

# Vassar College

# EXPOSURE CONTROL PLAN

**January 2011**

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Vassar College

## Purpose

Acquired Immunodeficiency Syndrome (AIDS) and hepatitis B warrant serious concerns for workers occupationally exposed to blood and certain other body fluids that contain bloodborne pathogens. In recognition of these potential hazards, the Occupational Safety and Health Administration (OSHA) has implemented a regulation (Bloodborne Pathogens 29 CFR 1910.1030) to help protect workers from the transmission of bloodborne diseases within potentially exposed workplace occupations. The OSHA standard can be accessed [HERE](#) and is attached as Appendix A.

## Scope

Vassar College is committed to providing a safe and healthy work environment for its employees, and for the greater college community in general. In pursuit of this endeavor, the following Exposure Control Plan (ECP) has been developed to eliminate or otherwise control occupational exposures to bloodborne pathogens. The ECP addresses the following:

- Identification of Employees at Risk
- Methods of Implementation and Control
  - A. Training and Communication of Hazards to Employees
  - B. Hepatitis B Vaccination
  - C. Recordkeeping
  - D. Universal Precautions & Housekeeping
  - E. Engineering and Work Practice Controls
  - F. Personal Protective Equipment and PPE Precautions
  - G. Labeling and Infectious Waste Disposal
- Exposure Evaluation Procedures

Additionally, Appendix B contains critical information relative to where certain articles of PPE and other equipment, including Public Access Defibrillators (PAD's) and Cardiopulmonary Resuscitation (CPR) stations, are located on campus.

## Applicability

The Director of Health Services and the Director of Environmental Health and Safety will maintain and update the College's written Exposure Control Plan at least annually, or as otherwise necessary so as to include new or modified tasks and procedures.

## **IDENTIFICATION OF EMPLOYEES AT RISK**

The College has identified and classified all workers in one of the three exposure categories listed below. This classification is based on the routine work performed by individuals and whether performing tasks that involve the potential exposure to blood and body fluids is considered a condition of employment.

### **Exposure Categories:**

Category I --Employees whose routine work includes tasks that involve exposure to blood, body fluids or tissues. All procedures or other job-related tasks that involve an inherent potential for mucous membrane or skin contact with blood, body fluids, or tissues, or a potential for spills or splashes of them, are Category I tasks.

Category II --Employees whose normal work routine does not include tasks that involve exposure to blood, body fluids, or tissues, but may perform Category I tasks while performing their job.

Category III --Employees whose routine work does not include tasks that involve exposure to blood, body fluids, or tissues. These individuals are not called upon as part of their employment to perform or assist in emergency medical care or first aid, or to be potentially exposed in some other way.

### **Job titles classified under each exposure category:**

#### *Category I*

Nurse Practitioner; Registered Nurse; Medical Doctor, Physician Assistant, Women's Health Care Coordinator, Athletic Trainer, Emergency Medical Technicians (EMT's)-non employees

#### *Category II*

Campus Safety and Security Officers; Campus Safety and Security Sergeants; Grounds Workers; Janitors; Cleaners; Troubleshooter; Lifeguards; Plumbers; Medical Office Assistants, Athletic Coach, House Advisors;

#### *Category III*

All other Administration, Staff, Faculty, and Maintenance and Operations employees not already identified in Categories I and II.

All exposure determinations for Categories I and II were made without regard to the use of Personal Protective Equipment (PPE).

## **METHODS OF EXPOSURE CONTROL**

### **Training & Communication of Hazards to Employees**

All employees who have (or are reasonably anticipated to have) occupational exposure to bloodborne pathogens (those in Categories I or II) will receive training conducted by the Occupational Health

Nurse , EHS staff or other qualified internal or external personnel. Information may be communicated using a variety of media including videos, written materials and live presentation.

The training program will cover, at a minimum, the following elements:

- An accessible copy and explanation of the applicable OSHA standard;
- Epidemiology and symptoms of bloodborne pathogens;
- Modes of transmission;
- The College's Exposure Control Plan and how to obtain a copy;
- Methods to recognize exposure tasks and other activities that may involve exposure to blood;
- Use and limitations of Engineering Controls, Work Practices, and PPE;
- PPE - types, use, location, removal, handling, decontamination and disposal;
- Hepatitis B Vaccine - offered free of charge. Education will be given prior to vaccination on its safety, effectiveness, benefits and method of administration;
- Emergency procedures -for blood and other potentially infectious materials;
- Exposure incident procedures and Post-exposure evaluation and followup
- Signs and labels -and/or color coding for biohazardous waste;
- Question and answer session.

Initial training will be given to employees within ten (10) days of employment for employees in Category 1 or 2 positions. Refresher training will be given annually and anytime the Exposure Control Plan changes.

## **Hepatitis B Vaccination**

Employees in Categories I and II will be offered the Hepatitis B vaccination without charge within ten (10) days of employment. Employees who elect not to be vaccinated at that time must sign a declination waiver. Employees who have waived the Hepatitis B vaccination may change their minds and receive the vaccine free of charge at a later point in time. The form used to document both the vaccination and the declination is included in **Appendix C**. The declination waiver and/or a copy of the inoculation record must be forwarded to Human Resources for retention in the employees permanent record. All departments are financially responsible for the vaccinations for their employees.

## **Recordkeeping**

-Training records (including the dates of training, name of person(s) conducting the training, and the names/job titles/signatures of all attendees) will be maintained by EH&S.

-Confidential medical records (including vaccination records, occupational bloodborne pathogen exposure records and any subsequent medical diagnosis/treatment) will be maintained by Human Resources. All medical records will be maintained for at least the duration of employment, plus 30 years. This information will include:

- Name and social security number;
- Copy of employees hepatitis B vaccination status including dates of vaccinations and relevant supporting records,

- Copy of all results of examinations, medical testing, and follow up procedures;
- Copy of any healthcare professional's written opinion; and
- Copy of any exposure incident evaluation reports.

## **Universal Precautions**

Universal precautions will be observed by all employees in order to prevent contact with blood or other potentially infectious materials. Universal Precautions include:

- Personal Protective Equipment (wearing gloves, gowns, eye protection, other protective gear)
- Handwashing
- Appropriate cleaning methods to decontaminate objects/surfaces
- Proper Packaging/Disposal of potentially contaminated materials (leakproof, double-bagged waste)

All blood or other potentially infectious materials will be considered infectious, regardless of the perceived status of the source individual. Other potentially infectious materials include the following:

- Semen, 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.

## **Housekeeping**

- Housekeeping of contaminated surfaces/equipment will typically be accomplished by utilizing a 10% (minimum) solution of chlorine bleach or equivalent.
- All contaminated work surfaces, tools, objects, etc. will be decontaminated immediately or as soon as feasible after any spill of blood or other potentially infectious materials. The bleach solution/disinfectant must be left in contact with contaminated work surfaces, tools, objects, or potentially infectious materials for at least 10 minutes before cleaning.
- Equipment that may become contaminated with blood or other potentially infectious materials will be examined and decontaminated before servicing or use.
- Broken glassware will not be picked up directly with the hands. Sweep or brush material into a dustpan.
- Known or suspected contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closeable, puncture-resistant, leak-proof on sides and bottom, and marked with an appropriate biohazard label. If a sharps container is not pre-labeled, biohazard labels are available through EHS and Health Services.
- When containers of contaminated sharps are being moved from the area of use or discovery, the containers shall be closed immediately before removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

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

## Engineering & Work Practice Controls

Engineering and work practice controls will be utilized to eliminate or minimize all employee exposures, as follows:

- Employees must wash their hands or other skin with soap and water, or flush mucous membranes with water, as soon as possible following an exposure incident (such as a splash of blood to the eyes or an accidental needle stick). \*
- Employees must wash their hands immediately (or as soon as feasible) after removal of gloves or other personal protective equipment. \*

*\*Employees shall familiarize themselves with the nearest hand washing facilities for the buildings in which they work. Because most college buildings are public access, they will have available hand washing facilities in public restrooms. (If hand washing facilities are not available, employees will be provided with either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. If these alternatives are used, then the hands are to be washed with soap and water as soon as feasible.)*

- Employees who encounter improperly disposed needles shall immediately notify their supervisor. The supervisor will notify EH&S, Safety and Security and Health Services to investigate to determine the source of the needles and insure proper disposal in the future.\*\*

*\*\*Needles should never be recapped, and needles should only be handled by using a mechanical device or tool (forceps, pliers, broom, dust pan).*

- No eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses is allowed in a work area where there is a reasonable likelihood of occupational exposure.
- No food or drinks shall be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.
- Employees must perform all procedures involving blood or other potentially infectious materials in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

## Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE) must be used if occupational exposure remains after instituting engineering and work practice controls, or if those controls are not feasible. Training will be provided in the use of the appropriate personal protective equipment for employee's specific job classifications and tasks/ procedures they will perform.

Articles of PPE include, but are not limited to:

- Gloves, gowns, lab coats, face shields, masks, eye protection (splash-proof goggles or safety glasses with side shields), resuscitation bags and mouthpieces.

## **PPE Precautions**

As a general rule, all employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- Remove protective equipment before leaving the work area and after a garment becomes contaminated.
- Place used protective equipment in appropriately designated areas or containers when being stored, washed, decontaminated or discarded.
- Wear appropriate gloves when it can be reasonably anticipated that you may have contact with blood or other potentially infectious materials and when handling or touching contaminated items or surfaces. Replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
- Following any contact of body areas with blood or any other infectious materials, you must wash your hands and any other exposed skin with soap and water as soon as possible. Employees must also flush exposed mucous membranes (eyes, mouth, etc.) with water.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised. The decontamination procedure will consist of soaking in a chlorine solution 2%, diluted 10:1. Discard utility gloves when they show signs of cracking, peeling, tearing, puncturing or deterioration.
- Never wash or decontaminate disposable gloves for reuse or before disposal.
- Wear appropriate face and eye protection such as a mask with glasses with solid side shields or a chin-length face shield when splashes, sprays, spatters or droplets of blood or other potentially infectious materials pose a hazard to the eye, nose or mouth.

## **Labeling, Collection and Handling of Regulated Medical Wastes**

Regulated medical waste shall be placed in sturdy containers that are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping. The waste must be labeled or color coded and closed before removal to prevent spillage or protrusion of contents during handling, storage, or transport. Biohazard bags and labels are available through a

variety of vendors. Individual departments are responsible for purchasing and storing adequate Regulated Medical Waste (RMW) supplies.

Following departmental generation, all biohazard waste will be transported to Baldwin to await shipment offsite. Each department is financially responsible for the waste it generates.

## **POST EXPOSURE EVALUATION PROCEDURES**

### **Immediate Response to an Exposure**

- Wash blood or potentially infectious fluid from the contaminated body area(s) with soap and running water.
- Be evaluated immediately by one of the following to determine if the exposure is significant and needs medical follow-up:
  1. Occupational Health Nurse
    - 8am-8pm M-F, 11am-5pm Sat/Sun when the college is in session
    - 8:30 am – 4:30pm M-F, when the college is not in session
  2. Campus Safety and Security Sergeant (when Health Services is not open)
    - If the exposure is determined to be significant, proceed immediately to a local hospital emergency department for further medical evaluation. The emergency department will follow specific procedures to determine if prophylactic medication for Hepatitis B and HIV should be initiated.
    - If the exposure is not significant, no further medical follow up is necessary. Documentation of this assessment will be kept in the exposed individual's employee health record by either the Human Resources Office or Health Services.
    - The supervisor of the exposed individual should be notified as soon as possible.

### **Definition of Significant Exposure**

Criteria in both (1) and (2) must be met for the exposure to be considered a significant exposure which would require immediate clinical follow-up at a local hospital Emergency Department\*:

#### **1. The body substance was:**

- Blood, semen, vaginal secretions, an internal body fluid (e.g., cerebrospinal, peritoneal, pericardial, pleural, amniotic, synovial or joint fluid), OR
- Any other body fluid visibly contaminated with blood; OR
- Exposure was to a body fluid during a circumstance where it was difficult or impossible to differentiate the fluid type involved and is therefore considered potentially hazardous;

**AND**

#### **2. The type of injury or contact provided a portal of entry:**

- Percutaneous exposure (e.g., a penetrating injury with a contaminated implement that went through the skin such as needlestick or cut),
- Mucous membrane contact (e.g., the body fluid splashed in the eyes or mouth),
- Non-intact skin contact\*\* (e.g., the body fluid came in contact with open skin such as

dermatitis or abrasion).

- \* If the exposed individual is not satisfied with the determination regarding significant exposure, they should be referred to a local hospital Emergency Department.
- \*\* If there has been prolonged contact with intact skin or a massive blood exposure, the exposure should be considered significant.

## Documentation

The following information must be documented through the use of **Appendix D**:

- The routes of exposure and how exposure occurred;
- The source of the body fluid, unless that identification cannot be established;
- If the exposure was significant or not;
- If the individual was referred to a local hospital Emergency Department for further evaluation;
- The Physician evaluating the exposed individual will provide a written opinion to the college.

This opinion is limited to a statement that the employee has been informed of the results of the evaluation and told of the need, if any, for further evaluation and treatment. All other findings are confidential.

## Emergency Medical Responders

Health Services and Athletic Trainers staff (Category I positions) and Vassar College EMT's are considered Emergency Medical Response employees, however Vassar College EMT's are not employees of the College, but will be treated as employees for the purposes of this standard.

These individuals would follow the same procedure as above if exposure occurs. However, they must notify the Ryan White Officer if a significant exposure occurs while responding to an emergency.

The Ryan White Officer for Vassar College is the Director of Health Services and her backup is Physician Assistant/ Coordinator of EMS. The Ryan White Officer is responsible for carrying out the duties of a designated Officer in accordance with the Ryan White CARE Act provisions for ERE's.

A copy of the Ryan White CARE ACT is available in the Health Services office in Baldwin, Campus Safety and Security (2490 New Hackensack) and Campus Response Center (CRC) and on the EH&S webpage and is also attached as Appendix E.

## **Appendix A**

### **OSHA Bloodborne Pathogens Standard**

## APPENDIX B

### Emergency Medical Equipment / PPE Locations and Procedures

Vassar College, either by regulatory obligation or as a best management practice, maintains certain emergency medical equipment and/or PPE on campus that is available for use by the greater college community. Generally speaking, this equipment/PPE is in addition to what trained and authorized emergency medical response personnel/departments typically maintain. The purpose of such equipment/PPE is to permit members of the public who are trained and knowledgeable with emergency medical assistance techniques to render first aid as a “good samaritan” between the onset of an emergency medical incident and the arrival of emergency medical response personnel.

#### **1. Automatic External Defibrillation (AED) Program**

##### **Program Purpose**

In order to increase the College’s ability to respond to sudden cardiac arrest incidents, and to be able to provide the necessary emergency equipment to certain members of the greater college community, 4 Public Access Defibrillators (PAD’s) are maintained on campus, as follows:

##### **PAD’s**

- 1 located in Buildings and Grounds Service Center
- 1 located in Student’s Building
- 1 located in Athletic and Fitness Center (AFC)
- 1 located in Baldwin (Health Services)

In addition, Vassar EMS and the Athletics department maintain 8 additional AED’s that are hand carried to events or in vehicles or inside emergency “Blue Phones” for dedicated emergency response.

##### **PAD Use Requirements**

Only employees who have been trained as part of a CPR/First Aid/AED training course or those who have been through equivalent training off-campus shall use the PAD’s. The following employee groups are required to have training:

- Safety and Security Officers
- Health Services staff
- Athletic Trainers + Student Trainers (non-employees)
- Full Time Athletic Coaches
- Lifeguards
- Vassar College EMS (non-employees)

##### **PAD Maintenance and Recordkeeping**

All documentation generated as a result of equipment checks will be maintained for the life of the equipment by the Health Services/Athletic Trainers. In the event manufacturer repairs are required,

Health Services will facilitate those repairs directly with the according manufacturer or vendor, and will retain all documentation for the life of the equipment.

## **2. Cardiopulmonary Resuscitation (CPR) Equipment Program**

### **Program Purpose**

The College is required to stage and make available certain CPR equipment in locations designated by the New York State Department of Health. These locations generally include eating/dining facilities, bars, theaters and health/fitness facilities. In order to comply with this requirement, 16 CPR stations are maintained by Health Services and Athletics on campus, as follows:

Retreat  
Student's Building (AC/DC)  
Alumnae House  
Athletics and Fitness Center  
Powerhouse Theater  
Shiva Theater  
Loeb Art Center  
Chapel  
Vogelstein Center for Drama and Film  
Skinner Hall  
Walker  
Kenyon

Each staged CPR station comes equipped with a sign to properly identify the device and its purpose, and includes the PPE:

- 2 adult exhaled air resuscitation masks
- 2 pediatric exhaled air resuscitation masks
- 8 latex free, exam quality disposable gloves
- 4 antimicrobial wipes
- 1 biohazard bag

### **CPR Station Use Requirements**

Since the College's designated emergency medical response personnel typically carry their own PPE to medical emergencies, the principal purpose of the CPR stations is to provide other members of the public/greater college community with suitable PPE so that they may begin emergency medical assistance in advance of the arrival of designated responders.

### **CPR Station Inspection, Maintenance and Resupply**

Health Services/Athletic Trainers are responsible for staging, maintaining and resupplying any CPR stations when their supplies are either used for their intended purpose or otherwise depleted through tampering. However, given the intent and functional location of the CPR stations in the first place, departments or offices managing or otherwise responsible for the activity that requires the stations are

charged with performing routine inspections to ensure functionality. Inspections should be conducted on a monthly basis (or as needed based upon use/tampering), and any discrepancies should be reported to the Occupational Health Nurse or Athletic Trainer office.

## Appendix C

### OSHA Bloodborne Pathogen Hepatitis B Vaccination & Declination Form

**For Completion by the Employee:**

Employee Name:	
Social Security #	
Department:	
Date of Hire (for new employees)	

I have participated in training provided by Vassar College that addresses the OSHA regulations on bloodborne pathogens, universal precautions and the Hepatitis B vaccine. The training provided to me was conducted by:

List training provider and date here: \_\_\_\_\_

Further, I understand that Vassar College will offer the Hepatitis B vaccine to me at no cost.

**At this time, my decision regarding the Hepatitis B vaccination is as indicated:**

Yes, I wish to receive the vaccination. I understand and commit to the full series of 3 injections.

Date: \_\_\_\_\_

(Employee Signature)

**For Completion by Student Health Services (or other provider administering the Hepatitis B Vaccine):**

Dept. of Provider administering the Vaccine:	
Employee Name:	
Date of 1 <sup>st</sup> shot:	
Date of 2 <sup>nd</sup> shot:	
Date of 3 <sup>rd</sup> shot:	

No, I do not want to receive the vaccination. I understand that I may change my mind and receive the vaccine at a later date. ***(You must sign the Declination Statement below if you chose not to have the vaccination even if the reason is that you have already received the vaccination).***

#### **Hepatitis B Vaccine Declination Statement** *Employee Waiver of Immunization*

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

Date: \_\_\_\_\_

(Employee Signature)

## Appendix D

### Vassar College Significant Exposure Incident Report Form

*This is a confidential form. The information contained herein should only be released on a need-to-know-basis.*

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ am or pm.

Name of Person(s) Exposed (*please print*): \_\_\_\_\_  
\_\_\_\_\_

Location of  
Incident: \_\_\_\_\_

Type of  
Exposure: \_\_\_\_\_

Body Part(s)  
Exposed: \_\_\_\_\_

Details of Exposure (*including routes of exposure, how the exposure occurred, source of the body fluid, if known*):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the exposure incident determined to be significant?  Yes  No

Was/Were the person(s) exposed referred for medical review?  Yes  No

Does exposed person(s) have Hepatitis B vaccination?  Yes  No

If the exposed person(s) sought a medical review/opinion, where were they seen, by who, and when?

(Facility Name) (Medical Profession) (Date)

Individual who did medical assessment on campus? \_\_\_\_\_  
(e.g., *Occupational Health Nurse, Safety and Security Sargeant.*)

\_\_\_\_\_  
(Name/Signature of Person completing form) Date: \_\_\_\_\_

\_\_\_\_\_  
(Name/Signature of Person Conducting Medical Assessment on Campus) Date: \_\_\_\_\_

## **Appendix E**

### Ryan White Care Act