Exposure Control Plan

Southern Oregon University is committed to providing a safe and healthy work environment. In accordance with this goal, the Occupational Health and Safety Administration (OSHA) passed into law the bloodborne pathogens standard (29 CFR 1910.1030). Bloodborne pathogens are pathogenic microorganisms that are present in human blood and are capable of causing disease in humans. These

pathogens may be present in other potentially infectious materials such as:

• Human blood, human blood components, and products made from human blood

• Bodily Fluids, tissues, or organs

• Human derived cell lines

• Blood or tissue from experimentally infected animals

The goal of this standard is to help minimize and eliminate occupational exposure to bloodborne pathogens. Included in this plan are the following:

• Laboratory Administration

• Employee Exposure Risks

• Methods of Exposure Control

• Hepatitis B Vaccination

• Post-Exposure Evaluation

• Employee Training

• Recordkeeping

• Hazard Communication

**Administration**

Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• The Principal Investigator is responsible for execution of the exposure control plan and will manage the maintenance, review and updates to the document whenever new procedures or tasks are added, and if the general scope of work changes. The Principal Investigator will also be responsible for the following:

1. Ensure all personnel who have occupational exposure to blood or other potentially infectious materials comply with the procedures and work practices outlined in this plan.
2. Provide personnel with all the requisite personal protective equipment, engineering controls, labels, and other items required under this plan and ensure that adequate supplies of this equipment are available to staff.
3. Ensure that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.
4. Provide training, documentation of training, and ensure the exposure control plan is available to employees, OSHA and NIOSH representatives.
5. Offer workers with potential of exposure the Hepatitis B vaccination.

**Employee Exposure Risk Determination**

The following is a list of job titles that have exposure to infectious or potentially infectious materials in the course of their duties.

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| Job Title/Classification | Department/Location | Tasks/Procedures Performed |
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**Methods of Exposure Control**

• Universal Precautions

O All employees will utilize universal precautions.

• Exposure Control Plan (ECP)

O All employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by contacting the Principal Investigator/ laboratory supervisor. If requested, a copy of the ECP can be provided free of charge and within 15 days of the request. The Principal Investigator/ laboratory supervisor is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure, and to reflect new or revised employee positions with occupational exposure.

**Engineering and Work Practice Controls**

O Any equipment or structure that is used to aid staff in preventing exposure to

infectious or potentially infectious material.

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| Item/ Practice | Description |
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**Personal Protective Equipment (PPE)**

• Personal Protective Equipment is utilized by laboratory personnel as a last layer of protection from exposure to infectious or potentially infectious materials.

• The supervisor must ensure any required PPE is purchased and available for use by personnel.

• All PPE users must observe the following precautions:

O Wash hands as soon as possible after removing gloves or other PPE.

O Remove PPE after it becomes contaminated and before leaving the work area.

O All used PPE that may be contaminated or potentially contaminated must be placed in the biohazard waste containers.

O Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood/potentially infectious materials or contaminated laboratory items and surfaces.

O Replace gloves if they are torn, punctured, contaminated, or if their ability to function as a barrier is compromised.

O Never wash or decontaminate disposable PPE for reuse.

O Wear appropriate face and eye protection when procedures may generate splashes, sprays, spatters, or droplets of blood or other potentially infectious materials.

O Remove any garments that have been contaminated with blood or potentially

infectious materials as soon as possible.

• Any reusable PPE, such as lab coats, will be laundered by a service provided by the university.

O All contaminated laundry must be handled as little as possible and placed in

appropriate containers prior to laundering.

**Waste Disposal**

• Biological waste

O Liquid waste containing biological materials should be treated for at least 20 minutes with either 10% bleach or other approved disinfectant before disposal in the sink.

O Solid waste is placed in reusable hard, plastic buckets or disposable cardboard boxes that are lined with autoclavable red, biohazard trash bags. This prevents spillage or protrusion of contents during handling.

• Sharps disposal

O Needles, scalpels, lancets, slides, coverslips, glass pipettes, capillary tubes, or broken glass contaminated with blood or other potentially infectious materials must be collected in red sharps containers.

• Waste Containers

O Waste containers need to be conveniently located near the areas where work is being performed.

**Labels**

Specific labelling which incorporates the universal biohazard symbol must be placed on any equipment such as regulated waste containers, containers storing blood or other potentially infectious materials, equipment used in procedures with blood or other potentially infectious materials, etc. These labels are used to warn personnel about the bloodborne pathogen risk. If you are in need of any

labelling, please contact the EHS office at 541-552-8624

**Hepatitis B Vaccination**

Southern Oregon University will provide training to the laboratory staff on hepatitis B vaccinations. They will address safety, benefits, efficacy, methods of administration, and availability. The hepatitis B vaccination series is available at no cost after initial laboratory training and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan. Vaccination is encouraged unless:

• Documentation exists that the employee has previously received the series

• Antibody testing reveals that the employee is immune

• Medical evaluation shows that vaccination is contraindicated

Employees must fill out the Southern Oregon University Hepatitis B Vaccination Offer form whether they plan on accepting the vaccination or declining it. Employees who decline may request and obtain the vaccination at a later date at no cost. The forms are located on the EH&S website

at:

https://inside.sou.edu/assets/ehs/HEPATITIS\_B\_VACCINATION.docx

<https://inside.sou.edu/assets/ehs/HEP_B_declination.docx>

A copy of this form must be kept by Human Resource department for the duration of the employee’s employment.

**Post-Exposure Evaluation and Follow-Up**

If an exposure event occurs:

• For any percutaneous injury, wash the affected area thoroughly with soap and lukewarm water for at least 15 minutes.

• For a mucous membrane exposure, rinse the affected area continuously with lukewarm water for at least 15 minutes.

• Cover the area with a sterile bandage or gauze.

• Call 911 for immediate treatment

Following exposure treatment:

• Report the incident to your supervisor and the EHS Office.

• Document the routes of exposure and how the exposure occurred.

• Identify and document the source of exposure material.

• If possible, test the exposure material to determine HIV, Hepatitis B, or Hepatitis C infectivity unless already known to aid occupational health staff.

• Complete an incident report.

• The laboratory safety manager/supervisor, Principal Investigator, and EHS will review the circumstances of the exposure incident to determine:

O Engineering controls in use at the time.

O Work practices followed.

O A description of any devices in use.

O Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.).

O Location of the incident.

O Procedures being performed when the incident occurred.

O Employee training record.

O If any additional reporting is required.

**Training**

Employee training for bloodborne pathogens takes place in an online training format recorded within the Moodle System. The training must be taken annually.

**Recordkeeping**

Training records for each employee on the laboratory training roster are kept within the training management system. Once training has been completed, records are available online. All medical records are kept confidential and maintained for the duration of employment plus 30 years. Records will contain the following:

• Hepatitis B vaccination status including vaccination dates and any medical records relevant to the employee’s vaccination status.

• Results of any post-exposure evaluations, examinations, medical testing, or follow-up procedures.

All percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All recorded incidences must include at least:

• Date of the injury,

• Type and brand of the device involved (syringe, scalpel, etc.),

• Department or work area when the incident occurred,

• Explanation of how the incident occurred,

This log must be kept and maintained for at least five years following the end of the calendar year covered.

Principal Investigator Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_