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## 6Hx23-2.905 BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

The Board of Trustees authorizes the President to implement and carry out a Bloodborne Pathogens Exposure Control Plan in compliance with the Florida Department of Education, State Requirements for Educational Facilities, which reference the Code of Federal Regulations, 29 CFR 1910.1030 Bloodborne Pathogens.

Specific Authority: 1001.64(2) & (4), 1013.12, F.S.

Law Implemented: 1001.65(16), F.S.; Chapter 6A-2.001 F.A.C. and 29 C.F.R. 1910.1030

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## **St. Petersburg College Bloodborne Pathogens Exposure Control Plan**

### **I. Purpose and Scope**

This Bloodborne Pathogen Exposure Control Plan has been developed to protect college employees from occupational exposure to bloodborne pathogens which are known to cause disease in humans. This plan has also been prepared to comply with regulations adopted by the Florida Department of Education, specifically Federal OSHA Regulation 29 CFR 1910.1030 Bloodborne Pathogens.

This plan includes all St. Petersburg College campuses and facilities.

### **II. Exposure Determination**

College employees in the following job classifications have potential for occupational exposure to bloodborne pathogens or other potentially infectious materials (OPIM):

#### **A. Academic Services**

1. Health Education faculty and staff participating in clinical activities on or off-site that pose a potential exposure to bloodborne pathogens
2. Natural Science Technicians
3. Physical Education Faculty
4. SEPSI faculty and staff participating in training activities on or off-site that pose a potential exposure to bloodborne pathogens

#### **B. Facilities Services**

1. Bus Drivers
2. Security Officers
3. Construction Trades Staff
4. Custodial Staff
5. Landscape Staff
6. Maintenance Staff
7. Safety/Environmental Staff

Tasks or procedures performed by these employees which put them at risk of potential occupational exposure to bloodborne pathogens or OPIM include the following:

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1. Direct patient care and laboratory procedures performed during clinical training at health facilities.
2. Accidental needle sticks occurring during health science laboratory tasks.
3. Exposure to blood or OPIM during health science laboratory tasks.
4. Injuries occurring during physical education classes and sports related activities.
5. Injuries occurring during Criminal Justice Institute training activities.
6. Incidents/accidents at any college site which involve blood or body fluid spills.
7. Custodial services performed at any college facility.
8. Maintenance and construction services performed at any college facility.
9. Inspection activities and incidents associated with biohazard waste management.

### III. Responsibilities

- A. Administration: - determine exposure, ensure use of universal precautions, ensure employees are properly trained, provide personal protective equipment, provide for proper disposal of all potentially contaminated articles, investigate all exposure incidents, provide HBV vaccination, ensure the confidential handling of all medical information and enforce the policies contained herein.
- B. Employee: - Follow universal precautions, wear personal protective equipment provided, attend required training program, properly dispose of all contaminated materials, report all exposure incidents to their supervisor, and comply with this plan.
- C. Annual Review: This plan shall be reviewed at least annually by Safety/Environmental Services. The Exposure Control Plan shall be updated as necessary to include new or modified tasks and procedures which affect occupational exposure. New or revised employee positions which add or eliminate occupational exposure will also be included.

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- D. Department Supervisors: Review engineering controls and work practices at least annually to ensure exposure control is maintained for employees and students.

## IV. Exposure Control

- A. Engineering Controls - controls that isolate or remove the bloodborne pathogens hazard from the workplace, e.g., sharps containers, self-sheathing needles, biohazard waste containers, and designated areas for isolation of contaminated items.

All contaminated materials will be disposed of in sharps containers, "red bags", or special biohazard waste containers provided at each facility. **Biohazard waste shall not be disposed of as regular trash.** Removal of biohazardous waste from college facilities is performed by a licensed biohazard waste removal company. Removal of biohazard waste containers can be arranged by contacting Safety/Environmental Services at 341-3314 or 3192.

- B. Work Practice Controls - controls that reduce the likelihood of exposure by altering the manner in which a task is performed, e.g., use of Universal Precautions, use of personal protective equipment, prohibiting recapping of needles by a two handed technique, disposal of waste through an outside biohazard waste firm.

Universal Precautions will be followed whenever there is the potential for contact with any body fluid. Universal Precautions is an 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 infectious for human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens. In order to protect college employees from potential exposure to bloodborne pathogens, this plan considers all body fluids to be potentially infectious and the use of Universal Precautions includes wearing protective gloves.

Eating, drinking, smoking, applying cosmetics, or handling contact lenses in contaminated areas, while performing clean up of body fluid spills or disinfecting potentially contaminated equipment is prohibited.

All contaminated disposable gloves will be disposed of in biohazard waste containers or "red bags" provided at each college facility.

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Employees will wash hands immediately after removal of gloves, other protective equipment, or after contact with a suspect fluid or material.

Employees shall use soap and at least lukewarm water to wash hands or any other part of the body that has been exposed to potentially infectious materials. In the event that hand washing facilities are not immediately available, employees will use antiseptic towelettes or sanitizing gel and wash hands and other affected body parts as soon as possible.

Equipment that may be contaminated will be disinfected with an EPA approved disinfectant and cleaned in such a manner which eliminates or minimizes manual contact. Heavy duty gloves, which are impervious to liquids, shall be worn while disinfecting potentially contaminated equipment. When there is a potential for splashing while disinfecting equipment, employees shall also wear a face shield and chemical splash goggles.

Custodial and maintenance employees will use biohazard spill clean up kits provided at each college facility to clean up blood or body fluid spills visibly contaminated with blood which may occur in restrooms, classrooms, offices or corridors within college facilities. All clean up kit materials shall be properly disposed of in the biohazard waste containers provided for this purpose.

"Red bags" containing contaminated materials shall be placed in properly labeled biohazard waste containers which have closable lids.

- C. Personal Protective Equipment (PPE) - specialized clothing or equipment worn by an employee for protection against a hazard.

Personal protective equipment is provided at no cost to employees and shall be used anytime employees covered by this plan perform tasks which put them at risk of exposure to bloodborne pathogens. Employees covered by this plan will be trained in the correct use, removal, and disposal of PPE and are responsible for utilizing the correct PPE required to protect them from exposure to bloodborne pathogens and OPIM.

Following each use, personal protective equipment shall be removed and properly disinfected or disposed of in "red bags" or biohazard waste containers prior to leaving the work area. Disposable (single use) gloves shall not be washed or disinfected for re-use.

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Heavy duty gloves, which are impervious to liquids, shall be worn while disinfecting potentially contaminated equipment. When there is a potential for splashing while disinfecting equipment, employees shall also wear a face shield and chemical splash goggles.

## D. Housekeeping

Faculty and staff using health science laboratories shall be responsible for daily or routine cleaning of potentially contaminated areas and surfaces in these areas. Custodial staff will not perform nor assist in the cleaning of these areas without close supervision by faculty and staff responsible for the laboratory.

Blood or body fluid spills occurring in restrooms, classrooms, offices or corridors within college facilities will be cleaned and disinfected by custodial or maintenance staff using the biohazard spill clean up kits provided at each college facility as mentioned previously in Section IV. B. In addition to spill clean up training provided for custodial and maintenance staff, clean up instructions are included with each spill clean up kit. All clean up kit materials shall be properly disposed of in the biohazard waste containers provided for this purpose.

Broken glass or other sharp objects shall not be picked up directly with the hands. It shall be cleaned up by mechanical means, such as a brush and dust pan, tongs or similar devices.

## V. Hepatitis B Virus (HBV) Vaccination Program

### A. Vaccine Availability to Employees

All College employees covered by this plan shall be offered at no personal cost a hepatitis B vaccine and any further vaccine recommended by the CDC for either HBV or HIV. While the vaccination series is not mandatory, employees are encouraged to receive the vaccination to protect themselves against accidental exposure to the hepatitis B virus. The vaccine will be offered to the employee at the time of initial training for a new employee or an employee assigned to a new position covered by this plan. This offer shall be made during the bloodborne pathogen information and training session stated in this plan. The HBV vaccine offer shall be accepted or rejected by the employee within 10 working days of initial employment or reassignment unless the employee has previously received the HBV series or it has been determined by a physician that the vaccine should not be administered to the employee. The employees'

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response to the vaccine offer shall be recorded on the Voluntary Consent/Declination Hepatitis B Vaccination Form.

The HBV vaccinations will be administered by the medical facility which the College has selected to provide medical services related to Workers' Compensation. During the information and training sessions, employees will receive information necessary to arrange an appointment to obtain the vaccine.

Employees who decline the HBV vaccine series following initial employment or reassignment may request the vaccine at a later date voluntarily or following a potential exposure to HBV. The stipulations previously mentioned regarding obtaining the vaccine series will apply to such requests.

## B. Employee Responsibility

The employee is responsible for scheduling appointments with the medical facility to obtain the vaccine during working hours. If the work schedule hours for the employee conflict with those of the medical facility providing the vaccinations, the employee shall receive compensatory time for the time required to obtain the vaccinations. The employee is responsible for keeping all appointments to obtain the vaccinations. An employee who neglects to follow through with the complete vaccine series may be subject to disciplinary action as prescribed in the Board of Trustees' Rules 6Hx23-2.19.

## VI. Post-Exposure Incident Evaluation and Follow-up

**Exposure Incident** means contact with blood or other potentially infectious fluid either through broken skin, eyes, mouth, mucous membrane, and needle sticks or similar puncture wounds, which occurs during the performance of an employee's duties.

**Good Samaritan Acts:** Although the Bloodborne Pathogens Standard does not include "good Samaritan" acts which result in exposure to blood or other potentially infectious materials while assisting a fellow employee a student or visitor, the College will provide exposure evaluation and follow-up to any College employee who becomes exposed while performing a "good Samaritan" act while on duty.

### A. Procedures for Post-Exposure Evaluation

The employee shall immediately report the incident to his or her supervisor.

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Appropriate first aid shall be provided.

The supervisor or employee shall call Risk management at 341-3080 for authorization and instructions to obtain post-exposure follow-up and medical treatment. If testing of the source individual's blood is to be performed, authorization for testing is to be obtained from Risk Management at this time.

The supervisor shall complete an Accident-Incident Report form (RM 402) with information provided by the employee and eyewitness accounts.

Following a report of an exposure incident, the College will make immediately available a confidential medical evaluation and follow-up by the College's workers' compensation medical facility or nearest emergency clinic or hospital emergency room, which will include at least the following:

1. Documentation of the route(s) of exposure and the circumstances under which the exposure occurred.
2. Identification and documentation of the source individual unless such identification is not feasible or prohibited by law.
3. Attempt to have the source individuals blood tested to determine the presence of HIV or Hepatitis. This testing will be performed by the College's workers' compensation medical facility. The College will be responsible for the costs to perform this test.
4. Testing of the employee's blood may also be conducted, but only with the employee's consent. This sample may be held for no more than 90 days. If the employee declines testing, or after the sample has been collected and the employee does not want the sample analyzed, this shall be documented and filed in the employee's medical record.
5. The employee shall be counseled regarding; the potential for illness, the medical evaluation, and information about the current recommended treatment.
6. The College's workers' compensation medical facility shall provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of completion of the medical evaluation. The healthcare professional's written opinion shall be limited to stating that the employee has been informed of the results of the evaluation, the medical



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conditions that could result from the exposure, and whether a vaccination is indicated. All other findings and diagnoses shall be confidential and shall not be included in the written report.

The College will forward the following information to the medical facility:

1. Copy of the OSHA Bloodborne Pathogens Standard, unless the medical facility states that a copy is already available for their reference
2. Information necessary for the medical facility to properly evaluate the exposure will be provided and be held in confidence by the medical facility. This information will include a description of the employee's duties, and information relative to the exposure incident.

## VII. Recordkeeping

### A. Medical Records

The Human Resources Department will maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020. These records shall be kept for 30 years past the last date of the employee's employment at the College.

The medical record shall include the following information:

1. Name and social security number of the employee.
2. A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccinations as required by 29 CFR 1910.1030.
3. A copy of all results of examinations, medical testing, and follow-up procedures as required by 29 CFR 1910.1030.
4. The College's copy of the healthcare professional's written opinion as required by 29 CFR 1910.1030.

**NOTE: The medical record information listed above shall be kept confidential and may not be disclosed or reported without the employee's express written consent to any person within or outside the College, except as required by law.**

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## B. Training Records

Safety/Environmental Services will maintain an accurate record of each employee's training required by this plan. Training records shall be maintained for 3 years from the date on which the training occurred.

Training records shall include the following information:

1. Dates of the initial training sessions.
2. The contents or a summary of the training.
3. The names and qualifications of persons conducting the training.
4. The names and job titles of all persons attending the training sessions.

## VIII. Employee Information and Training

All College employees covered by this Plan shall participate in a training program conducted during normal work hours and presented in a manner that permits the employee to understand and provides opportunity for the employee to obtain answers to their questions about their potential occupational exposure, the OSHA Bloodborne Pathogens Standard, and the College's Exposure Control Plan.

### A. Training shall be provided as follows:

1. Initial training by Safety/Environmental Services - within 10 days of: (1) initial assignment of all new employees covered by this Plan or (2) reassignment of employees to any position covered by this Plan.
2. Annually by their supervisor - within one year of the previous training.
3. By supervisors anytime tasks or procedures are changed which may affect an employee's occupational exposure. This additional training may be limited to addressing new exposures created by the changes in tasks or procedures.

### B. Initial Training Program Content

1. Explanation of the OSHA Bloodborne Pathogen Standard

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2. Explanation of the College's Exposure Control Plan which includes the following:

- (a) Purpose and scope of the Plan
- (b) Responsibilities of administration, the employee and supervisors
- (c) Universal Precautions
- (d) Exposure control
- (e) Hepatitis B vaccination program
- (f) Procedures for post-exposure evaluation and follow-up
- (g) Warning labels and signs
- (h) Training requirements

3. Explanation of the following:

- (a) Hazards associated with HIV, HBV and other bloodborne diseases, modes of transmission of bloodborne pathogens, including signs and symptoms of the diseases.
- (b) Methods of recognizing tasks and other activities that may involve exposure to blood and OPIM.
- (c) Use and limitations of methods that will prevent or reduce exposure.
- (d) Basis for selection of personal protective equipment.

C. Training by supervisors:

1. Explanation of the situations and areas where potential exposure may occur.
2. Training in body fluid spill procedures which includes;
  - notification procedures
  - location and proper use of personal protective equipment
  - location and use of devices used for cleanup of body fluid spills
  - proper disposal of contaminated materials.
3. Training shall include demonstration in the proper use of personal protective equipment and devices the employee is expected to use to protect against potential exposure.

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4. Following the above explanations and demonstrations, the supervisor shall observe the employee perform each of the tasks and question the employee to ensure the employee understands the procedures and can perform the tasks associated with potential exposure to body fluids.