

**Bloodborne Pathogens
Exposure Control Plan**

For

**Presbyterian College
School of Pharmacy**

29 CFR 1910.1030

**Bloodborne Pathogens Exposure Control Plan
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**Bloodborne Pathogen Exposure Control Plan
for
Presbyterian College School of Pharmacy**

I. OBJECTIVE

The objective of the Presbyterian College School of Pharmacy Bloodborne Pathogen Exposure Control Plan is to comply with the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030, and to eliminate or minimize employee occupational exposure to blood, certain other body fluids, or other potentially infectious materials as defined below:

- A. *Blood* means human blood, human blood components, and products made from human blood.
- B. *Bodily fluids* means semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
- C. *Other potentially infectious materials* means any unfixed tissue or organ (other than intact skin) from a human (living or dead), and human immunodeficiency virus (HIV)-containing cell or tissue cultures, organ cultures, and HIV- or hepatitis B virus (HBV)-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

II. BACKGROUND

OSHA requires employers to identify situations and job classifications in which employees may be exposed to blood or other potentially infectious materials, and to provide protection to these employees in the form of engineering controls, personal protective equipment, training, and risk reduction.

III. ASSIGNMENT OF RESPONSIBILITY

- A. Program Administrator

The safety officer shall manage the Bloodborne Pathogen Exposure Control Plan for Presbyterian College School of Pharmacy, and maintain all records pertaining to the plan.

- B. Management

Presbyterian College School of Pharmacy will provide adequate controls and equipment that, when used properly, will minimize or eliminate risk of occupational exposure to

blood or other potentially infectious materials. These shall be provided at no cost to the employees. Presbyterian College School of Pharmacy management will ensure proper adherence to this plan through periodic audits.

C. Supervisors

Supervisors shall themselves follow and ensure that their employees are trained in and use proper work practices, universal precautions, the use of personal protective equipment, and proper cleanup and disposal techniques.

D. Employees

Employees are responsible for employing proper work practices, universal precautions, personal protective equipment and cleanup/disposal techniques as described in this plan. Employees are also responsible for reporting all exposure incidents to the **safety officer** immediately or within 14 days.

E. Contractors

Contract employees shall be responsible for complying with this plan, and shall be provided the training described herein.

IV. EXPOSURE DETERMINATION

All job classifications and locations in which employees may be expected to incur occupational exposure to blood or other potentially infectious materials, based on the nature of the job or collateral duties, regardless of frequency, shall be identified and evaluated by **the safety officer**. This list shall be updated as job classifications or work situations change. Exposure determination shall be made without regard to the use of personal protective equipment (**employees are considered to have potential exposure even if they wear personal protective equipment**).

A. Category I

Job classifications in which employees are exposed to blood or other potentially infectious materials on a regular basis, and in which such exposures are considered normal course of work, fall into Category I. **The safety officer** shall maintain a list of these types of jobs and the locations in which the work will be performed (see Appendix A).

B. Category II

Job classifications in which employees may have an occasional exposure to blood or other potentially infectious materials, and in which such exposures occur only during certain tasks or procedures that are collateral to the normal job duties, fall into Category II. **The safety officer** shall maintain a list of these types of jobs and the

locations in which the work may be performed (see Appendix B).

These lists shall be updated as job classifications or work situations change.

V. IMPLEMENTATION SCHEDULE AND METHODOLOGY

A. Compliance Methods

1. Universal precautions

Universal precautions shall be used at **Presbyterian College School of Pharmacy** to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials shall be considered infectious, regardless of the perceived status of the source individual.

2. Engineering Controls

The engineering and work practice controls listed below shall be used to minimize or eliminate exposure to employees at **Presbyterian College School of Pharmacy**.

- a. Sharps containers
- b. Safety needles
- c. Biohazards containers
- d. Biohazard Storage Bin (Room 241)

The following schedule shall be followed to review the effectiveness of the engineering controls.

- a. Review of equipment and engineering controls will take place before each semester.
- b. Course coordinators for courses/labs that may involve potential student/faculty exposure to blood, certain other body fluids, or other potentially infectious fluids have the responsibility of reviewing the exposure control plan and reviewing the effectiveness of engineering controls and equipment in each laboratory. Currently PILS I, III, IV, V and VI are courses that have been identified as having a laboratory component(s) which potential exposure could occur. This review should take place each semester before each course/lab is taught.

Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

3. Needles

Except as noted below, contaminated needles and other sharps shall not be bent,

recapped, removed, sheared, or purposely broken. Contaminated sharps shall be placed immediately, or as soon as possible, after use into appropriate sharps containers. All disposable sharps containers shall be puncture resistant, labeled with a biohazard label, and leak-proof.

4. Containers for Reusable Sharps

Contaminated sharps that are reusable shall be placed immediately, or as soon as possible, after use into appropriate sharps containers. All reusable sharps containers shall be puncture resistant, labeled with a biohazard label, and leak-proof.

- a. Sharps containers are located in labs 240, 242, 245, 247, 173, and 257 and the clinic (rooms 149, 150, 151, 152, and 154). Sharps containers should be inspected on a monthly basis by the course coordinator, clinic personnel, or the school safety officer. When sharps containers are full the entire container will be placed in the Biohazard storage bin located in room 241.

5. Sharps Injury Log

A needlestick or sharps injury log (see Appendix C) shall be maintained (for employers that keep records under 29 CFR 1904), and shall include the following information for each incident:

- a. period of time the log covers;
- b. date incident is entered on the log;
- c. date of incident;
- d. type and brand of device involved;
- e. department or area of incident; and
- f. description of incident.

The log shall be retained for five years after the end of the log year.

6. Hand Washing Facilities

Hand washing facilities shall be made available and readily accessible to all employees who may be exposed to blood or other potentially infectious materials. Where hand washing facilities are not feasible, **Presbyterian College School of Pharmacy** will provide an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When these alternatives are used, employees shall wash their hands with soap and running water as soon as feasible.

7. Work Area Restrictions

In work areas where there is a reasonable risk of exposure to blood or other potentially infectious materials, employees shall not eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages shall not be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials may be present.

Mouth pipetting or suctioning of blood or other potentially infectious materials is prohibited.

All processes and procedures shall be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

8. Specimens

Each specimen of blood or other potentially infectious material shall be placed in a container that will prevent leakage during the collection, handling, processing, storage, and transport of the specimen. Any specimens that could puncture a primary container shall be placed within a secondary puncture-resistant container. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container that will prevent leakage during handling, processing, storage, transport, or shipping of the specimen.

9. Contaminated Equipment

The safety officer shall ensure that the equipment that has become contaminated with blood or other potentially infectious materials is examined prior to servicing or shipping. Contaminated equipment shall be decontaminated, unless decontamination is not feasible. Contaminated equipment shall be tagged and labeled as such.

10. Personal Protective Equipment (PPE)

The safety officer shall ensure that the provisions regarding personal protective equipment described in this plan are met and maintained.

Personal protective equipment shall be chosen based on the anticipated exposure to blood or other potentially infectious materials. Protective equipment shall be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach an employee's clothing, skin, eyes, mouth, or other mucous membranes under normal and proper conditions of use and for the duration of time that the equipment will be used.

The safety officer and course coordinators of labs shall ensure that

students/faculty use appropriate PPE.

B. Housekeeping

This facility shall be cleaned and decontaminated regularly and as needed in the event of a gross contamination. See Appendix D for cleaning schedule and required cleaning materials. All contaminated work surfaces, bins, pails, cans, and similar receptacles shall be inspected and decontaminated regularly as described in Appendix D.

Any potentially contaminated glassware shall not be picked up directly with the hands. Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where sharps are placed.

C. Regulated Waste Disposal

Disposal of all regulated waste shall be in accordance with applicable federal, state, and local regulations.

1. Sharps

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak proof on sides and bottom, and labeled or color-coded.

During use, containers for contaminated sharps shall remain upright throughout use, shall be easily accessible to employees, and shall be located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (including laundry areas). **The safety officer** shall replace sharps containers routinely and not allow them to overfill.

When moving sharps containers from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. Sharps containers shall be placed in a secondary container if leakage of the primary container is possible. The second container shall be closeable, constructed to contain all contents, and shall prevent leakage during handling, storage, transport, or shipping. The secondary container shall be labeled or color-coded to identify its contents.

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of exposure or skin injury.

2. Other Regulated Waste

Other regulated waste shall be placed in containers that are closeable, constructed to contain all contents, and will prevent leakage of fluids during handling, storage, transportation, or shipping.

All waste containers shall be labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

VI. Hepatitis B Vaccines and Post-Exposure Evaluation and Follow Up

A. General

Presbyterian College School of Pharmacy will make the Hepatitis B vaccine and vaccination series available to all employees who have the potential for occupational exposure, as well as post-exposure follow up to employees who have experienced an exposure incident.

The safety officer shall ensure that all medical evaluations and procedures involved in the Hepatitis B vaccine and vaccination series and post-exposure follow up, including prophylaxis are:

1. made available at no cost to the employee;
2. made available to the employee at a reasonable time and place;
3. performed by or under the supervision of a licensed physician or other licensed healthcare professional; and
4. provided in accordance with the recommendations of the United States Public Health Service.

An accredited laboratory shall conduct all laboratory tests at no cost to the employee.

B. Hepatitis B Vaccination

The safety officer shall coordinate the Hepatitis B vaccination program. **Presbyterian College School of Pharmacy** has annual contracts with a health care group to provide this service.

1. Category I Employees

The Hepatitis B vaccination shall be made available to an affected Category I employee after he or she has received training in occupational exposure and within 10 working days of initial assignment to job duties that involve exposure. Exceptions to the administration of the Hepatitis B vaccination include situations where an employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune,

or the vaccine is contraindicated for medical reasons.

Participation in a pre-screening program shall not be a prerequisite for an affected employee to receive the Hepatitis B vaccination. If an employee initially declines the Hepatitis B vaccination, but later decides to accept the vaccination and is still covered under the OSHA standard, the vaccination shall then be made available.

All employees who decline the Hepatitis B vaccination shall sign a waiver indicating their refusal (Appendix E), as required by OSHA. If the United States Public Health Service recommends a routine booster dose of Hepatitis B vaccine, this shall also be made available free of charge to affected employees.

2. Category II Employees

The Hepatitis B vaccination series shall be made available and administered to Category II employees no later than 24 hours after an exposure incident (as per OSHA Letter of Interpretation, November 1, 2000). All employees who decline the Hepatitis B vaccination shall sign a waiver indicating their refusal (Appendix E).

C. Post-Exposure Evaluation and Follow Up

All employees must report all exposure incidents to **the safety officer** immediately or within **14 days**. **The safety officer** shall investigate and document each exposure incident. Following a report of an exposure incident, the exposed employee shall immediately receive a confidential post-exposure evaluation and follow up, to be provided by **a contracting health care group**. The post-exposure evaluation and follow up shall include the following elements, at a minimum:

1. Documentation of the route of exposure and the circumstances under which the exposure occurred.
2. Identification and documentation of the source individual, unless it can be established that identification is not feasible or prohibited by state or local law.
3. The source individual's blood shall be tested and documented as soon as feasible and after consent is obtained (if consent is required) in order to determine HBV and HIV infectivity. If consent cannot be obtained, **the safety officer** shall establish and document that legally required consent cannot be obtained.
4. When the source individual is already known to be infected with the Hepatitis B virus (HBV) or human immunodeficiency virus (HIV), testing for the source individual's known HBV or HIV status need not be repeated.

5. 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.
6. The exposed employee shall be offered the option of having their blood tested for HBV and HIV serological status. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. The blood sample shall be preserved for up to 90 days to allow the employee to decide if their blood should be tested for HBV and HIV serological status.

Names of employees that contract HIV or Hepatitis shall not be recorded on the OSHA 300 log.

D. Information Provided to the Healthcare Professional

After an exposure incident occurs, **the safety officer** shall ensure that the healthcare professional responsible for the exposed employee's Hepatitis B vaccination, as well as the healthcare provider providing the post-exposure evaluation, if different, is provided with the following:

1. a copy of 29 CFR 1910.1030, OSHA's Bloodborne Pathogen Standard, with emphasis on the confidentiality requirements contained therein;
2. a written description of the exposed employee's duties as they relate to the exposure incident;
3. written documentation of the route of exposure and circumstances under which the exposure occurred;
4. results of the source individual's blood testing, if available; and
5. all medical records relevant to the appropriate treatment of the employee, including vaccination status.

E. Healthcare Professional's Written Opinion

The safety officer shall obtain and provide to the exposed employee a copy of the evaluating healthcare professional's written opinion within 15 days of completion of the evaluation.

The healthcare professional's written opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for the employees, and if the employee has received said vaccination.

The healthcare professional's written opinion for post-exposure follow up shall be limited to **ONLY** the following information:

1. a statement that the employee has been informed of the results of the evaluation; and
2. 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.

Other findings or diagnosis resulting from the post-exposure follow up shall remain confidential and shall not be included in the written report.

VII. Labels and Signs

The safety officer shall ensure that biohazard labels are affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious materials. Labels shall also be affixed to any other containers used to store, transport, or ship blood or other potentially infectious materials.

The labels shall be fluorescent orange or orange-red, and shall include the universal biohazard symbol. Red bags or containers with the universal biohazard symbol may be substituted for labels. However, regulated wastes must be handled in accordance with the rules and regulations of the entity with jurisdiction. Blood products that have been released for transfusion or other clinical use are exempted from these labeling requirements.

VIII. Training

The safety officer shall ensure that training is provided at the time of initial assignment to tasks where occupational exposure to blood or other potentially infectious materials may occur. Training shall be repeated every 12 months, or when there are any changes to tasks or procedures affecting an employee's occupational exposure. Training shall be tailored to the education level and language of the affected employees and offered during the normal work shift. Training shall be interactive and shall include:

- A. a copy of 29 CFR 1910.1030, OSHA's Bloodborne Pathogen Standard;
- B. a discussion of the epidemiology and symptoms of bloodborne diseases;
- C. an explanation of the modes of transmission of bloodborne pathogens;
- D. an explanation of **Presbyterian College School of Pharmacy's** Bloodborne Pathogen Exposure Control Plan, and how employees can obtain a copy of the plan;
- E. a description and recognition of tasks that may involve exposure;
- F. an explanation of the use and limitations of the methods employed by **Presbyterian College School of Pharmacy** to reduce exposure (such as engineering controls, work practices, and personal protective equipment);

- G. information about the types, use, location, removal, handling, decontamination, and disposal of personal protective equipment;
- H. an explanation of the basis of selection of personal protective equipment;
- I. information about the Hepatitis B vaccination (including efficacy, safety, method of administration, and benefits), as well as an explanation that the vaccination will be provided at no charge to the employee;
- J. instruction on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
- K. an explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow up;
- L. information on the post-incident evaluation and follow up required for all exposure incidents; and
- M. an explanation of signs, labels, and color-coding systems.

The person conducting the training shall be knowledgeable in the subject matter.

IX. Recordkeeping

A. Medical Records

The safety officer shall maintain medical records as required by 29 CFR 1910.1020 in room 234. All records shall be kept confidential and shall be retained for at least the duration of employment plus 30 years.

The safety officer shall also ensure that all contracts with a **contracting health care group** for Hepatitis B vaccinations and post-exposure evaluations and follow ups stipulate any OSHA recordkeeping and retention requirements.

Medical records shall include:

1. name and social security number of the employee;
2. a copy of the employee's HBV vaccination status, including the dates of vaccination;
3. a copy of all results of examinations, medical testing, and follow-up procedures; and
4. a copy of the information provided to the healthcare professional including a description of the employee's duties as they relate to an exposure incident and documentation of the routes and circumstances of an exposure.

B. Training Records

The safety officer shall maintain training records for three years from the date of training. Records shall be kept in room 234 and shall include:

1. the dates of the training sessions;
2. an outline describing the material presented;
3. the names of persons conducting the training; and
4. the names and signatures of all persons attending the training sessions.

C. Availability of Records

Whenever an employee (or designated representative) requests access to a record, **Presbyterian College School of Pharmacy** shall provide access to said employee's records in a reasonable time, place, and manner in accordance with 29 CFR 1910.1020(e). An employee (or designated representative) will only be given access to his or her own records.

D. Transfer of Records

If **Presbyterian College School of Pharmacy** ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, **The safety officer** shall contact the Director of the National Institute for Occupational Safety and Health (NIOSH) three months prior to cessation of business for instruction on final disposition of the records.

E. Evaluation and Review

The safety officer shall review this Bloodborne Exposure Control Plan for effectiveness at least annually and as needed to incorporate changes to the standard or changes in the work place.

Appendix A

Category I Job Classification/Expected Exposure List

Presbyterian College School of Pharmacy

As of February 1, 2011

At **Presbyterian College School of Pharmacy**, the following job classifications are expected to have occupational exposure to blood or other possibly infectious materials:

Job Classification	Department/Location

Appendix B

Category II Job Classification/Possible Exposure List
Presbyterian College School of Pharmacy
As of February 1, 2011

At **Presbyterian College School of Pharmacy**, the following job classifications may have occupational exposure to blood or other possibly infectious materials during certain tasks or procedures:

Job Classification	Task/Procedure	Department/Location

Appendix E

Hepatitis B Vaccine Declination

I understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to me. However, I decline the Hepatitis B vaccination at this time.

I understand that by declining this vaccine, I continue to be at risk of acquiring the serious disease Hepatitis B.

If, in the future, I continue to experience occupational exposure to blood or other potentially infectious materials and I wish to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature

Date

Safety Officer Signature

Date