COLUMBIA BASIN COLLEGE
Bloodborne Pathogens
Exposure Control Plan

This document was created using the WISHA Department of Labor & Industries Occupational Exposure to Bloodborne Pathogens manual and their Exposure Control Plan template, which follows the Chapter 296-823 WAC. We are required to have this document on file and available to the entire college.

Information was gathered from WISHA, OSHA, other colleges, and various departments and programs of CBC who are required to have their own bloodborne exposure protocols.

September, 2013

COLUMBIA BASIN COLLEGE
Bloodborne Pathogens – Exposure Control Plan

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COLUMBIA BASIN COLLEGE
Bloodborne Pathogens
Exposure Control Plan (ECP)

OVERVIEW

Columbia Basin College is committed to providing a safe and healthful work environment for students, faculty and staff. This plan is to eliminate or minimize occupational exposure to bloodborne pathogens.

Employees who have occupational exposure to blood or other potentially infectious material must follow the procedures and work practices in this plan.

This plan includes:

- Overview
- Definitions
- Identify Employees Who are at Risk for Exposure
- Controlling Employee Exposure to Bloodborne Pathogens
- Employee Training and Hazardous Communication
- Post-Exposure Evaluation and Follow-up
- Recordkeeping

Reference: WISHA Department of Labor & Industries Chapter 296-823 WAC,
Occupational Exposure to Bloodborne Pathogens 09/04
http://www.lni.wa.gov/
1•800•4BE SAFE (1•800•423•7233)

Occupational Exposure to Bloodborne Pathogens

DEFINITIONS

Accidental Exposure is defined as accidentally being exposed to blood/body fluids through needle stick, skin lesion or non-intact mucosal membrane, or mucosal splash to eyes, mouth and nose.
Acquired Immunosuppressive Deficiency Syndrome (AIDS) is a disabling or life-threatening illness caused by human immunodeficiency virus (HIV) characterized by HIV encephalopathy, HIV wasting syndrome, or certain diseases due to immunodeficiency in a person with laboratory evidence for HIV infection or without certain other causes of immunodeficiency.
Blood: Human blood, components and products made from human blood. Medications derived from blood, such as immune globulins, albumin, and factors 8 and 9.
Bloodborne Pathogens are pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to: Hepatitis B virus (HBV), and Human Immunodeficiency Virus (HIV).
Contaminated: the presence or the reasonably anticipated presence of blood or other potentially infectious materials (OPIM) on an item or surface.
Contaminated Laundry: Laundry that has been soiled with blood or other potentially infectious materials or may contain contaminated sharps.
Contaminated Sharps: Any contaminated object that can penetrate the skin including, but not limited to: needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
Decontamination: The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point they are no longer capable of transmitting infectious particles and surface or item is rendered safe for handling, use, or disposal.
Hepatitis B (HBV) is an infections disease of the liver that is characterized by jaundice, fever and liver enlargement. Hepatitis B is caused by the Hepatitis B virus and is spread through blood and body fluids. People who are at higher risk, including people who live with someone with hepatitis B and healthcare workers, should get the hepatitis B vaccine.
Hepatitis C (HCV) Hepatitis C is a virus-caused liver inflammation, which may cause jaundice, fever and cirrhosis. Persons who are most at risk for contracting and spreading hepatitis C are those who share needles for injecting drugs and health care workers or emergency workers who may be exposed to contaminated blood. Currently there is no vaccine available for Hepatitis C.
Human Immunodeficiency Virus (HIV) HIV stands for Human Immunodeficiency Virus. HIV is a virus that takes over certain immune system cells to make many copies of itself. HIV causes slow but constant damage to the immune system. Normally, the human immune system is the body's protection against bacteria's, viruses, etc.; it is like a coat of armor. When HIV enters the body, it starts poking holes in the armor. Eventually, the armor becomes very weak and unable to protect the body. Once the armor is very weak or is gone, the person is

said to have AIDS - Acquired Immunosuppressive Deficiency Syndrome.
Occupational Exposure: Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or OPIM that may result from the performance of an employee's duties.
Occupational Safety and Health Administration (OSHA) is the federal agency concerned with employee safety.
Other Potential Infectious Materials (OPIM): Includes all of the following: human body fluids, semen, fecal matter, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood, all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
Personal Protection Equipment - includes latex/vinyl gloves, goggles, pick-up tongs, sharps disposal bags, and containers and biohazard disposal containers.
Sharps: A non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with or without a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.
Source Person: A person, living or dead, whose blood or other potentially infectious materials (OPIM) may be a source of occupational exposure to the employee. Examples include: hospital and clinic patients; clients in institutions for developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; individuals who donate or sell blood or blood components.
Sterilize: The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
Universal Precaution is an approach to infection control that treats all human blood and certain human body fluids as if they were contaminated with infectious bloodborne pathogens such as HBV and HIV.
Washington Industrial Safety & Health Act (WISHA) is part of the state department of Labor and Industries.

EMPLOYEES WHO ARE AT RISK FOR EXPOSURE

The following are employee/student classifications in our institution, in which employees/students could have occupational exposure to bloodborne pathogens:

IDENTIFICATION	DEPARTMENT/LOCATION
Custodians/Groundsmen/Maintenance	Plant Operations/ Campus Grounds
Safety/Security Staff	Plant Operations/Security
Dental Hygiene Program Staff	Dental Clinic/Labs
Dental Hygiene Program Students	Dental Clinic/Labs
Nursing/Medical Program Staff	Nursing/Medical Program Labs
Nursing/Medical Program Students	Nursing/Medical Program Labs
Biology Department Staff/Students	Biology Department Labs – S Bldg
CBC Fitness Center Staff/Students	CBC Fitness Center - Building G
Early Childhood Education Program	Childcare facility - A-Building Basement

NOTE: Health Sciences Programs (i.e. Nursing/Medical Programs, Paramedic/EMT/, Phlebotomy, Dental Hygiene, etc) have their own Exposure Control Plan policy and procedures in place.

Implementation of Exposure Control Plan at Columbia Basin College: Contact names and phone numbers:

Bill Saraceno Camilla Glatt	Sr. Vice President for Administration (Risk Management for the College) Vice President for Human Resources and Legal Affairs	547-0511 Ext. 2248 547-0511Ext. 2348
Chuck Schmidt	Custodial/Maintenance Supervisor Plant Operations	547-0511 Ext. 2747
Dana Steichen	Grounds Supervisor Hazardous Materials Supervisor	547-0511 Ext. 2361
Mike Bumpaous	Safety/Security Supervisor (general - campus-wide)	547-0511 Ext. 2219
Frank Powers	Executive Dean, Career and Technical Education	547-0511 Ext. 2914
Lynn Stedman	Director/Instructor Dental Hygiene	547-0511 Ext. 2991
Mary Hoerner	Director/Instructor Nursing	544-8310
Virginia Tomlinson	Executive Dean, Arts and Sciences	Ext. 2281
Scott Rogers Jason Ruud	Athletic Director Fitness Center Director	Ext. 2234 Ext. 2249
Carolyn Fazzari	Early Childhood Education	Ext. 2624

CONTROLLING EMPLOYEE EXPOSURE TO BLOODBORNE PATHOGENS (BBP)

CBC uses the following methods to control employee exposure:

A. Infection control or isolation system used:

1. **General Campus (staff & students)** are provided information about bloodborne pathogens via the **CBC Safety Manual and Emergency Plan**, which is updated yearly and sent out campus-wide as an email attachment to print out or file electronically. The Bloodborne pathogens section explains what BBPs are and what steps should be taken to avoid BBP exposure in a first aid situation and/or what to do if possible BBP exposure occurs. This summary information is taken from the CBC Exposure Control Plan for Bloodborne Pathogens, which is on file in the Office of the Sr. Vice President for Administration, the Human Resources Office and available to any employee in each department and division where possible exposure to bloodborne pathogens is present.

2. **The Safety/Security Supervisor** is the contact person to obtain first aid kits. First aid kits with latex/vinyl gloves are provided to all campus departments and offices. The college provides additional BBP training for a limited number of employees each year. Questions about BBP training can be directed to the **Office of the Sr. Vice President for Administration**.

3. **Custodial and maintenance staff** are provided Personal Protection Equipment (PPEs) (i.e., protection gloves, goggles, pick-up tongs, and sharps disposal containers). Employees are trained yearly on the proper handling of possible BBP substances encountered on the job. **The Custodial-Maintenance Supervisor is the contact regarding procedures and training for this specific department.**

4. **Health Sciences Division** (Nursing/Medical Programs and Dental Hygiene Programs) All staff and students have their own specific trainings and procedures for prevention and post handling of BBP exposure. Training includes prevention and handling of needle-stick and percutaneous injury. The **Dean, Health Sciences Division, the Nursing Program Director and the Dental Hygiene Director are the contacts regarding these specific program procedures.**

5. **Biology Department** has universal BBP exposure control guidelines and procedures in place for staff and students, in addition to specific student consent forms for educational activities where the exposure risk may be elevated (i.e. Finger sticks for blood typing and release of human blood or blood components for purposes of research or testing). **Dean, Math/Science Division and the Biology Lead are the contacts for these specific program procedures.**

B. Equipment used to minimize occupational exposure:

1. **First Aid Kits** are supplied to the college departments and offices, and include latex/vinyl gloves to help prevent exposure to BBPs while administering basic first aid.

2. **Personal Protection Equipment** is used by custodial and maintenance staff, which includes latex/vinyl gloves, goggles, pick-up tongs, sharps disposal bags and containers and biohazard disposal containers. Sharps disposal containers are inspected and maintained or replaced by the college Hazardous Materials Supervisor, Custodial/Maintenance Department. The Dental Hygiene and Nursing departments, Biology Departments, Fitness Center have their own PPEs.

3. **Self-sheathing needles, needleless systems and plastic capillary tubes** and the appropriate disposal containers are used in the specific Health Sciences Nursing/Medical programs and Dental Hygiene Program as appropriate. Sharps disposal containers are inspected and maintained or replaced by the directors of the Nursing/Medical programs and Dental Hygiene Program.

4. **Opportunities to improve controls are identified through**: CBC Accident Reports, review of sharps logs, employee interviews, safety committee activities, etc.

5. **Regular evaluation of new products is conducted by the college Purchasing Manager in consultation with the various campus supervisors, specific to their program needs**.

Both front line workers and management officials are involved in this process improvement by:

- Frequent employee/supervisor communication of BBP incidents
- Weekly custodians/supervisor safety meetings
- Regular trainings of BBP prevention and handling.

C. Personal Protective Equipment (PPE)

1. **PPE is provided to college employees at no cost.** T**he types of PPE available to employees include:** latex/vinyl gloves, goggles, pick-up tongs, sharps disposal bags and containers and biohazard disposal containers. Sharps disposal containers and biohazard waste containers are inspected and maintained or replaced by the college Hazardous Materials Supervisor, Custodial/Maintenance Department.

2. **PPE locations**: College first aid kits, located in all department and division offices, labs and prep rooms, contain latex/vinyl gloves and masks; custodial offices and custodial closets located in all the campus buildings; and maintenance offices and maintenance and grounds vehicles. PPE for Nursing/Medical programs and the Dental Hygiene program are located in their specific office and clinic/lab areas.

3. **All employees using PPE must observe the following precautions:**
   NOTE: The Nursing/Medical and Dental Hygiene programs, Biology Custodial and Fitness Center have their own specific PPE equipment and procedures, as identified in their specific plans.
   a. Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
   b. Wear appropriate gloves when you:
      - can reasonably anticipate hand contact with blood or OPIM
      - handle or touch contaminated items or surfaces
   c. Replace gloves if torn, punctured, contaminated, or otherwise damaged.
   d. Decontaminate reusable gloves if they don't show signs of cracking, peeling, tearing, puncturing, or other deterioration. Never wash or decontaminate disposable gloves for reuse.
   e. Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
   f. Remove PPE after it becomes contaminated, and before leaving the work area.
   g. Dispose of contaminated PPE in designated containers:
      - Sharps container
      - Biohazard waste container or bag
   h. Remove blood or OPIM contaminated garments immediately or as soon as feasible, in a manner that avoids contact with the contaminated surfaces.

4. **The Procedure for handling used PPE is:**
   - Always treat any blood or bodily fluid as if it is contaminated.
   - Clean infected item (i.e. face shields, eye protection, resuscitation equipment, etc.) with Flash Cleaner or A-33 Disinfectant. These disinfectants will effectively treat contaminated items.
   - After being treated, contaminated items can be disposed of in regular trash receptacle.
   - Flash and A-33 can be found in maintenance, grounds, or custodial shops/office areas. Contact Dana Steichen or Deborah Madere in the Plant Operations Office 547-0511, Ext. 2333.

The following will maintain and provide all the necessary PPE, controls to their specific areas (such as sharps containers, labels, and red bags as required) and make sure that adequate supplies of the PPE are available in the appropriate sizes and types.

Chuck Schmidt	Custodial/Maintenance Supervisor Plant Operations	547-0511 Ext. 2747
Dana Steichen	Grounds Supervisor Hazardous Materials Supervisor	547-0511 Ext. 2361
Mike Bumpaous	Safety/Security Supervisor (general - campus-wide)	547-0511 Ext. 2219
Frank Powers	Executive Dean, Career and Technical Education	547-0511 Ext. 2914
Lynn Stedman	Director/Instructor Dental Hygiene	547-0511 Ext. 2991
Mary Hoerner	Director/Instructor Nursing	544-8310
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D. Work practices used to minimize occupational exposure

The Washington State Bloodborne Pathogens Standard (WAC 296-62-08001) became effective in 1992 and established requirements designed to reduce the risk of workers being exposed to biological agents, including bloodborne pathogens.

1. **Occupational exposure** is the anticipated contact with blood or body fluids (that are potentially infectious) on your skin, in your eye, nose or mouth or anticipated parenteral contact (piercing of the skin e.g. needle sticks or human bites) with blood or body fluids that may result from the performance of an employee's job duties. Certain Columbia Basin College (CBC) employees may be at greater risk of exposure to contaminated blood and body fluids as a function of their employment than are other members of the general population.

2. **Bloodborne Exposure Determination**
   Bloodborne pathogens (blood-born diseases) are germs and viruses that live in the following materials making them "infectious materials": Blood, any body fluid contaminated with blood (urine, feces, vomit, etc.), semen/vaginal secretions, cerebrospinal fluid, synovial (joint) fluid, pleural (chest cavity) fluid, amniotic fluid, and saliva in dental procedures. Viruses that live in these "infectious materials" include Hepatitis B (HBV), Hepatitis C (HCV), and HIV (human immunodeficiency virus).
3. **Control Methods**
   Employees incur risk of infection and illness each time they are exposed to blood or other potentially infectious materials. Therefore, Columbia Basin College employs controls to eliminate or minimize employee exposure to blood or other potentially infectious materials. These controls seek to remove the hazard or isolate the employee from exposure, without reliance on self-protective actions of employees (e.g., puncture-resistant sharps containers).

E. Universal Precautions

Universal Precautions are made known to all Columbia Basin College employees via the CBC Safety Manual.

1. Assume that all blood and other biological agents are infectious materials.
2. Avoid direct skin contact with body fluids whenever possible. Use latex/vinyl gloves provided in first aid kits and in job classifications where Personal Protective Equipment is provided.
3. Practice good personal hygiene by thoroughly washing your hands at regular intervals or as needed throughout the day (e.g., before eating, after use of a rest room, etc.) **Hand washing is most important in preventing the spread of disease**. This requires the use of soap with vigorous scrubbing for 5 seconds followed by rinsing under a stream of water for another 5 seconds.
4. Wear disposable latex/vinyl/vinyl gloves when touching the blood or body fluids of another individual or a contaminated surface (e.g., treating nose bleeds, bleeding abrasions, etc). Wear gloves when disinfecting contaminated items.

Wash all skin surfaces that become contaminated and wash hands immediately after removal of gloves.

5. Wear masks and protective eyewear or face shields during procedures likely to produce blood or body fluids.
6. During the administration of first aid, use a barrier between yourself and the victim's blood or other body fluids (e.g., gloves; several layers of dressings). When performing CPR, place a barrier between own mouth and that of the victim (e.g., one-way valve resuscitation devices, face shield). Do not handle sharp items with the hands. Any contaminated sharp items must be handled in a way to prevent punctures or cuts.
7. Unprotected employees with open wounds, weeping sores/cuts, or chaffed skin are to wear gloves when in contact with contaminated sources and when preparing or serving food. Contaminated gloves and clothing should be removed as soon as possible. They are to be placed in an impervious plastic bag as near as possible to the incident to control the spread of contamination.
8. Practice good housekeeping and waste disposal practices – follow cleaning/decontamination procedures or call the Plant Operations office (CBC: 547-0511, Ext. 2333) for assistance with clean-up of body fluids such as vomit, blood, feces or urine. Place the contaminated materials in impervious containers and label. Contact the Plant Operations Office for disposal requirements.
9. **IF AN EXPOSURE INCIDENT OCCURS (direct contact with blood/body fluids):**
   - Cleanse skin with soap and running water. **Eyes:** Flush eyes for 15 minutes; Mouth**:** Rinse thoroughly; Nose: Blow nose; wipe inside of nostrils.
   - Report the exposure immediately to your supervisor. Contact Campus Security. Document the exposure on the **CBC Accident Report Form** and the BBP **Exposure Incident Report form**. Route the copies as indicated on the forms. **See Appendix A Forms.**

Exception to the Rule for Universal Precautions: *In an unexpected medical emergency where the use of protective equipment is not possible due to the equipment not being available or where the use of the equipment would create a greater hazard to the victim's personal safety.*

F. Cleaning/Decontamination Procedures

These procedures are intended for non-custodial employees who may, on rare occasions, be called upon to attend to the clean-up of a body fluid spill. It is appropriate to contact the CBC Plant Operations Office (547-0511, Ext. 2333) to request advice or assistance with the clean-up. However, the facilities personnel may not be able to respond in a timely fashion. Therefore, the following procedures should be followed by non-custodial employees:

1. Treat ALL body fluids as if infectious.

2. Wear disposable latex or vinyl gloves during the entire cleaning and disposal process.
3. As appropriate for the specific circumstances, use goggles and any other personal protective equipment needed to reduce the likelihood of exposure to body fluids.
4. Use a proper disinfectant for cleaning up body fluids and sanitizing surfaces:
   - Household bleach (1 part bleach diluted with 20 parts water)
   - New solution must be made every 24 hours to be effective.
   - Spray or pour the product on the spill and let it sit for the length of time prescribed by the manufacturer (at least 1 minute).
5. Clean up the body fluid spill and disinfectant with paper towels or disposable rags and place all contaminated articles in a trash bag. If they contain blood, place all articles in a red plastic trash bag. Tie the end of the bag shut and place in the regular trash container or in the dumpster.
6. If the spill involves broken glassware, the glassware should not be picked up directly with the hands. Instead, use mechanical means such as a brush and dust pan, tongs, or forceps to pick up the broken glass. NOTE: Use extreme caution so as not to increase the risk of splatter or contact with sharps or contaminated material when brushing it into a dust pat. If possible wait for trained custodial staff.
7. Any cleaning equipment (e.g., dust pans or buckets) which is used in body fluid clean-up should be thoroughly rinsed in the disinfectant solution. If a mop is used, it should be soaked in the disinfectant after use and then rinsed thoroughly. Contaminated disinfectant solution should be disposed of through the sanitary sewer drain.
8. Gloves should be disposed of in the regular trash container, unless visibly contaminated with blood, in which case, they should be placed in the biohazard bag. GLOVE REMOVAL PROCEDURE: Grasp the top or wrist of one glove, being careful not to touch anything but the glove. Pull the glove off, turning it inside out. Continue to hold the glove and insert a finger into the top of the other glove, taking care not to touch its outside surface. Pull the glove off, turning it inside out and pulling it over the first glove. Both gloves should now be inside out, one inside the other, ready for disposal into an approved waste container.
9. Wash hands thoroughly after removing gloves.

NOTE: The Dental Hygiene Department, Nursing Department and Biology Department, Fitness Center and Custodial/Maintenance/Grounds/Security and other high risk departments all have their own exposure control plans and post exposure protocols.

G. Housekeeping

1. Written schedules for cleaning and methods of decontamination:
    - See individual plans for specific departments (Dental Hygiene, Nursing, Biology and Custodial/Maintenance/Grounds/Security).

2. Regulated waste is placed in containers which:
    - Contain all contents.
    - Do not leak.
    - Are appropriately labeled or color-coded.
    - Are closed prior to removal to prevent contact spilling or protruding during handling.

3. Contaminated sharps are discarded immediately or as soon as possible in containers that are:
    - Closable
    - Puncture-resistant
    - Leak-proof on sides and bottoms
    - Labeled or color-coded appropriately.

4. Sharps disposal containers are available at:
    - See individual plans for specific departments (Dental Hygiene, Nursing, Biology, Fitness Center and Custodial/Maintenance/Grounds/Security).
    - (Must be easily accessible and as close as feasible to the immediate area where sharps are used).

5. The procedure for handling sharps disposal containers is:
    - See individual plans for specific departments (Dental Hygiene, Nursing, Biology, Fitness Center and Custodial/Maintenance/Grounds/Security).

6. The procedure for handling other regulated waste is:
    - See individual plans for specific departments (Dental Hygiene, Nursing, Biology, Fitness Center and Custodial/Maintenance/Grounds/Security).
    - Bins, cans and pails intended for reuse are cleaned and decontaminated as soon as feasible after visible contamination.
    - Broken glassware that may be contaminated is picked up using mechanical means, such as a brush and dustpan.

Contact names and phone numbers: Dana Steichen, Hazardous Materials Supervisor. Name of responsible person or department who will provide sharps and other containers as required:

Chuck Schmidt	Custodial/Maintenance Supervisor Plant Operations	547-0511 Ext. 2747
Dana Steichen	Grounds Supervisor Hazardous Materials Supervisor	547-0511 Ext. 2361
Mike Bumpaous	Safety/Security Supervisor (general - campus-wide)	547-0511 Ext. 2219
Frank Powers	Executive Dean, Career and Technical Education	547-0511 Ext. 2914
Lynn Stedman	Director/Instructor Dental Hygiene	547-0511 Ext. 2991
Mary Hoerner	Director/Instructor Nursing	544-8310
Virginia Tomlinson	Executive Dean, Arts and Sciences	Ext. 2281
Scott Rogers Jason Ruud	Athletic Director Fitness Center Director	Ext. 2234 Ext. 2258
Carolyn Fazzari	Early Childhood Education	Ext. 2624

H. Laundry

1. Custodial /Maintenance Department: Local laundry service provides shirts. Laundry is collected weekly. Any laundry that is possibly contaminated, is put in a separate biohazard bag to identify the possibility of contamination, and then placed in the usual laundry bag provided by the laundry service.

2. CBC Fitness Center Staff/Worker Requirements:
   - Wash hands frequently.
   - Wear disposable gloves when wiping down equipment and pay close attention to areas where the hands come in contact.
   - When gathering dirty towels use disposable gloves. If towels show evidence of possible contamination utilize the bio hazard kit.
   - When dealing with body fluids, clean up using the bio hazard kit, wear Personal Protective Devices & dispose of contaminated materials in bio hazard bags.
   - For all first aid incidents, be aware of, and comply with CBC Safety Manual & CBC Bloodborne Pathogen Exposure Control Plan.

3. Dental Hygiene Department: Local laundry service launders dental uniforms. Laundry is collected weekly. Any laundry that is possibly contaminated, is put in a separate biohazard bag to identify the possibility of contamination, and then placed in the usual laundry bag provided by the laundry service.

I. Using Labels

Disposal containers are pre-labeled, i.e. “USED NEEDLES ONLY” or “BIOHAZARD ONLY”. Name of responsible person or department who will maintain and provide labels and red bio-hazard bags as required:

Chuck Schmidt	Custodial/Maintenance Supervisor Plant Operations	547-0511 Ext. 2747
Dana Steichen	Grounds Supervisor Hazardous Materials Supervisor	547-0511 Ext. 2361
Mike Bumpaous	Safety/Security Supervisor (general - campus-wide)	547-0511 Ext. 2219
Frank Powers	Executive Dean, Career and Technical Education	547-0511 Ext. 2914
Lynn Stedman	Director/Instructor Dental Hygiene	547-0511 Ext. 2991
Mary Hoerner	Director/Instructor Nursing	372-7681
Virginia Tomlinson	Executive Dean, Arts and Sciences	Ext. 2281
Scott Rogers Jason Ruud	Athletic Director Fitness Center Director	Ext. 2234 Ext. 2249
Carolyn Fazzari	Early Childhood Education	Ext. 2624

J. Hepatitis B Vaccination

1. The hepatitis B vaccination series is available:

- At no cost after training.
- Within 10 days of initial assignment to employees identified in this plan, as Employees Who Are At Risk for Exposure.
- Vaccination is encouraged unless:
  - There is documentation that the employee has previously received the series.
  - Antibody testing reveals that the employee is immune.
  - Medical evaluation shows that vaccination is contraindicated.
- A copy of the Health Care professional’s Written Opinion (See Appendix A) will be provided confidentially to the employee by college Human Resources.
- Employees who choose to decline vaccination must sign a Hepatitis B Declination form (see Appendix A). They may request and obtain the vaccination at a later date at no cost.
- Vaccinations will be provided by:

  Lourdes Occupational Health Center
  9915 Sandifur Parkway
  Pasco, Washington (509) 546-2222

EMPLOYEE TRAINING AND HAZARD COMMUNICATION

All employees who have occupational exposure to bloodborne pathogens receive training. Training will be provided before initial assignment to tasks where occupational exposure may take place, annually, and when changes in tasks or procedures take place that affect occupational exposure.
This training will include:

1. Epidemiology, symptoms, and transmission of bloodborne pathogens.
2. Copy and explanation of Chapter 296-823 WAC, Occupational Exposure to Bloodborne Pathogens.
3. Explanation of our Exposure Control Plan and how to obtain a copy This must also be done at the annual refresher training.
4. Methods used to identify tasks and other activities that may involve exposure to blood and OPIM. (Other Potential Infectious Material).
5. What constitutes an exposure incident.
6. The use and limitations of controls, work practices, and PPE.
7. The basis for PPE selection and an explanation of:
   - Types
   - Uses
   - Location
   - Handling
   - Removal
   - Decontamination
   - Disposal
8. Information on the Hepatitis B vaccine, including:
   - Effectiveness
   - Safety
   - Method of administration
   - Benefits of being vaccinated
   - Offered free of charge
9. Actions to take and persons to contact in an emergency involving blood or OPIM.
10. Procedures to follow if an exposure incident occurs, including:
    - How to report the incident
    - Medical follow-up available
    - Employee's evaluation and follow-up after an exposure incident
11. Signs, labels, and color coding used
12. Interactive questions and answers with the trainer

Training materials for this facility are located in the various departments. Training records are maintained for each employee upon completion of training. These documents will be kept for at least 3 years.

The training record includes the following information about training sessions:

– Date

– Contents or a summary
– Names and qualifications of trainers
– Names and job titles of all attendees.

Training records are provided to employees or their authorized representatives within 15 working days of a request.

Name of responsible person or department for training & location of records.

Bill Saraceno Camilla Glatt	Sr. Vice President for Administration (Risk Management for the College) Vice President for Human Resources and Legal Affairs	547-0511 Ext. 2248 547-0511Ext. 2348
Chuck Schmidt	Custodial/Maintenance Supervisor Plant Operations	547-0511 Ext. 2747
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Scott Rogers Jason Ruud	Athletic Director Fitness Center Director	Ext. 2234 Ext. 2249
Carolyn Fazzari	Early Childhood Education	Ext. 2624

POST-EXPOSURE EVALUATION AND FOLLOW-UP

A. Do the following after initial first-aid is given:

After the initial first-aid treatment such as cleaning the wound, flushing eyes, or other mucous membranes, the following will be performed as soon after exposure as possible:

1. Document the routes of exposure and how the exposure occurred using the Employee Exposure Incident Report.
2. Identify and document the source individual, unless that's not possible or is prohibited by state or local law.
3. Obtain consent and arrange to test the source individual as soon as possible to determine HIV, HCV, and HBV infectivity. (The Center for Disease Control recommends treatment within a 24-72 hour period for individuals who have been exposed to the HIV virus). If the source individual is already known to be HIV, HCV, and/or HBV positive, new testing is not needed.
4. Document that the source individual's test results were conveyed to the employee's health care provider.

5. Provide the exposed employee with the source individual's test results. Provide the exposed employee with information about laws on confidentiality for the source individual.
6. Obtain consent and provide a blood test for the exposed employee as soon as possible for HBV, HCV, and HIV.
    - If the employee does not give consent for HIV serological testing, preserve the baseline blood sample for at least 90 days.
    - If the exposed employee decides to have the sample tested during this time, perform testing as soon as feasible.
    - Provide the exposed employee with a copy of the health care professional's written opinion.

B. Administration of post-exposure evaluation and follow-up:

Appropriate medical services are available to employees during all work hours. Employees are provided immediate medical evaluation and follow-up services through:

Lourdes Occupational Health Center
9915 Sandifur Parkway
Pasco, Washington (509) 546-2222

C. Review the circumstances of an exposure incident as follows:

The circumstances of any exposure incident will be reviewed to determine:

- Controls in use at the time
- Work practices that were followed
- Description of the device used (including type and brand)
- Protective equipment or clothing in use at the time
- Location of the incident
- Procedure being performed when the incident occurred
- Employee's training

D. Record Keeping

1. **Exposure records.** In accordance with WAC 296-823-17005, records are maintained for each employee who has an occupational exposure to bloodborne pathogens. **These confidential records are kept for at least 30 years beyond the length of employment**. **All exposure records are kept in the CBC Human Resources Office, (509) 547-0511, Ext. 2348**. The exposure records will include all of the following that apply:
    - Name and Social Security number of employee.
    - Copy of employee's Hepatitis B vaccination status, including the dates of all Hepatitis B vaccinations.
    - Any exposure records related to the employee's ability to receive vaccinations.
    - Hepatitis B vaccination declination statement. (See Appendix A).

- Copy of all results of examinations, medical testing, and follow-up procedures related to post-exposure evaluations.
- Copy of the Health Care Professional's written opinion. (See Appendix A).
- Copy of the information provided to the employee as required.
- Make sure employee exposure records are kept confidential and not disclosed or reported to any person without the employee's written consent, except as required by law.

2. **Sharps Injury Log** In addition to WAC 296-823-17010, Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log **(See Appendix A).** This log must include:

- Date of injury
- Type and brand of the device involved
- Where the incident occurred
- How the incident occurred

This log is reviewed at least once a year **at the department level** as part of the annual program evaluation and is kept for at least 5 years following the end of the calendar year. **Copies that are provided upon request must have any personal identifiers removed.**

Name of person and department who is responsible:

- To make sure all medical actions required are performed.
- To review exposure incidents as required.
- To maintain exposure and/or sharps Injury log.

Bill Saraceno Camilla Glatt	Sr. Vice President for Administration (Risk Management for the College) Vice President for Human Resources and Legal Affairs	547-0511 Ext. 2248 547-0511Ext. 2348
Chuck Schmidt	Custodial/Maintenance Supervisor Plant Operations	547-0511 Ext. 2747
Dana Steichen	Grounds Supervisor Hazardous Materials Supervisor	547-0511 Ext. 2361
Mike Bumpaous	Safety/Security Supervisor (general - campus-wide)	547-0511 Ext. 2219
Frank Powers	Executive Dean, Career and Technical Education	547-0511 Ext. 2914
Lynn Stedman	Director/Instructor Dental Hygiene	547-0511 Ext. 2991
Mary Hoerner	Director/Instructor Nursing	544-8310
Virginia Tomlinson	Executive Dean, Arts and Sciences	Ext. 2281
Scptt Rogers Jason Ruud	Athletic Director Fitness Center Director	Ext. 2234 Ext. 2249
Carolyn Fazzari	Parent Education Director	Ext. 2624

APPENDIX A - FORMS

BBP Employee Exposure Incident Report

Sharps Injury Log

CBC Accident Report

Health Care Provider's Written Opinion for Post-exposure Evaluation

Hepatitis B Vaccine Declination Form

BBP Training Documentation Form

COLUMBIA BASIN COLLEGE

Bloodborne Pathogen Employee Exposure Incident Report

This form to be kept confidentially on file in the Human Resources Office.

Employee Name: _____

Department: _____

Location Exposure Occurred: _____

CBC Accident Report Form has been completed and submitted to Security: YES / NO

Type of Injury / Exposure	***Circle***	***Circle***	**Part of Body Injury/Exposure Location**	**Severity of Injury/Exposure *Please check box*.**
Skin exposure	Yes	No		❑ Incident Only – no first aid indicated
Mucous Membrane	Yes	No		❑ First Aid "In House" returned to duties.
Needle Stick:				❑ ER/HCP*, Evaluated, Treated, Released. Return to work.
Wound Bleeding	Yes	No		❑ ER/HCP, Evaluated, Treated, Released. Off work/school..
Injection of Blood	Yes	No		❑ Hospitalization.
Human Bite	Yes	No		*(Health Care Professional)

Fluid Type: (Please Circle)

Blood Saliva Vomitus Urine Fecal Semen/Vaginal Other:_____

Non Bloodborne Pathogen: (Please Circle)

Puncture/Laceration Foreign Body Burn Dermatitis Irritations Respiratory Other (explain)

Have you ever been treated for Bloodborne Pathogen Exposure in the past?

- ❑ **YES (If Yes, please explain).**
- ❑ **NO**

Have you attended a safety orientation and/or annual update? YES / NO

EMPLOYEES: In accordance with WAC 296-15-070(4), I have been informed of my right to file a Workers' Compensation claim for this injury/illness. If I decline to file a claim at this time, I may still do so for up to one year from the date of injury, (RCW 1.28.040) and up to two years from the date I have written notice from a physician of the existence of an occupational disease (RCW 51.28.055).
As a responsible employee, I have made sure that all of the above information is correct and true to the best of my knowledge and I hereby agree to comply with all attendance, performance, safety Workers' Compensation and other applicable FHS policies and procedures while recovering from any on the job injury or illness. If I have any questions, I will address them to the Regional Workers' Compensation office.

Employee Signature: _____ **Date:** _____

Incident Manager – Verification of Completion of Post-Exposure Protocol

Print Name: _____

Signature: _____ **Date:**_____

COLUMBIA BASIN COLLEGE

Occupational Exposure to Bloodborne Pathogens

Sharps Injury Log

This Log to be kept on file for 5 years in the college department. Do not list Employee Names.

College Department: _____ Year: _____

Definition

Sharps (with engineered sharps injury protections (SESIP): A nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

The Bloodborne Pathogen rule requires the establishment and maintenance of a Sharps Injury Log to record all contaminated sharps injuries in a facility. The purpose of this log is to help you evaluation and identify problem devices or procedures that may require attention.

The Sharps Injury Log requires the following:

- Maintain sharps injuries separately from other injuries and illness kept on the injury and illness log as required by WAC 296-823-17010, Recordkeeping and Reporting.
- Include ALL sharps injuries that occur during a calendar year.
- Retain Log for 5 years beyond the completion of that calendar year. (WAC 296-823-17010).
- Preserve the confidentiality of affected employees. Do not list employee name.

Sharps Injury Log					
Date	Case Report No.	Type of Devise (syringe, suture needle)	Brand Name of Device	Work Area where injury occurred	Brief description of how the incident occurred.

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COLUMBIA BASIN COLLEGE ACCIDENT REPORT

To be completed immediately after an accident. Completion of the accident report does not indicate college liability.

(Page 1 completed by Injured Person)

Name of Injured: **Please Circle as appropriate**: Student Faculty Staff Visitor			**Staff/Student ID #**
Address (City, State, Zip)			**Telephone Number:**
Age:	**Sex:**	**Date of Accident:**	**Time**: AM / PM
Location of Accident:			**Est. Dollar Amount of Damage:**

Accident Category: (circle)
Motor Vehicle Property Damage Fire Bodily Injury Other_____

Was Weather a Factor? Yes / No	**Conditions:** Cloudy Wet Snowy Sunny Other :_____

Witness to Accident:	**Witness to Accident:**
Name	Name
Address	Address
Telephone #	Telephone #

Type of Assistance Offered, Rendered or Refused: _____

By Whom:_____ **Ambulance Identification:**_____

Time Assistance Requested: _____ AM / PM **Response Time**:_____ AM / PM

Severity of Injury or Illness: (circle)
Non-Disabling Disabling Medical Treatment Needed Fatality Other_____

Part of Body Injured: (circle)		**Type of Injury: (circle)**	
Head	Hands	Wounds	Amputation
Eyes	Legs	Strain/Sprain	Burn
Arms	Toes	Hernia	Foreign Body
Trunk	Internal	Fracture	Skin (occupational)

Type of Clothing Worn by Injured Person:	**Type of Footwear Worn by Injured Person:**

Detailed Narrative Description: (How did accident occur? Why? Objects, equipment, tools used? Circumstances? Assigned duties? Be specific. Use additional sheets as required).

Signature of Injured Person:	**Please Print Name:**
Date:	

Accident Report (Page 2 of 3)
(This page completed by Instructor/Supervisor)

Was the injury caused by unsafe physical/environmental conditions at the time of accident? Be specific.
Was the injury caused by an unsafe act by injured and/or others? Be specific.
Was the injury caused by unsafe personal factors (improper attitude, lack of knowledge or skill, poor reaction)?
Was the injury caused by the lack of personal protective equipment (protective glasses, safety shoes, safety hat, safety belt)?
What can be done to prevent a recurrence of this type of accident (modification of machinery, mechanical guards, correct environmental training)?

Unsafe Conditions (check basic cause)	**Unsafe Acts (check contributing cause)**
Inadequately guarded	Operating without authority
Unguarded	Operating at unsafe speed
Defective tools, equipment or substance	Making safety devices inoperative
Unsafe design or construction	Using equipment unsafely
Hazardous arrangement	Unsafe loading, placing, mixing
Unsafe illumination	Taking unsafe position
Unsafe ventilation	Working on moving or dangerous equipment
Unsafe clothing	Distraction, teasing, horse-play
Insufficient instruction	Failure to use personal protective equipment
Other:	Other:

Explain how the injury occurred:
Why did the unsafe condition exist?

Accident Report (Page 3 of 3)
(Continued - This page completed by Instructor/Supervisor)

List any Physical Disabilities:	
Actions taken to prevent similar injuries in the future:	
Signature of Instructor/Supervisor:	**Please Print Name:**
Date:	

Accident Report (This Section completed by Safety/Security Supervisor)

Temperature and Conditions 24 hours prior to Accident:	
Walkways cleared by whom? List Names	Department(s) :
Date walkways were cleared:	Time:
If de-icing was used, estimate amount used.	
Amount of accumulation of snow or ice:	
Further Recommendations:	
Signature of Safety/Security Supervisor:	
Date:	

ACCIDENT REPORTING PROCEDURES

It is important all CBC faculty and staff observe safety rules and practice accident prevention in their classrooms, shops, labs and work areas. It would be advisable to ask students if there may be any reason they may need additional and or special assistance in the event of injury.

It is difficult to define procedures for every emergency. The following is a guideline for actions concerning an incident involving personal injury**. It is important to remember that an individual administering first aid should act within the scope of their qualifications and training.**

IF AN ACCIDENT OCCURS

1. The faculty or staff member present should assess the seriousness of the injury.
2. The injury is considered serious if the injury is life threatening, has the potential of being life threatening, or requires emergency hospital treatment.
3. If the injury is considered serious, emergency medical assistance should be summoned immediately (campus telephones call 9-911).
4. If the injury is considered serious, appropriate first aid treatment should be administered to reduce the threat to the life of the individual, or to insure that a person's condition does not deteriorate until professional medical assistance is available. Administer first aid with regard for Occupational Exposure to Bloodborne Pathogens.
5. After steps 1-4 have been completed, CBC Security should be notified for investigation of the accident.
6. If the injury is not considered serious, but may require emergency room treatment, the injured may request one of the following:
    - An ambulance be summoned for transport (at injured person's expense).
    - A family member be called for transport.
    - An alternative means of transport will be found by the injured person. If the injured party chooses an alternative means of transportation, the faculty or staff member should instruct the injured party not to operate a motor vehicle until after they have been examined by a doctor.

7. **At no time should students or staff be solicited or directed to transport an injured person**.

8. Secure the names and addresses of any witnesses. An Accident Report Form will be completed any time a personal injury/accident occurs, even if the injury is considered minor. Accident Report Forms are available at the Security Department or in division/department offices (see Appendix A). The appropriate portion of the Accident Report Form is to be completed by the injured party and faculty or staff member within 24 hours of the accident. The original will be submitted to the Security Department and one photocopy will be submitted to the Vice President of Administration. The Vice President of Human Resources and Legal Affairs receives a copy of employee accident reports.

Health Care Professional's Written Opinion For Post-Exposure Evaluation

CONFIDENTIAL

Employee's Name:	
Date of Incident:	
Date of Evaluation:	
Health Professional's Address:	**Telephone:** **Fax:**
Health Professional's Evaluation:	
❑ The employee named above has been informed of the results of the evaluation for exposure to blood or other potentially infections materials.	
❑ The employee named above has been told about any health conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.	
❑ Hepatitis B Vaccination IS required.	
❑ Hepatitis B Vaccination is NOT required.	
Health Care Professional's Name (Please Print):	
Health Care Professional's Signature:	**Date:**
Please return this form to the employer and provide a copy to the employee within 15 days. Please label the outside of the envelope "Confidential."	
Employer's Name: Columbia Basin College	
Employer's Address: 2600 North 20th Avenue Pasco, Washington 99301	
Employer's Phone: **(509) 547-0511, Ext. 2348**	**Employer's Confidential Fax:** **(509) 544-2029**

Chapter 296-823 WAC, Occupational Exposure to Bloodborne Pathogens

COLUMBIA BASIN COLLEGE
Occupational Exposure to Bloodborne Pathogens

Hepatitis B Vaccine Declination Form

This form to be kept confidentially on file in the Human Resources Office.

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 infection.

The college has given me the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself.

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 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.

☐ I have already received the Hepatitis B vaccination series.

_____
Employee's Name (Please Print)

_____
Employee's Signature

_____
Date

Chapter 296-823 WAC, Occupational Exposure to Bloodborne Pathogens

COLUMBIA BASIN COLLEGE
Occupational Exposure to Bloodborne Pathogens

Training Documentation Form

This form to be kept on file in the respective college department
NOTE: Training records must be maintained for 3 years after the date of training.

College Department: _____

Training Subject or Title: _____

Training Dates: _____
_____

Contents or summary of the training sessions:

_____

_____

_____

Employees who completed this training:

Name	Job Title

Trainer(s): _____

Qualifications: _____

Chapter 296-823 WAC, Occupational Exposure to Bloodborne Pathogens

APPENDIX B - Instructional Program BBP Exposure Plans

Biology Department
Custodial/Maintenance Department
Dental Hygiene Program
Fitness Center
Nursing Program
Skills Enhancement/Parent Education

Due to the size of this document, the individual Bloodborne Exposure Plans for each of the programs/departments listed above are on file in each department office. Electronic versions are available for review by contacting those departments, or by contacting the Office of the Sr. Vice President of Administration:

Brady Brookes, Executive Assistant
(509) 547-0511, Ext. 2346
bbrookes@columbiabasin.edu