

ST MARY'S
COLLEGE *of* MARYLAND

The National Public Honors College

Bloodborne Pathogen Program- Exposure Control
Plan

Environmental Health and Safety

Updated June 2024

Purpose

St. Mary's College of Maryland is committed to providing a safe and healthful work environment for our entire staff. The purpose of the Exposure Control Plan (ECP) is to protect the health and safety of the persons directly involved in handling the materials, campus personnel, and the public by ensuring the safe handling, storage, use, processing, and disposal of infectious medical waste. This plan complies with OSHA requirement proposed for 29 CFR 1910.1030, Bloodborne Pathogens.

This ECP includes:

- * Program Administration
- * Employee Exposure Determination and Training
- * Methods of Implementation
 - Universal Precautions
 - Engineering and Work Practice Controls
 - Personal Protective Equipment
 - Waste Disposal
- * Hepatitis B vaccination
- * Post-exposure Treatment and Notification Procedures
- * Procedures for evaluating circumstances surrounding an exposure incident
- * Record Keeping and Reporting

Program Administration

St. Mary's College of Maryland's Environmental Health and Safety (EH&S) Office is responsible for the implementation of the ECP. EH&S will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact: Calvert Hall B14, 240-895-3347.

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practice outlined in the ECP.

The respective departments will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The respective departments will ensure that adequate supplies of the equipment are available in the appropriate sizes.

The respective departments along with the EH&S Office will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.

The EH&S Office will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

Employee Exposure Determination and Training

All personnel such as Coaches/Athletic Trainers/Recreation staff, laboratory staff, ResLife Staff, and Custodial Employees will receive initial and annual training by a qualified medical practitioner on the Bloodborne Pathogen Program. Additionally, personnel trained in First Aid shall be offered this annual training.

- All new and current affected Employees will be trained initially and annually thereafter. The content of the training program will include:

- Campus Policy
- Types and transmission of Bloodborne Pathogens
- General Safety Rules
- Universal Precautions
- Use of Personal Protective Equipment
- Medical Waste Disposal Procedures
- Post Exposure Treatment and Procedures
- HBV Vaccinations
- Documentation of training will be by *Bloodborne Pathogens Safety Training Certificate of Completion*
- All Employees not affected by this Program will receive an overview of the program requirements during scheduled department Safety Meetings with documentation by Safety Meeting Minutes Form.

Methods of Implementation

▪ Universal Precautions and General Safety Rules

- **ALWAYS treat bodily fluid as if it's contaminated.**
- Gloves must be made of appropriate disposable material, usually intact latex, or vinyl. They must be used:
 - When the employee has cuts abraded skin, chapped hands, dermatitis, or the like.
 - When examining abraded or non-intact skin of a patient with active bleeding.
 - While handling blood or blood products or other body secretions during routine procedures.
- Gowns, aprons, or lab coats must be worn when splashes of body fluid on skin or clothing are possible.
- Mask and eye protection are required when contact of mucosal membranes (eyes, mouth, or nose) with body fluids is likely to occur (e.g., splashes or aerosol).
- Resuscitation equipment, pocket masks, resuscitation bags, or other ventilation equipment must be provided to eliminate the need for direct mouth to mouth contact.

▪ Medical Waste Treatment and Disposal Procedures

- All Medical Wastes (those soiled with human body fluids) will be placed in a red leak-proof container marked either *Biohazard* or *Medical Waste*. All other wastes will be discarded following customary procedures. (**Note:** Soiled feminine hygiene/sanitary napkins, soiled facial tissues, etc. are not considered a biohazard or medical waste. Pretreatment is not necessary; however, Employees should wear personal protective equipment and wash hands with antibacterial soap afterwards)
- Wear and use the required personal protective equipment when handling medical wastes as outlined in the *Personal Protective Equipment Guidelines* Poster. (Below.)

- At the end of each shift, all accumulated medical wastes will be treated to remove biohazards using the following procedure:
 - Prepare a solution of 10 percent chlorine bleach to water (approximately 2 cups chlorine bleach to 1 gallon of water)
 - Pour solution over the medical wastes and thoroughly saturate.
 - Let stand for 10 minutes and then drain into sink.
 - Discard as ordinary wastes.

Caution: Sharp objects (broken glass, hypodermic needles, etc.) should not be handled by hand to prevent accidental punctures and lacerations

- Rinse medical wastes container and return for use again.
- Wash hands and exposed areas with antibacterial soap.

Hepatitis-B Virus (HBV) Vaccinations

The EH&S Office will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability. The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series, 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination is contraindicated.

The choice for HBV vaccination is not mandatory. If an affected employee chooses not to have the vaccination at the initial offering, they will have the opportunity to be vaccinated when they are ready. The department and EH&S will document the offer, acceptance or declination, and vaccination dates with the *Notice of HBV Vaccinations Form*. (Below).

Post Exposure Treatment and Notification Procedures

Should an affected employee or an employee acting as a "Good Samaritan" be occupationally exposed to HIV/HAV/HBV the affected employee will report the exposure to their Direct Supervisor, who will report it to the EH&S Office. The college will provide for the employee to be tested for HIV/HAV/HBV at no expense to the employee. Following the initial blood test at time of exposure, seronegative employees will be retested at 6 weeks, 12 weeks, and 6 months to determine if transmission has occurred. During this period, the employee will follow the recommendations provided by a doctor or the U. S. Public Health Service.

An "occupational exposure" is defined as blood or body fluid contact from an injured or ill employee to the affected employee or injury by a contaminated sharp object.

Following the report of exposure, the college will contact the exposure source and request that person be tested for HIV/HAV/HBV at the college's expense. The request is not mandatory and if refused will not affect that employee's future employment.

During all phases of Post Exposure, the confidentiality of the affected employee and exposure source will be maintained on a "need to know basis". EH&S will document the exposure and offer of medical assistance to the affected employee. The results of any HIV/HAV/HBV tests conducted will be provided to the exposed and source employees within 5 business days of receipt.

If an employee has a needle stick, cut, or mucous membrane exposure to another person's body fluids he/she must report the incident immediately to their direct supervisor. All employees exposed to human blood and blood products must report to their direct supervisor and EH&S Office for information and possible inclusion in the Hepatitis B Immunization Program.

Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

The Environmental Health and Safety Office will review the circumstances of all exposure incidents to determine:

- Engineering controls were in use at the time
- Work practices were followed
- A description of the device being used (type and brand)
- Protective equipment and clothing that was used at the time of the exposure incident
- Location of the incident
- Procedure being performed when the incident occurred
- Employee's training

Reporting and Recordkeeping

Any reports required by OSHA will be maintained by the EH&S Office. All reports (Training Certificates, Notice of HBV Vaccinations, exposure reports) will be maintained for 30 years. Occupationally contracted HBV or HIV will be recorded on the OSHA 200 Log of Occupational Injuries and Illnesses as an illness. Exposures to bloodborne pathogens from contact with sharps will be recorded on the OSHA 200 Log of Occupational Injuries and Illnesses if treatment such as gamma globulin, hepatitis B immune globulin or hepatitis B vaccine is prescribed by a Physician.

Personal Protective Equipment Guidelines	
Protective Equipment	When to Use
Exam or Nitrile Gloves	Any potential contact of the hands with blood or other body fluids or with materials contaminated with blood or body fluids
Utility Gloves	Same as above except when more durable material is required (e.g., maintenance work, housekeeping)
Face and eye protection (goggles, glasses with side shields, and a face shield)	Any potential for contact with eyes or face, (e.g., potential splashes, sprays, splatter, or droplets of infectious materials) and/or when using enhanced practices
Lab coats or Uniform	Any potential for contact with BBP

HEPATITIS B VACCINE DECLINATION (MANDATORY)

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 want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signed: _____

Date: _____