



Bloodborne Pathogen Exposure Control Plan

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CBC BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN
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COLUMBIA BASIN COLLEGE

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

I. EXPOSURE CONTROL PLAN OVERVIEW

Columbia Basin College is committed to providing a safe and healthy work environment for faculty, staff, students and the visiting public. As such, this Bloodborne Pathogen Exposure Control Plan (ECP or the Plan) is to eliminate or minimize occupational exposure to bloodborne pathogens for the safety of all. This Exposure Control Plan is an effort to comply with Washington Industrial Safety and Health Act (WISHA) and specifically Chapter 296-823 WAC. The Plan will be on file and available for review.

Employees incur risk each time they are exposed to blood or other potentially infectious materials, and exposure incidents may result in infection and subsequent illness. Considering the possibility of becoming infected from a single exposure incident, exposure incidents must be prevented whenever possible. The goal of the bloodborne pathogen standard under Chapter 296-823 WAC is to reduce the significant risk of infection by:

- Eliminating or minimizing occupational exposure to blood and other potentially infectious materials;
- Providing the hepatitis B vaccine for employees at higher risk of exposure;
- Providing post exposure medical evaluation and follow-up.

Identifying high risk positions, duties, tasks and procedures where occupational exposure may occur is a critical element of exposure control. By identifying those job classifications with higher risk of occupational exposure, identification can be made of those employees who would benefit from the hepatitis B vaccine for the performance of their duties.

II. RESPONSIBILITIES

The Workplace Safety and Health Committee is responsible for the overall responsibility for the development and implementation of CBC's Exposure Control Plan. The Exposure Control Plan is designed to provide and achieve regulatory compliance and, most importantly, will provide a means in which CBC employees will be better informed and protected from exposures to blood and other potentially infectious materials during the performance of their duties. See Appendix 1.

The Exposure Control Plan will be provided upon request for examination and copying to all college employees, employee representatives, and regulatory authorities. The Exposure Control Plan is available in the Vice President for Administrative Services Office, the Human Resources Office, and on the CBC website at www.columbiabasin.edu.

III. DEFINITIONS

| |
|---|
| Accidental Exposure is defined as accidental exposure to blood/body fluids through needle stick, skin lesion or non-intact mucosal membrane, or mucosal splash to eyes, mouth and nose. |
| Blood: Human blood, components and products made from human blood. Also included are 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), hepatitis C virus, 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. |

| |
|--|
| <p>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.</p> |
| <p>Division of Occupational Safety and Health (DOSH): Part of the Department of Labor and Industries (L&I) that develops safety and health rules and enforces those rules by inspecting worksites in Washington.</p> |
| <p>Exposure Incident: A specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials (OP/M) that results from the performance of an employee's duties. Examples of non-intact skin include skin with dermatitis, hangnails, cuts, abrasions, chafing and acne.</p> |
| <p>Handwashing Facility: A facility providing an adequate supply of running potable water, soap, single use towels or hot air drying machines.</p> |
| <p>Hepatitis B (HBV): is an infectious 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.</p> |
| <p>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.</p> |
| <p>Human Immunodeficiency Virus (HIV): HIV stands for Human Immunodeficiency Virus. HIV is a virus that takes over certain immune system cells to replicate. HIV causes slow but constant damage to the immune system. Normally, the human immune system is the body's protection against bacteria, 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.</p> |
| <p>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.</p> |
| <p>Occupational Safety and Health Administration (OSHA) is the federal agency that enforces workplace safety and health rules throughout the country. OSHA allows states to run their own safety and health programs as long as they are at least as effective as OSHA regulations require.</p> |
| <p>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.</p> |
| <p>Parenteral Contact: When mucous membranes or skin is pierced by needle sticks, human bites, cuts or abrasions.</p> |
| <p>Personal Protection Equipment (PPE): Includes latex/vinyl gloves, goggles, pick-up tongs, sharps disposal bags, and containers and biohazard disposal containers.</p> |
| <p>Regulated Waste: Regulated waste is any of the following: liquid or semi-liquid or other potentially infectious materials (OPIM), contaminated items that would release blood or OPIM and are capable of releasing these materials during handling, or pathological and microbiological wastes containing blood or OPIM.</p> |
| <p>Source Individual: 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.</p> |
| <p>Standard Precautions should be used when there is a possibility of coming in contact with bloody, body fluids (except sweat), excretions and secretions, mucous membranes, and breaks in the skin. These precautions are designed to protect you from exposure to potential pathogens to decrease the likelihood that transmission of pathogens can occur.</p> |
| <p>Washington Industrial Safety & Health Act (WISHA): State law within the Revised Code of Washington, specifically Chapter 49.17 RCW, that addresses workplace safety.</p> |

IV. EXPOSURE CONTROL PLAN

This Exposure Control Plan identifies employees who will receive training, protective equipment, vaccinations, and other provisions. The Exposure Control Plan is designed to eliminate or minimize employee exposure and:

- Provide a means in which employees are able to find out what provisions are in place in his or her workplace;
- Provide a document for regulatory officials to evaluate the college's compliance status; and
- Can be used for employee training effort.

The Exposure Control Plan contains the following elements:

- Exposure determination with contact names and numbers;
- Method of Compliance:
 - Standard precautions
 - Engineering and work practice controls
 - Personal protective equipment
 - Distribution of first-aid kits and supplies
 - Housekeeping
 - Cleaning/Decontamination Procedures
- Hepatitis B vaccination and post-exposure evaluation and follow-up; and
- Communication of hazards to employees.

The Exposure Control Plan will be reviewed and updated annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

V. EXPOSURE DETERMINATION

A review of all employee positions at Columbia Basin College has been conducted to determine which employees may have a higher risk of occupational exposure to blood or other potentially infectious materials during the performance of their duties. Some College employees in the following departments or programs have or may have higher risk of occupational exposure:

- Plant Operations Personnel (Maintenance, Custodial and Grounds)
- Campus Security Staff
- Health Sciences Programs (faculty in the Nursing, Dental Hygiene, Medical Assistant, Phlebotomy, Nursing Assistant, Surgical Technology and Paramedic/EMT programs)*
- Agriculture, Chemistry and Biology Departments (faculty and stockroom)
- Early Childhood Education Program (faculty)
- Athletic Coaches and Fitness Center
- CCTE –Automotive, Welding, and Machine Shop

The decision to have a hepatitis B vaccine is the employee's personal decision. See Appendix 2.

* Note: The Health Sciences Programs have individual exposure control plan procedures in place and already meet training requirements. Additionally, faculty working in the Health Sciences Programs have received the hepatitis B vaccination.

Implementation of Exposure Control Plan/Contact Names and Numbers

| Name | Position | Contact Number | Role |
|---|--|----------------------------------|---|
| Chuck Schmidt | Plant Operations Director | 542-4747 | Facility Maintenance/Safety |
| Dana Steichen | Grounds Supervisor | 542-4361 | Hazardous Waste Supervisor |
| Levi Glatt | Security & Safety Supervisor | 542-4777 | Emergency Preparedness and Response |
| Richard Day | Custodian Supervisor | 727-8446 | Evening Custodial Service Oversight |
| Virginia Tomlinson | VP for Instruction | 542-4881 | Instructional Oversight |
| Daphne Larios Carolyn Fazzari | Associate Dean for Basic Skills ECE Instructor | 542-4562 542-4624 | ECE Center Oversight |
| Janese Thatcher | Dean for Computer Science, Engineering & Career Technical Programs | 542-4542 | CCTE Buildings and Vocational Programs (Automotive, Welding, Machine Technology) |
| Mary Hoerner | Dean for Health Sciences | 544-8310 | Health Sciences Oversight |
| Lynn Stedman | DHYG Director | 544-4991 | Dental Hygiene Clinic |
| Kim Tucker | Director for Nursing, MA & NA | 544-8318 | Nursing and Assistant Programs |
| Troy Stratford | Director for Paramedic, EMT & Fire Science | 544-8320 | Paramedic, EMT and Fire Science Programs |
| Curtis Crawford | Dean for Math & Science | 542-4668 | Agriculture, Biology and Chemistry Dept. Oversight |
| Scott Rogers | Athletic Director | 542-4834 | Athletic Program Oversight |
| Bill McKay Jason Ruud Cala Truitt | Dean for Arts & Humanities and Physical Education Fitness Center Instructors | 542-5531 542-4409 542-4871 | Fitness Center |

VI. METHODS OF COMPLIANCE

A. Standard Precautions

Standard precautions will be observed by all college employees to prevent contact with blood and other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids will be considered potentially infectious.

Standard precautions are designed to protect employees from exposure to potential pathogens that could occur from exposure to certain bodily fluids. The underlying concept of standard precautions is that all blood and certain body fluids are considered to be infectious for bloodborne pathogens. In most situations, an employee will treat all blood and certain body fluids as though they contained bloodborne pathogens and would accomplish this through a variety of measures including, but not necessarily limited to:

- Engineering and work practice controls
- Personal protective equipment
- Housekeeping
- Distribution of first aid kits and supplies

The only exception to the use of standard precautions is in rare instances, such as unexpected medical emergencies, where employees may not be able to put on gloves, don a gown, or tie on a face mask immediately. In those situations where leeway must be accorded the provider of health care, safety services, or emergency response, the employees must not ignore the underlying concept of standard precautions nor should they decline to use any personal protective equipment simply because it is not practical to use all the equipment appropriate to the task.

B. Engineering and Work Practice Controls

Engineering and work practice controls serve to reduce employee exposure in the work place by either removing the hazard or isolating the employee from exposure. In fact, these control measures are viewed as the primary means of eliminating or minimizing employee exposure. In general, engineering controls act on the source of the hazard and eliminate or reduce employee exposure without reliance on the employee permanently, subject only, in some cases, to periodic replacement or preventative maintenance. By comparison, work practice controls reduce the likelihood of exposure through alteration of the manner in which a task is performed. While work practice controls also act on the source of the hazard, the protection they provide is based upon the behavior of the employer and employee rather than installation of a physical device such as a protective shield.

Where occupational exposure remains after institution of these controls, departments must provide and assure employees use personal protective equipment as supplemental protection. Primary reliance on engineering controls and work practices for controlling exposure is consistent with the best industrial practices that engineering controls and work practices are to be used in preference to personal protective equipment.

To eliminate or minimize employee exposure college facilities and employees will use engineering and work practice controls. Where occupational exposure remains after institution of these controls, personal protective equipment will also be used. Engineering controls will be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

Hand-washing facilities are readily accessible in the workplace to employees that are reasonably anticipated to contact blood or other potentially infectious materials during the performance of their duties. In the event that hand-washing facilities are not feasible, provisions will be provided for the placement of either appropriated antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleaners or towelettes are used, employees have been instructed to wash their hands with soap and running water as soon as possible.

Employees are required to wash their hands immediately or as soon as possible after removal of gloves or other personal protective equipment. Most importantly, employees are required to wash their hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as possible, following contact of such body areas with blood or other potentially infectious materials.

Immediately or as soon as possible, after use, contaminated reusable sharps must be placed in appropriate containers. These containers must be:

- Puncture resistant
- Appropriately labeled or color-coded
- Leak-proof on the side and bottoms

The containers must not be handled in a manner that requires employees to reach by hand into containers where these sharps have been placed.

Eating, smoking, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is reasonable likelihood of occupational exposure. Food and drink will not be stored in refrigerators, freezers, shelves, cabinets, or on cabinet tops or bench tops where blood or other potentially infectious materials are present.

All procedures involving blood or other potentially infectious materials must be performed in a manner to minimize splashing, spraying, spattering, and generation of droplets of these substances.

C. Personal Protective Equipment

When there is occupational exposure, the college will provide at no cost to the employee, appropriate personal protective equipment such as, but not limited to: gloves, gowns, face shields or masks, eye protection, pocket masks, and other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

The supervisor will ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the work site or is issued to employees. Hypoallergenic gloves, powder-less gloves, or other similar alternatives will be readily accessible to those employees who are allergic to the gloves normally provided.

The college will clean, launder, and dispose of personal protective equipment at no cost to the employee. The college will repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee. If blood or other potentially infectious materials penetrate a garment, the garment will be removed immediately or as soon as feasible. All personal protective equipment is removed; it will be placed in an appropriately designated area or container for storage, washing, or disposal.

Gloves must be worn when it can be reasonably anticipated that the employee may have had contact with blood, other potentially infectious materials, mucous membranes and when handling or touching contaminated items or surfaces. Disposable single-use gloves, such as surgical or examination gloves, will be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Disposable single-use gloves will not be washed or decontaminated for reuse.

Utility gloves may be decontaminated for use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeled, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Masks and eye protection devices, such as goggles or glasses with solid side shields will be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Appropriated protective clothing such as, but not limited to, gowns, aprons or similar outer garments will be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

D. Distribution of First Aid Kits and Supplies

There are first aid kits located throughout campus facilities. Locations of first aid kits are noted on campus maps. All first aid kits will be equipped with the following:

- Medical examination gloves (vinyl or nitrile)
- Personal protection devise for pulmonary resuscitation (CPR)
- Disinfecting towelettes for instances when running water and soap are not immediately available
- Bandages and gauze
- Peroxide
- Possible additions: surgical mask, eye protection, clothing protection

For the areas on campus or departments in which employees work is identified as having a higher probability of increased chance of exposure, bloodborne pathogen protection kits will be provided. The bloodborne pathogen protection kit is for the use by a responder when faced with hazardous body fluids, including proper disposal protocol for soiled items and fluid clean up kit.

The Security and Safety Office will provide departments, programs and offices with first aid kits, which include latex/vinyl gloves to prevent exposure to bloodborne pathogens while administering first aid or for emergency response. At least once annually, there will be restocking activities that ensures items in the first aid kits on campus are replenished.

Bloodborne pathogen protection kits are restocked by the department after use of supplies.

E. Housekeeping

Departments will maintain work sites in a clean and sanitary condition. The department will determine and implement an appropriate written schedule for cleaning and a method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area. The Custodial staff is responsible for general cleaning, in compliance with this Exposure Control Plan.

All equipment and environmental working surfaces will be cleaned and decontaminated after contact with blood or other potentially infectious materials. Contaminated work surfaces will be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated following the last cleaning.

Broken glassware, which may be contaminated, will not be picked up directly with the hands. The spill and/or debris will be cleaned up using mechanical means such as a brush and dustpan, tongs, or forceps.

Reusable sharps that are contaminated with blood or other potentially infectious materials will not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

Contaminated sharps will be discarded immediately or as soon as feasible in containers that are:

- Closable
- Puncture resistant
- Leak-proof on sides and bottom
- Appropriately labeled

During use, containers for contaminated sharps will be:

- Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found, e.g., labs, clinical setting
- Maintained upright throughout use
- Replaced routinely and not be allowed to overfill

When moving containers of contaminated sharps from the area of use, the containers will be:

- Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- Placed in a secondary container if leakage is possible. The second container will be:
 - Closable
 - Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping

- Appropriately labeled

Reusable containers will not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of injury.

Regulated waste will be placed in containers, which are:

- Closable
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping
- Appropriately labeled
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping

If outside contamination of the regulated waste container occurs, it will be placed in a second container. The second container will be:

- Closable
- Constructed to contain all contents and prevent leakage of fluids during handling, storage transport, or shipping
- Appropriately labeled and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

The department will provide employees who have contact with contaminated laundry with protective gloves and other appropriate personal protective equipment.

When a department ships contaminated laundry off-site to a second facility which does not utilize standard precautions in the handling of all laundry, the department generating the contaminated laundry will place such laundry in bags or containers which are appropriately labeled.

F. Cleaning/Decontamination Procedures

For incidents resulting in spillage or other need to clean blood or other bodily fluids, employees are responsible for contacting the CBC Plant Operations Office (509-547-0511, extension 2333) to request clean-up by the Custodial staff. However, in the event the Custodial staff is not able to respond in a timely fashion, the procedures in Appendix 3 should be followed by non-Custodial employees.

VII. HEPATITIS B VACCINATION AND POST-EXPOSURE EVALUATION AND FOLLOW-UP

A. Hepatitis B Vaccination

The college will make available the hepatitis B vaccine and vaccination series to all employees* who have higher risk of occupational exposure, and post-evaluation and follow-up to all employees who have had an exposure incident. The college will ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis are:

- Made available at no cost to the employee
- Made available to the employee at a reasonable time and place
- Performed by or under the supervision of a licensed physician or by/under the supervision of another licensed healthcare professional
- Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place

* Note: See employees listed under section V. Exposure Determination.

B. First Aid Incident, Exposure and Response Procedure

In the event of a first aid incident:

First Aid Incident:

- Any employee responding to help another person with a first aid situation that involves the presence of blood or OPIM must, as a minimum, put on medical examination gloves and be careful not to allow contact with any other part of the body or clothing.
- Contaminated gloves or clothing should be removed as soon as possible after the incident or treatment. They will be placed in an impervious plastic bag as near as possible to the incident to control the spread of contamination.
- Hands must be washed with soap and water immediately after removing gloves. Any other affected body surfaces will be washed immediately with soap and water. If there is exposure to the eyes, continually rinse the eyes with cool water for at least 15 minutes.

For wounds/needlesticks:

- Allow the wound to bleed freely and milk the puncture to facilitate bleeding;
- Wash the exposed area with soap & water and, apply peroxide;
- Report the incident to the immediate supervisor and Campus Safety/Security; and,
- Complete forms (see Appendices 4 & 5 below).

For mucous membrane splash:

- Flush the exposed area immediately with water for 10-15 minutes;
- If the exposure is to the mouth, rinse with peroxide if desired;
- Report the incident to the immediate supervisor and Campus Safety/Security; and,
- Complete forms (see Appendices 4 & 5 below).

For skin contamination:

- Cease the activity/procedure as soon as exposure has occurred; and,
- Wash the exposed area thoroughly with soap and running water; and, if desired, use peroxide as an antiseptic after thorough handwashing; and,
- Report the incident to the immediate supervisor and Campus Safety/Security; and,
- Complete forms (see Appendices 4 & 5 below).

Document the first aid incident or exposure on the **CBC Accident Report Form** and the **Exposure Incident Report Form**. See Appendices 4 & 5. Route completed copies as indicated on the forms as soon as possible, but no later than forty-eight (48) hours after the incident.

Additionally, all injuries from contaminated sharps, such as needle sticks, etc. must be reported to the Human Resources Office for recording in the sharps injury log. See Appendix 6. The log is reviewed at least once a year with injuries included on the OSHA 300 or equivalent log maintained by the Human Resources Office and kept for at least five years following the end of the calendar year.

C. Post-Exposure and Follow-up

Following a report of an exposure incident, the college will make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

- Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred.

- Identification and documentation of the source individual, unless the employer can establish that identification is not feasible or prohibited by state or local law.
- The source individual's blood will be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the college will establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, will be tested and the results documented.
- When the source individual is already known to be infected with HBV and HIV, status need not be repeated.
- Results of the source individual's testing must be made available to the exposed employee, and the employee must be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- Collection and testing blood for HBV and HIV serological status.
- The exposed employee's blood will be collected as soon as feasible and tested after consent is obtained.
- If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample will be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing will be done as soon as feasible.
- Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.
- Counseling.
- Evaluation of reported illness.

D. Healthcare Provider's Post-Exposure Written Opinion

The college will obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. See Appendix 7.

The healthcare professional's written opinion for post-exposure evaluation and follow-up will be limited to the following information:

- Employee has been informed of the results of the evaluation
- Employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
- Make sure that all other findings or diagnoses remain confidential and are NOT included in the written report.

All other findings or diagnoses will remain confidential and will not be included in the written report.

E. Medical Record Keeping

The college's Human Resources Office will establish and maintain an accurate record for each employee with occupational exposure, in accordance with WAC 296-823-17005. The record must include:

- Name and social security number of the employee
- 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 vaccination
- A copy of all results of examinations, medical testing, and follow-up procedures required

- The copy of the healthcare professional's written opinion as required
- A copy of the information provided to the healthcare professional as required

The Human Resources Office will ensure that employee medical records are:

- Kept confidential and retained for thirty years, and
- Are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by the standard or as may be required by law.

VIII. COMMUNICATION OF HAZARDS TO EMPLOYEES

Efforts directed at communicating hazards of bloodborne pathogens to college employees through the use of labels, signs, and information and training are intended to provide employees with adequate warning to eliminate or minimize their exposure.

A. Information and Training

All college employees with occupational exposure to blood or other potentially infectious materials will participate in a bloodborne pathogen information and training program which is provided at no cost to the employee and conducted during their normal working hours.

Training will be provided at the time of initial assignment to tasks where occupational exposure may take place. Annual training will be provided for all employees with occupational exposure within one year of their previous training. Employees will receive additional training when changes or modifications of tasks or procedures occur, or when new tasks or procedures affect the employee's occupational exposure. The additional training will be limited in scope by only addressing the new exposure created.

Material will be used that is appropriate in content and vocabulary to the educational level, literacy, and language of employees undergoing the training program.

The training program will contain the following elements:

- An accessible copy of the regulatory text of the bloodborne pathogen standard and an explanation of its contents.
- A general explanation of the epidemiology and symptoms of bloodborne diseases.
- An explanation of the modes of transmission of blood-borne pathogens.
- An explanation of CBC's Exposure Control Plan and the means by which the employee can obtain a copy of the written plan.
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriated engineering controls, work practices, and personal protective equipment.
- Information on the types, proper use, location, removal, handling, decontamination, and disposal of person protective equipment.
- An explanation of the basis for selection of personal protective equipment.
- Information on the hepatitis B vaccine, including information on its efficiency, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
- Information on appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.

- Information of the post-exposure evaluation and follow-up that the department is required to provide for the employee following an exposure incident.
- An explanation of the signs and labels and/or color coding required by the standard.
- An opportunity for interactive questions and answers with the person conducting the training session or if online, with follow-up opportunities allowed by e-mail, in-person or by phone.

Individuals knowledgeable in the subject matter covered in the training program as it related to the specific workplace being addressed will conduct training or if the training is through online means, then the individuals will be available for follow-up opportunities via e-mail, in-person or by phone.

B. Training Records

Training record will include the following information:

- The dates of the training sessions
- The contents or a summary of the training sessions
- The names and qualifications of person conducting the training
- The names and job titles of all persons attending the training sessions

A sample copy of the CBC Bloodborne Pathogen Training Record is contained in Appendix 8.

All training records relative to the bloodborne pathogen standard will be maintained for a minimum of three years from the date on which the training occurred. The Human Resources Office will serve as the custodian of all blood-borne pathogen standard-training records. All training records required by this Exposure Control Plan will be provided upon request for examination and copying to employees, employee representatives, and the Director of DOSH or his/her designee.

C. Labels

Warning labels will be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials; and other containers used to store, transport, or ship blood or other potentially infectious materials. There are several exemptions to the labeling requirement:

- Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use do not need to be labeled in accordance with the provisions outlined in this section
- Individual containers of blood or other potentially infectious materials that are placed in labeled containers during storage, transport, shipment, or disposal do not need to be labeled in accordance with the provisions outlined in this section
- Regulated waste that has been decontaminated does not need to be labeled
- Red bags can be substituted for labels on bags or containers of regulated waste

Warning labels will include the following legend:



The label will be fluorescent orange, orange-red, or predominantly so, with lettering or symbols in a contrasting color. Labels will be affixed as close as feasible to the container by string, wire, adhesive, or another method.

In order to maintain consistent labeling throughout the college, the Plant Operations Department/Campus Security will provide all required labeling devices to individual department upon request.

Contaminated equipment scheduled for maintenance or repair will be labeled in accordance with the provisions in this section and the label will also state which portions of the equipment remains contaminated.

IX. LIST OF APPENDICES

Appendix 1 - Bloodborne Pathogen Compliance Program Responsibility Matrix

Appendix 2 - Hepatitis B Vaccine Treatment Options and Consent Form

Appendix 3 – Cleaning/Decontamination Procedures

Appendix 4 – Exposure Incident Report

Appendix 5 – CBC Accident Report

Appendix 6 – Sharps Injury Log

Appendix 7 – Health Care Provider’s Post-Exposure Written Opinion

Appendix 8 – Training Record

**COLUMBIA BASIN COLLEGE
BLOODBORNE PATHOGEN COMPLIANCE PROGRAM RESPONSIBILITY MATRIX**

| Responsibility | Departments | Workplace Safety & Health Committee | Human Resources Office | Employee |
|--|---|--|---|--|
| Exposure control Plan for Bloodborne Pathogens | Comply with the provisions of the plan and WISHA requirements. | Develop and implement an Exposure Control Plan for Bloodborne Pathogens for the impacted college community. Comply with the provisions of the plan and WISHA requirements. Serve as custodian of the written plan. | Comply with the provisions of the plan and the WISHA requirements. | Understand the provisions of the plan and the protection afforded by WISHA. Comply with the provisions of the plan and WISHA requirements. |
| Exposure Determination | Identify and document employees with occupational exposure and the associated tasks and responsibilities of those positions. | Compile and maintain data on employees with occupational exposure and the associated tasks and responsibilities of those positions. | Coordinate with the Campus Security to identify and document employees with occupational exposure and the associated tasks and responsibilities of those positions. | Notify Workplace Safety & Health Committee if job tasks and responsibilities present occupational exposure concerns that have not been previously identified. |
| Standard Precautions | Ensure that standard precautions are understood and executed by employees with occupational exposure. Promote practices, procedures, and methods that conform to the concept of standard precautions. | Ensure that standard precautions are observed by employees with occupational exposure. Promote practices, procedures, and methods that conform to the concept of standard precautions. | | Observe standard precautions when handling blood or other potentially infectious materials. |
| Engineering and Work Practice Controls | Design and implement engineering controls and institute work practice control procedures which will eliminate or minimize employee exposure to blood and other potentially infectious material. | Provide guidance and technical assistance to depts. in the design and selection of appropriate engineering and work practice controls. | | Be aware of engineering controls in the work place and the proper use of those controls. Follow established work practice controls to eliminate or minimize occupational exposure. |

| Responsibility | Departments | Workplace Safety & Health Committee | Human Resources Office | Employee |
|--|--|---|---|--|
| Personal Protective Equipment | Provide appropriate personal protective equipment to employees that have occupational exposure. | Provide guidance and technical assistants to depts. in the selection of the most appropriate types and quantities of personal protective equipment. | | Be aware of the proper use, limitations and location of available personal protective equipment. Use appropriate PPE to eliminate or minimize occupational exposure. |
| Custodial | Maintain a clean and sanitary workplace environment. Develop and implement cleaning schedules as deemed appropriate for the types of activities and facilities involved. | Provide guidance and technical assistance to the depts. In the development and implementation of appropriate housekeeping methods. | | Be aware of and observe established housekeeping procedures, e.g., use mechanical devices to clean up broken glass in lieu of using bare hands. Maintain work area in a clean and sanitary manner. |
| Hepatitis B Vaccination | | Make available the hepatitis B vaccination to all employees identified through the process of exposure determination to have occupational exposure. Maintain all employee declination statements. | Maintain all employee consent forms. | Accept or decline optional hepatitis B vaccination by signing a mandatory statement. |
| Post Exposure Evaluation and Follow-up | Inform Campus Security immediately of all exposure incidents. | Provide Labor & Industries information to exposed employee and direct employee immediately to Lourdes Occupational Health Center. | Make immediately available to an exposed employee, following an exposure incident, a confidential medical evaluation and follow-up. Maintain Sharps Injury Log. | Immediately or as soon as feasible report all exposure incidents to the immediate supervisor, Campus Security and Human Resources Office. |

| Responsibility | Departments | Workplace Safety & Health Committee | Human Resources Office | Employee |
|------------------|--|---|--|--|
| Training Records | | Compile and maintain all training records relative to the WISHA for all college depts. Retain records for a minimum of three years. | | Sign in on appropriate training roster during information and training sessions. |
| Medical Records | | | Maintain confidential medical records in accordance with WISHA mandates for all college employees' with occupational exposure and exposure incidents. Records shall be maintained for the duration of employment plus three years. | |
| Labels and Signs | Affix appropriate labels to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials; and other containers of blood or infectious materials. | Provide labels to requesting depts. Disposal bags and containers must be procured by the departments. | | Make certain that labels are appropriately affixed. Notify supervisor to report labeling problems. |

**COLUMBIA BASIN COLLEGE
HEPATITIS B VACCINE TREATMENT OPTIONS AND CONSENT FORM**

Employee Name _____ Dept. _____
 ID No. _____ Date _____

Washington State Law provides that you have both the right and the obligation to make decisions about your health care. Completion of this form acknowledges your receipt of information needed to make an informed decision regarding treatment of the Hepatitis B virus and its risks, and verifies your personal decision on protection against the virus.

HEPATITIS B VIRUS: Hepatitis B virus is a viral infection with a major effect on the liver. Hepatitis B virus infection is transmitted through close personal contact with an infected individual. There may be six weeks to six months between exposure and the onset of symptoms.

WHO SHOULD GET HEPATITIS B VACCINE? The vaccine is recommended for persons with occupational risk. Public safety workers who are exposed to blood or blood products or who may get accidental needle sticks should be vaccinated. 1st dose : at elected date. 2nd dose: 1 month later 3rd dose: 6 months after the first dose.

POSSIBLE SIDE EFFECTS FROM THE VACCINE: The most common side effect is soreness at the site of injection. Illnesses, such as neurological reactions, have been reported after the vaccine is given, but Hepatitis B vaccine is not believed to be the cause of these illnesses.

SPECIAL PRECAUTIONS: Children, pregnant women, nursing mothers, and persons with severe heart or lung problems should not receive the vaccine unless they receive prior approval from their doctor.

IF YOU HAVE A SEVERE REACTION, OR ONE LASTING MORE THAN 48 HOURS, SEE A DOCTOR.

If you have any questions, contact the administering clinic: Lourdes Occupational Health Center.

ONE OF THE FOLLOWING MUST BE INITIALED:

_____ I choose to receive the Engerix-b series as offered by the Benton-Franklin Heath Department to help protect me from infection by the Hepatitis B virus. To my knowledge, I am not pregnant.

_____ I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B. 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 the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____ I have previously received the Hepatitis B vaccination series and have supplied CBC documentation establishing when and where I received the vaccination.

EMPLOYEE SIGNATURE

DATE

WITNESS SIGNATURE

DATE

VACCINATION RECORD

| DATE GIVEN | SITE GIVEN DELTOID | GIVEN BY | LOT NUMBER |
|------------|-----------------------|----------|------------|
| 1. _____ | R L | _____ | _____ |
| 2. _____ | R L | _____ | _____ |
| 3. _____ | R L | _____ | _____ |

**COLUMBIA BASIN COLLEGE
CLEANING/DECONTAMINATION PROCEDURES**

The following 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.

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.

**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 <i>Please check box.</i> |
|--|--------|--------|---------------------------------------|---|
| Skin exposure | Yes | No | | <input type="checkbox"/> Incident Only – no first aid indicated <input type="checkbox"/> First Aid “In House” returned to duties. <input type="checkbox"/> ER/HCP*, Evaluated, Treated, Released. Return to work. <input type="checkbox"/> ER/HCP, Evaluated, Treated, Released. Off work/school.. <input type="checkbox"/> Hospitalization. *(Health Care Professional) |
| Mucous Membrane | Yes | No | | |
| <u>Needle Stick:</u> | Yes | No | | |
| Wound Bleeding | Yes | No | | |
| Injection of Blood | Yes | No | | |
| Human Bite | Yes | No | | |
| 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? | | | | |
| <input type="checkbox"/> YES (If Yes, please explain). <input type="checkbox"/> NO | | | | |
| Have you attended a safety orientation and/or annual update? YES / NO | | | | |

EMPLOYEES: 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 51.28.050) 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 CBC policies and procedures while recovering from any on the job injury or illness.

Employee Signature: _____ **Date:** _____

Incident Manager – Verification of Completion of Post-Exposure Protocol

Print Name: _____

Signature: _____ **Date:** _____

**COLUMBIA BASIN COLLEGE
ACCIDENT REPORT**

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

(CBC Accident Report Page 1 completed by Injured Person)

| | | | |
|---|-------------|---|----------------------|
| Name of Injured: | | Staff/Student ID # | |
| Please Circle as appropriate: Student Faculty Staff Visitor | | | |
| 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: | | | |
| | | | |

(CBC Accident Report Page 2 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?

List any physical disabilities:

Actions taken to prevent similar injuries in the future:

| | |
|-----------------------------|----------------------------------|
| Instructor/Supervisor Name: | Instructor/Supervisor Signature: |
| Date: | |

(CBC Accident Report Page 3 completed by Safety/Security Supervisor)

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

**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): 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. This log is maintained by the Human Resources Office.

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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| | | | | | |

Chapter 296-823 WAC, Occupational Exposure to Bloodborne Pathogens

COLUMBIA BASIN COLLEGE
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: | |
| <input type="checkbox"/> The employee named above has been informed of the results of the evaluation for exposure to blood or other potentially infectious materials. | |
| <input type="checkbox"/> 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. | |
| <input type="checkbox"/> Hepatitis B Vaccination IS required. | |
| <input type="checkbox"/> Hepatitis B Vaccination is NOT required. | |
| Health Care Professional's Name (Please Print): | |
| Health Care Professional's Signature: | Date: |
| <p>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."</p> | |
| Employer's Name: Columbia Basin College | |
| Employer's Address: 2600 North 20 th 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
TRAINING RECORD FOR BLOODBORNE PATHOGENS**

Note: Training offered by CBC through LawRoom or that included the online training provided by the Washington Department of Labor & Industries has been reviewed for completion of the training items listed below. If you received either training, an alternate record is created to satisfy completion of the training and this form is not needed.

THE FOLLOWING TRAINING AGENDA IS REQUIRED BY LAW

NAME _____ DEPARTMENT _____

SUPERVISOR _____

CAMPUS EXT./NUMBER _____

TRAINING BY: _____ DATE _____

TRAINING ITEMS

X IF COMPLETED

| | |
|---|--------------------------|
| Information on the location of the Washington Administrative code (WAC 296-62-08001) Bloodborne Pathogens | <input type="checkbox"/> |
| Exposure Control Program | <input type="checkbox"/> |
| General explanation of the epidemiology and symptoms of bloodborne diseases | <input type="checkbox"/> |
| General explanation of the modes of transmission of bloodborne pathogens | <input type="checkbox"/> |
| Methods of recognizing tasks and activities that may involve exposure to blood and other potentially infectious materials | <input type="checkbox"/> |
| General information on personal protective equipment | <input type="checkbox"/> |
| ✓ Basis for selection of such equipment | <input type="checkbox"/> |
| ✓ Types of equipment | <input type="checkbox"/> |
| ✓ Proper use and handling | <input type="checkbox"/> |
| ✓ Removal of equipment | <input type="checkbox"/> |
| ✓ Decontamination of equipment | <input type="checkbox"/> |
| ✓ Disposal of equipment | <input type="checkbox"/> |
| General information on engineering controls | <input type="checkbox"/> |
| General information on personal protective work practices | <input type="checkbox"/> |
| General information on procedures for exposure incidents, method of reporting, medical follow-up availability, medical counseling for exposed individuals | <input type="checkbox"/> |
| General information on biohazard signs and labels | <input type="checkbox"/> |
| General information on Hepatitis B vaccine, including efficacy, safety, and benefits of the vaccination | <input type="checkbox"/> |

Employee Signature

Date