DCTC Policy 4.25 Bloodborne Pathogens Exposure Control Plan


In accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030, the following exposure control plan has been developed:

PURPOSE: The purpose of the plan is to prevent and minimize exposure of employees to any bloodborne pathogens which may be encountered in the work place. This plan defines and outlines safe practices and procedures to protect all employees who may encounter bloodborne pathogens in job related activities. Universal precautions will be used by all employees having contact with any blood or other potentially infectious materials containing blood. The College will promote learning, independence, and safety by encouraging all students and staff to provide self care for all injuries.

JOB CLASSIFICATIONS WITH OCCUPATIONAL EXPOSURE RISK: All employees in the following job classifications have occupational exposure risk:

CLASSIFICATION 1 - Employees whose primary job description is administering first aid or healthcare, and others who may have occupational exposure to bloodborne pathogens.

Campus Nurse
Nursing Instructor/Coordinator
Practical Nursing Instructor
Medical Assistant Instructor
Dental Assistant Instructor

CLASSIFICATION 2 - Employees who provide first aid as an auxiliary component of their duties and are potentially exposed to bloodborne pathogens.

NOTE: Due to the changing nature of the job duties in these positions, the employees in these job categories will be further screened to identify whether they are at-risk by using the attached “Hepatitis B Occupational Risk Worksheet Guidelines for School Employees”.

Auto Body Repair Instructor
ASEP Instructor
Automotive Technology Instructor
Electrical Lineworker Instructor
Electrical Construction Instructor
Exercise and Sport Science Instructor

Heavy Construction Equip. Mech. Instructor
Heavy Duty Truck Technology Instructor
Welding/Structural Fab. Instructor
Weight/Strength Training Instructor
Campus Security Officer
Custodial/Maintenance
<table>
<thead>
<tr>
<th>JOB TITLE</th>
<th>TYPES OF BODY FLUIDS/BLOOD ENCOUNTERTED</th>
<th>RELATED TASKS/PROCEDURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Custodial/Maintenance</td>
<td>Blood and other body fluids</td>
<td>Clean-up of blood spills and other body fluids</td>
</tr>
<tr>
<td>Nurse</td>
<td>Blood and other body fluids contaminated with blood</td>
<td>Sharps-lancet for glucose testing; changing of dressings; working with injuries; first aid; CPR</td>
</tr>
<tr>
<td>Nursing Instructor/Coordinator</td>
<td>Blood; blood contaminated vomit, urine, feces</td>
<td>Changing of dressing; cleanup of blood spills/other body fluids</td>
</tr>
<tr>
<td>Practical Nursing Instructor</td>
<td>Blood; blood contaminated vomit, urine, feces</td>
<td>Changing of dressing; cleanup of blood spills/other body fluids</td>
</tr>
<tr>
<td>Medical Assistant Instructor</td>
<td>Blood and other body fluids</td>
<td>Sharps and instruments</td>
</tr>
<tr>
<td>Dental Assistant Instructor</td>
<td>Blood and other body fluids</td>
<td>Sharps and instruments</td>
</tr>
<tr>
<td>Auto Body Repair Instructor</td>
<td>Blood</td>
<td>1st Aid; working with injuries</td>
</tr>
<tr>
<td>ASEP</td>
<td>Blood</td>
<td>1st Aid; working with injuries</td>
</tr>
<tr>
<td>Automotive Technology Instructor</td>
<td>Blood</td>
<td>1st Aid; working with injuries</td>
</tr>
<tr>
<td>BSEP Instructor</td>
<td>Blood</td>
<td>1st Aid; working with injuries</td>
</tr>
<tr>
<td>Electrical Lineworker Instructor</td>
<td>Blood; blood contaminated saliva</td>
<td>1st Aid; CPR, working with injuries</td>
</tr>
<tr>
<td>Heavy Construction Equip. Mech. Instructor</td>
<td>Blood</td>
<td>1st Aid; working with injuries</td>
</tr>
<tr>
<td>Heavy Duty Truck Technology</td>
<td>Blood</td>
<td>1st Aid; working with injuries</td>
</tr>
<tr>
<td>Welding/Structural Fabrication Instruction</td>
<td>Blood</td>
<td>1st Aid; working with injuries</td>
</tr>
<tr>
<td>Security Officer</td>
<td>Blood and other body fluids</td>
<td>1st Aid; CPR; encountering injuries</td>
</tr>
<tr>
<td>Weight/Strength Training</td>
<td>Blood and other body fluids</td>
<td>1st Aid; working with injuries</td>
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<td></td>
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</tr>
</tbody>
</table>

**INFORMATION AND TRAINING:**

1. We will ensure that all employees with occupational exposure risk participate in a training program at no cost to the employee.
2. Training will be provided at the time of initial assignment to tasks where risk of occupational exposure may take place. All current personnel with occupation exposure risk will be trained and at least annually thereafter.

3. Our training program consists of the specific elements required by OSHA.

**PROCEDURES:**

1. **GLOVES**
   
   A. Two types of gloves will be worn
      
      1. Disposable gloves will be worn when anticipated contact with blood and body fluids, by mucous membranes or non-intact skin.

      Gloves shall be disposed of after each use. If gloves are contaminated by blood or body fluids, they will be placed in a bagged container. Disposable (single use) gloves shall not be washed or decontaminated for reuse. Gloves will be available in first-aid kits and the nurse’s office.

      2. Utility cleaning gloves, such as, “Rubbermaid” cleaning gloves may be used and washed for reuse for cleaning purposes.

2. **HANDWASHING**
   
   A. Hand washing will occur when arriving at work, after each potential risk of exposure, after use of toilet facilities, before eating and serving food, and leaving work.

   B. Skin surfaces shall be washed after accidental exposure to blood or body fluids.

   C. Hands are to be washed after removal of gloves.

   D. When provision of hand washing facilities is not available, i.e., on a field trip, antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes will be available. Hands will be washed as soon as feasible.

3. **RESUSCITATION MOUTHPIECES, BAGS, OR VENTILATION DEVICES**
   
   A. Resuscitation mouthpieces will be available for use in areas where need is predicted.
B. Any reusable devices will be sterilized or disinfected with an Environmental Protection Agency approved sterilant/disinfectant.

4. **MASKS** will be worn where there is a risk of blood or other body fluids contacting mucous membranes (i.e., eyes, nose, mouth). **Masks are available in Nurse’s Office.**

5. **NEEDLES, SYRINGES AND OTHER “SHARPS”**

   A. Needles will not be bent, broken, recapped or manipulated.
   
   B. Needles and sharps will be disposed of in a puncture-resistant “Sharps” container located as close as possible to the area of use.
   
   C. Broken glassware will not be picked up by hand. It will be cleaned up using mechanical devices.
   
   D. A “sharps” container will be located in the Nurse’s Office, in the first floor restroom located between room numbers 1-M2 and 1-700 and the second floor restroom between room numbers 2-709C and 2-702.
   
   E. Engineering controls will be evaluated prior to purchase and selected for best protection against infectious microorganisms. (such as sharps and waste containers)
   
   F. Sharps and containers will be inspected and replaced as needed to ensure effectiveness.

6. **CLEANING AND DECONTAMINATION OF SPILLS**

   **Self-Management** The principle of self-management is that the people whose blood or other body fluids are exposed should themselves, if possible, manage, treat, clean and dispose of the contaminated materials, thereby avoiding contact by a second party. Instructors and other non-trained personnel should instruct the person whose blood or other body fluid is exposed in self-management.

   Staff should be familiar with cleanup procedures for body fluid spills. These are described below:

   **Materials Needed:**

   - disposable rubber gloves
   - disposable cloth or paper towels
   - plastic-lined disposable container
   - pail containing soap and water
   - water for rinsing
   - absorbent agent
   - intermediate disinfectant
**PREPARATION**  Put on disposable gloves. Sprinkle area with dry absorbent agent and allow several minutes for fluid to be absorbed.

**CLEANING**  With gloves still on, remove absorbent by sweeping or scooping into a dust pan. Deposit sweepings into the plastic-lined container. If the area is carpeted, vacuum after excess absorbent is removed. (Dispose of vacuum bag in the plastic-lined container.)

**DISINFECTING**  Only items which have already been cleaned can be properly disinfected. Spray the cleaned area and a little beyond the area with the intermediate disinfectant. Allow to air dry.

**FINAL CLEANUP**  Clean and disinfect any nondisposable items such as scrub brushes, pails, dust pan, mop, by soaking in intermediate disinfecting solution for 10 to 30 minutes. Discard gloves in plastic-lined container. Securely tie plastic bag and place inside another plastic-lined container for disposal at the end of the day.

**HANDWASHING**  Wash hands **IMMEDIATELY** after contact with any body fluids, even if gloves have been worn. Wash thoroughly and vigorously with soap and water, under warm running water, for at least 15 seconds.

**NOTIFICATION**  For satellite sites, immediately notify their custodial staff for clean-up.

  Notify supervisor or Exposure Control Officer if exposure potential exists.

7. **REUSABLE INSTRUMENTS AND EQUIPMENT**

   A. Reusable instruments and equipment will be cleaned with gloved hands.

   B. These items will be soaked as soon as possible in an EPA-approved sterilant or disinfectant and **not** scrubbed so as to prevent aerosolization of particles.

8. **LINEN**  which is soiled with blood or other infectious body fluids will be handled with gloved hand and double bagged in two plastic bags.

9. **ENVIRONMENTAL SURFACES**

   A. Health Service Office, Dental Labs and Medical Assistant labs will be cleaned daily with disinfectant unless area not used that day. Routine cleaning of the furniture and floors is sufficient for inactivation of microorganisms.

   B. Cleaning of walls, blinds and curtains is recommended only if they are visibly soiled.
10. **TRASH** waste and disposable articles soiled with blood or other infectious body fluids will be bagged.

11. **HEPATITIS B VACCINE AND POST-EXPOSURE AND FOLLOW-UP**

Dakota County Technical College shall make available the Hepatitis B vaccine and vaccination series to all identified employees who have occupational exposure, and post exposure follow-up to employees who have had an exposure incident.

Dakota County Technical College shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post exposure follow-up, including prophylaxis are:

a) Made available at no cost to the employee;
b) Made available to the employee at a reasonable time and place;
c) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
d) Provided according to the recommendations of the U.S. Public Health Service.

All laboratory tests shall be conducted by an accredited laboratory at no cost to the employee.

Hepatitis B vaccination shall be made available to all identified employees who have occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

If the employee initially declines Hepatitis B vaccination but at a later date, while still covered under the standard, decides to accept the vaccination, the vaccination shall then be made available.

Employees who decline the Hepatitis B vaccination are requested to sign a waiver.

If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available.

**EXPOSURE INCIDENTS**

All exposure incidents shall be reported to the campus nurse.

An incident report will be completed by the campus nurse and employee. The campus nurse will advise the employee to seek a medical evaluation and follow-up which will be performed at Apple Valley Medical Center or their own personal physician within 24 hours. The incident report and a return to
work form are to be taken by the employee to Apple Valley Medical Center or their own personal physician. The employee will receive extensive counseling and necessary follow-up by Apple Valley Medical Center. Records will be maintained at the clinic site.

If a student is involved as the source person, either the student or the student’s parent (if student is under age 18) will be contacted to have the source tested for HIV and Hepatitis B serological status. A consent form will also be requested.

**Post Exposure Evaluation and Follow-Up**

The exposed employee shall immediately receive a confidential medical evaluation and follow-up done by either Apple Valley Medical Center or personal physician, including at least the following elements:

a) Documentation of the route of exposure, and the circumstances under which the exposure incident occurred.

b) Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.

c) The source individual’s blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, Dakota County Technical College shall establish that legally required consent cannot be obtained.

d) When the source individual is already known to be infected with HBV or HIV, testing for the source individual’s known HBV or HIV status need not be repeated.

e) Results of the source individual’s testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collections and testing of blood for HBV and HIV serological status will comply with the following:

a) The exposed employee’s blood shall be collected as soon as feasible and tested after consent is obtained.

b) The employee will be offered the option of having their blood collected for testing of the employee’s HIV/HBV serological status.

**Healthcare Professional’s Written Opinion**
Within 15 days of the completion of the evaluation, Dakota County Technical College shall obtain a copy of the evaluating healthcare professional’s written opinion for post-exposure follow-up. This information provided to the employer shall be limited to the following information:

a) Whether Hepatitis B vaccination is indicated.

b) Whether Hepatitis B vaccination was given.

c) A statement that the employee has been informed of the results of the evaluation.

d) A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment. All other information shall remain confidential and not be included in the written report to the employer.

12. INFORMATION AND TRAINING

Dakota County Technical College shall ensure that training is provided at the time of initial assignment to task where occupational exposure may occur, and that it shall be repeated annually. (The person conducting the training shall be knowledgeable in the subject matter.) Training will be interactive and cover the following.

a) A copy of the standard and an explanation of its contents
b) A discussion of the epidemiology and symptoms of bloodborne disease.
c) An explanation of the modes of transmission of bloodborne pathogen.
e) The recognition of tasks that may involve exposure.
f) An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices and personal protective equipment (PPE).
g) Information on the use of gloves.
h) Information of the Hepatitis B Vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge.
i) Information on the appropriate action and persons to contact in an emergency involving blood or other potentially infectious materials.
j) An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.
k) Information on the evaluation and follow-up required after an employee exposure incident.
l) An explanation of the signs and labels.
13. **RECORDKEEPING**

**Medical Records**

Dakota County Technical College shall establish and maintain an accurate record for each employee with occupational exposure in accordance with 29CFR 1910.20

This record shall include:

a) The name and social security number of the employee.
b) A copy of the employee’s hepatitis B vaccination status including the dates of all hepatitis B vaccinations.
c) The employer’s copy of the healthcare professional’s written opinion.
d) A copy of information provided to the healthcare professional. This information cannot be released without written consent of the employee as required by OSHA regulations or by law.

The employer shall maintain this record for at least the duration of employment plus 30 years in accordance with 29CFR 1910.20.

**Training Records**

Dakota County Technical College is responsible for maintaining the following training records. These records will be kept in the personnel office. Training records shall be maintained for three years from the date of training. The following information shall be documented:

a) The dates of the training session.
b) An outline describing the material presented.
c) The names and qualifications of persons conducting the training.
d) The names of all persons attending the training sessions.

**Availability**

This plan will be available for review in the Personnel Office and the Nurse’s Office at Dakota County Technical College.

All employee records shall be made available to the employee in accordance with 29 CFR 1910.30. All employee records shall be made available to the Assistant Secretary of Labor for the Occupational Safety and Health Administration and the Director of the National Institute for Occupational Safety and Health upon request.

**Evaluation and Review**

Dakota County Technical College is responsible for annually reviewing this program, and its effectiveness, and for updating this program as needed.
Part 2. Definitions. (if any, otherwise remove this section)

At end:

Related Documents:
- DCTC Procedure <# - Name>
- State & Minnesota State Policies and Procedures
- Federal & State Laws and Regulations

Responsible Administrator: <Administrator’s Title>

Policy History:
Date of Adoption:
Last Revision Date: 05/30/2017
Date most recent policy revisions go into effect: 05/30/2017

Date and Subject of Revisions:
05/30/2017 - Updated title and history and changed MNSCU reference to Minnesota State