROVIDENCE COLLEGE  
BLOODBORNE PATHOGENS  
EXPOSURE CONTROL PLAN

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## SECTION 1.0 - OSHA BLOODBORNE PATHOGENS STANDARD

### A. Introduction

The Occupational Safety and Health Administration's (OSHA) "Occupational Exposure to Bloodborne Pathogens" Standard was promulgated to prescribe safeguards to protect workers against the health hazards related to bloodborne pathogens (BBP) in the work place.

The intent of the Bloodborne Pathogen standard is to eliminate or minimize occupational exposure to human immunodeficiency virus (HIV) and hepatitis B virus (HBV). Diseases that result from these and other pathogenic viruses include acquired immunodeficiency syndrome (AIDS), hepatitis B, syphilis, malaria, and other less common diseases.

Bloodborne pathogens are pathogenic microorganisms that are present in human blood and certain other body fluids. Exposure to bloodborne pathogens may occur in many ways in the work environment. Although needlestick injuries are the most common means of exposure for health care workers, transmission can also occur through contact with non-intact skin of workers, as well as through the mucus membranes.

OSHA requires employees with job responsibilities that have potential for exposure to bloodborne pathogens an opportunity to receive the hepatitis B vaccine at no cost. Providence College has identified the medical staff in health services, the athletic trainers and laundry staff, and the security staff as employees that are at greatest risk to bloodborne pathogen exposure and therefore, in addition to annual BBP training, these employees may receive the hepatitis B vaccine free of charge.

Other Providence College employees, including those in the physical plant department, arts and sciences departments and the residence life department are not exposed to bloodborne pathogens as a condition of their employment, and therefore do not receive the hepatitis B vaccine free of charge. If exposure does occur within these groups, it would be incidental and most likely the result of an accident. Should this happen the hepatitis B vaccine would be made available at no cost to the employee. These employees also receive annual bloodborne pathogen awareness training.

It is important that employees covered under this plan follow the procedures outlined in the Exposure Control Plan. Following these precautions and taking care to minimize accidents will help to ensure the safety of all Providence College employees.

### B. Definitions

**Bloodborne Pathogen:** pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, the hepatitis B virus (HBV), and the human immunodeficiency virus (HIV).

**Contaminated:** The presence or reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

**Contaminated Laundry:** means laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.

**Soiled Laundry:** means laundry that is **not** contaminated with blood but may contain non- visible potentially infectious materials.

**Decontamination:** The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles, and the surface or the item is rendered safe for handling, use, or disposal.

**Occupational exposure:** Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employees' work duties.

**Other Potentially Infectious Materials:** Semen; vaginal secretions; fluid from around the heart, lungs, joints, spine, brain and abdomen; amniotic fluids; body fluids that are visibly contaminated with blood; and all body fluids in situations where it is difficult or impossible to differentiate among body fluids.

**Note:** Tears, sweat, saliva, nasal secretions, urine, feces and vomit are not considered dangerous body fluids unless they contain visible blood.

**Exposure Incident:** A specific eye, mouth, other mucus membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material that results from the performance of an employees' duties.

**Universal Precautions:** A specific approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infected with bloodborne pathogens.

**Parenteral:** The piercing of skin barriers or mucus membranes by such events as needle sticks, human bites, cuts, and abrasions.

## C. Program Implementation

The Office of Environmental Health and Safety (EHS) shall be responsible for administering the Exposure Control Plan and managing the waste disposal program. The Health Services Department is responsible for implementing the vaccination program, and maintains medical and exposure monitoring records.

#### **D. Training**

The Office of EHS is responsible for training the Physical Plant, Security, and Arts and Sciences department employees. The Athletic and Health Services departments are responsible for training within their respective departments. Initial and annual training is required.

#### **E. Exposure Control Plan**

The Providence College Exposure Control Plan herein is in accordance with the requirements of the Federal OSHA Bloodborne Pathogen Standard 29 CFR 1910.1030.

### **SECTION 2.0 - EXPOSURE DETERMINATION**

Providence College employees that may encounter bloodborne pathogens resulting from their job responsibilities includes:

**Health Services** - doctors, nurses, staff and EMTs.

**Athletic Department** - athletic trainers and laundry staff.

**Security Office** - first responder security officers

In addition, there are employees that may have incidental exposure to bloodborne pathogens. Incidental exposures are usually associated with an accident and not the result of their daily work responsibilities. These include the following departments.

**Physical Plant Department** – General maintenance, power plant, Schneider Arena personnel

**Arts & Sciences Departments** – Arts, Biology, Psychology, Chemistry

**Residence Life** - Hall Directors, Residence Assistants

### **SECTION 3.0 - METHODS OF COMPLIANCE**

#### **A. General**

Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. All blood and body fluids will be treated as and considered to be potentially infectious materials.

#### **B. Engineering and Work Practice Controls**

Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall be used. Engineering controls shall be examined and replaced as needed to ensure their effectiveness.

**1. General Work Practices**

All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, and generation of droplets of these substances. The nose, mouth, and eyes should not be touched during or after contact with potentially infectious materials until proper handwashing procedures have been followed. Special care and precautions shall be taken at any time an employee may have open cuts or sores or dermatitis that may compromise the barrier protection provided by skin. 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.

**2. Handwashing**

Handwashing facilities which are readily accessible to employees shall be provided. When provision of handwashing facilities is not feasible, either an appropriate antiseptic hand cleanser in conjunction with clean cloth paper towels or antiseptic towelettes will be provided. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible. Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. Employees shall wash hands and any other skin with soap and water. Employees shall flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

**3. Handling of Sharps**

Needles and other sharps shall not be bent, recapped, or removed. Shearing or breaking of needles is prohibited. Needle and scalpel removal shall be accomplished by a mechanical device or one handed technique. Non-reusable sharps and/or contaminated broken glassware shall be placed in appropriate sharp containers and shall be disposed of as Biohazard waste.

**4. Personal Habits & Food and Drink**

Eating, drinking, smoking, application of cosmetics or lip balm, and handling contact lenses are prohibited in work areas. Food and drink shall not be kept in refrigerators, freezers, shelves, countertops or benchtops.

## C. PERSONEL PROTECTIVE EQUIPMENT (PPE)

### 1. General

All employees performing tasks entailing reasonably anticipated exposure to blood or potentially infectious materials will be required to use appropriate personal protective equipment, which may include, gloves, gowns, laboratory coats, face shields or masks with eye protection, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Such equipment shall be repaired or replaced as needed to maintain its effectiveness, at no cost to the employee. The type and characteristics of PPE will depend upon the task and degree of exposure anticipated. The PPE is specific for each department and is available from the following department personnel:

**Health Services:**

Cathy Kelleher, R.N., X-2423

**Athletics Department:**

John Rock, X-2262

**Physical Plant**

Greg Myers, X-1585

**Residents Life:**

Greg Myers, X-1585

**Security Office:**

Carol C Piscopo, X- 1393

**Science Departments**

Department administrative assistants

2. **Gloves** - shall be worn when it can be reasonably anticipated that the employee may have contact with blood, other potentially infectious material.
3. **Single Use Gloves** - such as surgical or examination gloves and utility gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn or punctured.
4. **Masks** - in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin-length face shield, shall be worn whenever splashes, spray, splatter, or droplets of blood and or where other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
5. **Removal of Personal Protective Equipment**  
Any garment penetrated by blood or other potentially infectious materials shall be removed immediately and shall then be placed in a biohazard container for decontamination or disposal.

## **D. CLEANING AND DISINFECTION**

### **1. Equipment and Work Surfaces**

Each work site shall be maintained in a clean and sanitary condition. All equipment and working surfaces shall be cleaned and decontaminated with an appropriate disinfectant after contact with blood or other potentially infectious materials.

### **2. Contaminated Equipment**

Equipment which may become contaminated with blood or other potentially infectious materials shall be decontaminated. Those portions that have not been decontaminated shall be labeled in accordance with section 4.0 (A) prior to disposal.

### **3. Containers**

The container for storage, transport, or shipping (including freezers and refrigerators used for storage of blood or other potentially infectious materials) shall be "BioHazard" labeled in accordance with Section 4.0 (A).

### **4. Sharps Containers**

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

-Sharps shall be discarded in containers that are closeable, puncture resistant, leak-proof on sides and bottom. The sharps containers shall be labeled in accordance with section 4.0 (A).

-Sharps containers shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used.

-When moving sharps containers from the areas of use, the containers shall be closed prior to removal to prevent spillage, and labeled in accordance with section 4.0 (A).

-Reusable container shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

## **E. REGULATED WASTE**

### **1. General**

Regulated waste shall be considered any liquid or semi-liquid blood-contaminated item that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed. Materials contaminated with dried blood or other potentially infectious materials that are capable of being released during handling are also regulated waste. This excludes reusable equipment, instruments, or personal protective clothing and equipment provided these items have undergone proper decontamination procedures. Disposal of all regulated waste shall be in accordance with applicable US Federal and State requirements.

The Office of Environmental Health and Safety shall be responsible for final disposal of all sharps and regulated waste containers. Each department shall request a waste pickup through the Physical Plant work order system.



## **F. LAUNDRY PRACTICES**

### **1. General Laundry Procedures**

Contaminated laundry shall be handled as little as possible with minimum of agitation and shall be bagged or containerized at the location where it was contaminated. Contaminated laundry shall not be rinsed in the location of use, but shall be placed and transported in "Biohazard" bags or containers to the laundry facility. Employees who have contact with contaminated laundry shall wear protective gloves.

### **2. Laundry Facilities Handling Contaminated Laundry:**

Universal Precautions will be used when handling contaminated laundry. Before handling the contaminated laundry, employees must don protective gloves and apron. Place the contaminated laundry into an empty washer. Wash laundry on a hot cycle (160 degrees F) to complete decontamination procedure. Those items that cannot be washed on a hot cycle shall be washed in cold or warm along with an EPA-approved tuberculocidal disinfectant. Do not wash other laundry with contaminated laundry.

After the laundry is placed in the washer, the employee shall dispose of the contaminated bag and disposable gloves in a "bio-waste" disposal container located in the laundry room. (After the gloves are removed, the employee will thoroughly wash his/her hands with soap and warm water.) The container will be properly marked with the "Biohazard" label in accordance with section 4.0 (A) of this Plan. Once the laundry cycle is completed and the decontaminated laundry removed, run the empty washer through the hot cycle one time.

### **3. Biohazard Waste Containers:**

Biohazard waste containers will be located in the laundry room for receiving of biohazard waste bags or other contaminated materials. Sharps containers shall also be located in the laundry room should there be the need to dispose of needles or other sharp materials found in the laundry. Biohazard containers shall be marked and disposed of in accordance with the requirements of this plan. When the waste containers are full, they can be removed by calling in a work order at Physical Plant at X-2166. Request additional waste containers from the athletic department at X-2001.

## **SECTION 4.0 - BIOHAZARD LABELING**

### **A. Warning Labels**

Biohazard 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.

Labels shall include the following legend: **BIOHAZARD**

And shall be fluorescent orange or orange-red with lettering or symbols in a contrasting color. In addition, labels are required for contaminated equipment and shall state which portions of the equipment remain contaminated.

## SECTION 5.0 - HEPATITIS B VACCINATION

- A. The Hepatitis B vaccine and vaccination series is available to those employees that Providence College has determined may be exposed to bloodborne pathogens in the course of their work. For these designated employees the hepatitis B vaccine is available at no cost, and performed by or under the care of a licensed physician or other licensed healthcare professional.
- B. Hepatitis B vaccination shall be made available after the employee has received the bloodborne pathogens education program and within 10 working day of initial assignment of duties with reasonable anticipated exposure to blood or other potentially infectious materials. This requirement is exempted if any of the following apply: the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccination is contra-indicated for medical reasons.
- C. Employees who decline to accept hepatitis B vaccination offered by the employer shall sign the hepatitis B vaccination refusal form. If designated employees initially decline hepatitis B vaccination but at a later date decide to accept the vaccination, the hepatitis B vaccination shall be made available according to the provisions of this policy at that time.

## SECTION 6.0 -EXPOSURE INCIDENT, POST-EXPOSURE EVALUATION AND FOLLOW-UP

- A. **Exposure Incident Procedure**  
In the event of an "exposure incident" to blood or other potentially infectious materials the following procedures shall be followed:
  - If a spill of blood or other potentially infectious material occurs and it is not an emergency, contain the spill using readily available protective equipment.
  - If it is an emergency, immediately notify Security and your supervisor.
  - The supervisor will notify the cleaning company of the spill and shall ensure that the spill is properly cleaned up and that the area is disinfected.
  - If there is reason to believe an exposure incident has occurred, the supervisor should escort the employee to health services where he/she will complete the exposure incident report. If necessary, the injured employee will proceed to a hospital for blood tests.
  - Health Services shall inform the local hospital of the employee condition and that he/she is in transit to the hospital for blood tests.
- B. **Post Exposure Incident** - After an exposure incident, health services will follow up with a confidential medical evaluation.

- C. **Medical Evaluation** - All medical evaluations and procedures performed as part of post-exposure evaluation and follow-up are provided at no cost to the employee. A copy of the evaluating healthcare professional's written opinion will be provided to the employee within 15 days of the completion of the evaluation.

## SECTION 7.0 - EDUCATION AND TRAINING

- A. All employees with reasonably anticipated exposure to blood or other potentially infectious materials shall participate in the Bloodborne Pathogens Training Program during working hours. This shall occur at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter.
- B. Additional training shall be provided when changes such as modification of tasks or new tasks affect the employee's occupational exposure. This additional training may be limited to addressing the new exposure created.
- C. Those employees designated as potential for incidental exposure to bloodborne pathogens will receive annual awareness training. Incidental exposure is typically because of an accident, and not the result of their employment responsibilities.

## SECTION 8.0 - RECORD KEEPING

- A. An accurate medical record for each employee with occupational exposure shall be maintained at the Health Services office.
- B. Employee medical records will be kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law. Such records shall be maintained for at least the duration of employment plus 30 years.
- C. Training records shall be maintained and shall include the dates of the training sessions, contents or a summary of the training sessions, the names and qualifications of persons conducting the training, and the names and job titles of all persons attending the training sessions. Training records shall be maintained for 3 years from the date on which the training occurred.
- D. All employee's medical records or training records shall be made available upon request to the Assistant Secretary and the Director of the Occupational Safety and Health Administration (OSHA) for examination and copying.
- E. Training and documentation records required under this Standard shall become part of the employee's record on file in the office, which does the training. Employee medical records will be kept in the Health Services department.

## SECTION 9.0 - EMPLOYEE RESPONSIBILITIES

- A. In addition to the specific responsibilities outlined herein, employees performing tasks with reasonably anticipated exposure to blood or other potentially infectious materials are required to inform their shift supervisor/department head if proper protective clothing and equipment is unavailable or if the equipment appears inadequate to provide appropriate protection from such exposure.
- B. Employees are required to report to the Office of Environmental Health and Safety any incidents or observations suggesting inadequate use of personal protective clothing and equipment or other control measures by an employee.
- C. Employees covered under this plan are required to comply with Providence College's Exposure Control Plan for bloodborne pathogens. The use of universal precautions, engineering controls, and personal protective equipment is mandatory.
- D. Employees that do not follow these requirements are subject to disciplinary action.