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1. STATEMENT OF POLICY

Westminster College (College) is committed to providing a safe and healthy workplace for its employees, and as such understands the importance of preventing and minimizing exposure to bloodborne pathogens, which may be present in human blood or other potentially infectious material. This will be accomplished through adherence to universal precautions, training, providing adequate equipment and offering Hepatitis B immunization.

2. PURPOSE

The purpose of this document is as follows:

- To establish the plan for protecting College employees who are likely to be exposed to bloodborne pathogens as part of their job duties from exposure to bloodborne pathogens or other potentially infectious materials
- To identify precautions to be taken to minimize the potential for exposure, procedures to follow to decontaminate surfaces and items upon which infectious materials may be present
- To establish training to be given to College employees who have been identified as likely to encounter infectious materials in the course of their job duties

3. SCOPE

The scope of this procedure includes all occupational exposure to blood or other potentially infectious materials at the College or off-campus locations where College employees are performing work. As part of identifying job classifications which may put employees at risk of exposure to bloodborne pathogens, this plan specifically covers the personnel and tasks listed below.

A. Exposure Determinations

**Student Health Services Staff:** Responds to illnesses, injuries and offers services such as exams, immunizations, testing, and procedures that may involve exposure to human blood or other bodily fluids.

**Laboratory Faculty, Supervisors, and Workers:** Conducts research or lab activities that could involve exposure to human blood or other bodily fluids, unfixed tissue, cells, or lab instruments that may be contaminated with infectious materials.

**Campus Patrol:** Responds to situations that may involve injuries or illnesses that could result in exposure to human blood or other bodily fluids.
Maintenance Staff: Maintains and repairs campus facilities or equipment that may contain or be contaminated with human blood or other bodily fluids.

Emergency Response Staff: Responds to emergency situations which may involve injuries or illnesses that could result in exposure to human blood or other bodily fluids.

Athletics Faculty, Staff, and Coaches: May respond to injuries or illnesses that could result in exposure to human blood or other bodily fluids.

Designated Fitness, Wellness & Recreation Bloodborne Pathogen Responders: May respond to injuries or illnesses that could result in exposure to human blood or other bodily fluids.

Not included within the scope of this plan:

- School of Nursing and Health Science faculty and staff (covered under the departmental exposure control plan)
- Mountain West custodial employees (covered under Mountain West’s exposure control plan)

4. DEFINITIONS

Bloodborne Pathogens: Infectious microorganisms that are present in human blood that can cause disease in humans. These pathogens can be present in all types of bodily fluids, tissues, and cells, and in some cases it may be impossible to differentiate between these and non-infectious materials. As such, all potentially infectious materials will be treated with the same caution as materials known to be infectious.

Contamination: The presence of human blood, other bodily fluids or potentially infectious materials on an item or surface.

Contaminated Sharps: An object that is capable of penetrating the skin that may be contaminated with human blood, other bodily fluids, or potentially infectious materials. Examples of these can include hypodermic needles, scalpels, and broken glass.

Decontamination: The process of removing, inactivating, or destroying bloodborne pathogens on a surface or item through the use of chemical or physical means. A decontaminated item or surface is considered to be incapable of transmitting infectious particles and is safe to handle, use, or dispose.

Exposure Incident: an incident in which an employee comes into contact with and is potentially exposed to infectious materials in the performance of their duties. Contact can be made through the eye, mouth, mucous membrane, non-intact skin, or open wound.
HBV: Hepatitis B Virus.

HCV: Hepatitis C Virus.

HIV: Human Immunodeficiency Virus.

**Instrument:** Any instrument, vessel, utensil, or tool that may become contaminated with human blood or other potentially infectious materials because of its intended purpose. Examples of utensils include (but are not limited to) scalpels, needles, capillary tubes, etc.

**Needlestick:** A type of injury that can potentially expose a person to blood or other infectious materials, which occurs when a used and/or contaminated needle penetrates the skin. This type of injury must always be reported as soon as possible.

**Occupational Exposure:** Exposure (eye, skin, mucous membrane contact) with blood or other potentially infectious materials that may result from the performance of an employee’s duties. Occupational exposure is evaluated to determine job classifications and tasks which may put employees at risk.

**Personal Protective Equipment (PPE):** Specialized clothing or other equipment that is worn by an employee to protect against a hazard. Examples of this include gloves, safety glasses, masks, etc.

**Potentially Infectious Materials:** Human tissue, blood, or other bodily fluids (such as vomit, feces, urine, semen, etc.) which may be infected with bloodborne pathogens.

**Regulated Waste:** Waste that includes liquid or semi-liquid human blood or other infectious materials, contaminated items that would release blood or other infectious materials in a liquid or semi-liquid state if compressed (such as gauze or bandages used to absorb blood or other potentially infectious materials), items that are caked with blood or other infectious material and could release these materials if handled, contaminated sharps, pathological and microbiological wastes containing human blood or other infectious materials.

**Universal Precautions:** Methods of reducing the potential for exposure to blood or other infectious materials by treating all human blood, bodily fluids, and other infectious materials as if they are known to be infectious for bloodborne pathogens.
5. ROLES AND RESPONSIBILITIES

**College Leadership**

College leadership is responsible for enacting its commitment to provide a safe and healthy workplace for faculty, staff, and student employees by endorsing the content of this plan and allocating the necessary resources to comply with its requirements.

**Director of Campus Safety**

The Director of Campus Safety is responsible for administering this plan, reviewing the plan on an annual basis and revising it as needed, maintaining the required records as part of administering the plan, and ensuring that training is conducted according to this plan.

**Director of Campus Security**

The Director of Campus Security is responsible for coordinating with the Director of Campus Safety to ensure that all Campus Patrol officers receive training according to this plan.

**Campus Patrol**

Campus Patrol is responsible for responding to reports of spills of human blood or other potentially infectious materials, and coordinating clean-up of those spills with specially-trained personnel (Mountain West custodial staff).

**Human Resources**

Human Resources is responsible for maintaining all records related to workers’ compensation claims.

**College Employees**

All employees of the College (whether faculty, staff, or student employees) covered by this plan are responsible for utilizing universal precautions in the performance of their job duties and immediately reporting any exposure incidents to the Director of Campus Safety.

**Supervisors**

Any College employee acting in a supervisory capacity to another College employee or contract employee must immediately report any actual or suspected exposure incidents to the Director of Campus Safety.
Campus Community Members

All members of the Westminster College campus community, whether faculty, staff, or students, must contact Campus Patrol in the event of a spill of human blood or other potentially infectious materials. Campus Patrol will coordinate spill clean-up with specially-trained personnel.

6. EXPOSURE CONTROL PLAN

A. Hazard Communication

Warning of the presence of bloodborne pathogens, infectious materials or other biohazards shall be indicated with the use of the biohazard warning label (Figure 1). This warning label will be affixed to containers of human blood or regulated waste, refrigerators and/or freezers containing human blood or other infectious materials, and containers used to store, ship, or transport these materials.

Biohazard labels will be orange, orange-red, or red, with lettering and symbols in a contrasting color. These labels will be affixed, as well as is feasible, to containers using string, wire, adhesive, or other methods that prevent the label from being removed unintentionally. Regulated waste that has been autoclaved/decontaminated does not need to be labeled.

B. Engineering Controls and Safe Work Practices

The use of engineering controls and safe work practices are intended to eliminate or minimize potential employee exposure to infectious materials. Engineering controls and safe work practices will be periodically evaluated to ensure their effectiveness in this purpose, typically as part of the annual review of this plan.
1. **Engineering Controls**

The College provides hand washing facilities that are readily accessible to employees for use in maintaining proper hygiene. Where these facilities may not be as accessible or a need for alternative hygiene methods are identified, antiseptic hand cleanser or towelettes will be provided. Employees covered by this plan will be trained in proper hand washing and/or cleaning techniques, and instructed to do so after any potential exposure and after removing personal protective equipment.

Sharps disposal containers will be used to contain sharps that are contaminated with potentially infectious material. These containers will be designed in such a manner as to prevent accidental needlestick injuries to employees who handle the containers.

Where medical devices and needles are used, preference will be given to types of equipment with features which isolate or remove potential exposure to infectious materials from the work place. These devices can include self-sheathing needles, needle-less systems, or sharps with sharps-protection features incorporated into the design of the device.

2. **Safe Work Practices**

Eating, drinking, smoking, handling contact lenses, or applying cosmetics (including lip balm) are prohibited in work areas where there is a reasonable likelihood of occupational exposure to infectious materials. Such work areas may include, but are not limited to, laboratories and health care clinics.

Food and drink will not be stored in refrigerators, freezers, shelves, cabinets, or on countertops or working surfaces where human blood or other infectious materials are present.

Procedures which involve human blood or other infectious materials should be performed in a manner which will minimize splashing, spraying, spattering or other means of causing droplets of infectious materials to become airborne. Pipetting, siphoning, or suctioning of infectious materials by mouth is strictly prohibited.

Containers which are used for specimens of human blood or infectious material must be capable of preventing leaks and labeled with the biohazard warning label. Labels must be in place before the containers are stored, transported, or shipped.

Equipment or instruments which may be contaminated with human blood or infectious materials must be decontaminated before being serviced, repaired, or transported to another location.
**Personal Protective Equipment**

Where the possibility of occupational exposure to human blood or infectious materials exists, the College will provide appropriate personal protective equipment at no cost to employees. This personal protective equipment is dependent on the job classification and/or task, and can include gloves, gowns, lab coats, safety glasses, face shields, masks, pocket masks, or other ventilation devices. PPE used to protect against contact with infectious materials must be capable of preventing the materials from passing through or reaching a person’s clothes, skin, eyes, mouth, or mucous membranes when worn properly under normal working conditions.

Personal protective equipment will be readily available in the appropriate sizes for all covered employees. Employees must conduct a pre-use inspection before donning PPE to ensure that it is in good working order (i.e., no holes in gloves, cracks in face shields, etc.). PPE that is deemed to be defective or otherwise incapable of providing adequate protection should be reported to the supervisor and will be removed from service immediately and either repaired or replaced as needed. Departments covered by this document are responsible for the provision and replacement of the PPE necessary for their employees.

When employees remove PPE that has been or could have been contaminated with human blood or other infectious materials, they will deposit the PPE in designated areas or containers for the proper disposal, washing, or decontamination of PPE.

Gloves must be worn whenever there is potential for skin contact with human blood or other infectious materials, and/or when touching or handling contaminated surfaces or instruments. Disposable gloves are intended for single-use only, and must be replaced as soon as feasible when they become damaged or contaminated. These gloves may not be washed or decontaminated for additional use.

When utilizing face shields for protection against splashing, spattering, or similar situations, wear safety glasses or safety goggles underneath if the shield is not designed for full protection of the eyes.

Outer garments such as lab coats and gowns must be worn in the appropriate occupational exposure situations, such as in a clinic or laboratory.

**Housekeeping**

All work areas must be maintained in a clean and sanitary condition. The responsibility for housekeeping of clinic or laboratory environments lies primarily with clinic staff or laboratory workers, as part of their assigned job duties.
Contaminated working surfaces must be decontaminated as soon as is feasible with an appropriate disinfectant after a procedure involving human blood or infectious materials has been completed, and must be cleaned before the end of the shift if there is a possibility that the surface may have become contaminated again.

Protective coverings such as absorbent paper, plastic wrap, or aluminum foil used to cover equipment surfaces should be replaced immediately after being contaminated.

All items and instruments intended for re-use must be decontaminated immediately after being contaminated with human blood or infectious materials. Reusable sharps, such as scalpels, will not be stored in such a way as to cause an employee to reach by hand into a container where these sharps have been placed.

Broken glassware which may be contaminated must not be picked up by hand, even when wearing gloves. The use of mechanical means, such as a brush and dust pan or tongs, will be utilized to clean up broken glass pieces.

3. **Regulated Waste**

Disposal of regulated waste must be conducted according to College policy, as well as in accordance with applicable local, state, and federal regulations. Contaminated sharps and other types of regulated waste must be immediately discarded in the appropriate waste receptacles. These receptacles must be leak-proof, maintained upright, be easily accessible to personnel, and not allowed to overfill.

Regulated waste receptacles must be labeled with the biohazard warning label and sealed or closed for storage and transport. Secondary containment must be used if there is any potential for leakage, and must also be sealed and labeled with the biohazard warning label.

4. **Hepatitis B Vaccination**

The College will make the Hepatitis B vaccination series available at no cost to employees determined to have occupational exposure under this plan (listed in section 3.A of this document). The vaccination series will be made available at a reasonable time and place within 10 working days of their initial job assignment, and after having received training in bloodborne pathogen exposure control. The vaccination series will be administered by or under the supervision of a licensed physician.

Employees are not required to receive the Hepatitis B vaccination series and may decline it, but must sign a 518A Hepatitis B Vaccination Declination Statement. Employees who have previously declined the Hepatitis B vaccination series may decide at any time to request it, upon which arrangements will be made to provide it at no cost to the employee.
5. Medical Evaluation for Exposure Incidents

After an actual or suspected exposure incident, the College will ensure that the affected employee will receive a confidential medical examination and all follow-up appointments deemed necessary by the physician. The employee will be asked to complete a 504A EHS Incident Report Form and include details such as the route of exposure, the circumstances under which the exposure incident occurred, and the source of the infectious material.

If feasible, the source of the infectious material will be tested for the presence of HBV and HIV.

- If the source of the infectious material is a living person, consent must be obtained for testing. If the person declines to allow their blood to be tested, this declination of consent must be documented by the College. If the person voluntarily discloses their status as an individual infected with HBV and/or HIV, or their status is already known, then testing need not be conducted.
- If the source of the infectious material is unknown or unidentified blood, bodily fluids, or other potentially infectious material, testing will be conducted if it is feasible to obtain a testable sample of the material.

Results of the testing will be made available to the affected employee. Post-exposure prophylaxis will be provided when medically indicated, as will medical counseling and evaluation of reported illnesses.

In the event of an exposure incident, the College will provide the examining physician with the following:

- A description of the exposed employee’s job duties related to the exposure incident.
- Documentation of the route of exposure and the circumstances under which the exposure occurred.

The exposed employee will receive a copy of the evaluating physician’s written medical opinion within 15 days of the evaluation. The only information communicated to the College regarding the evaluation results will be the physician’s opinion regarding whether the Hepatitis B vaccination series is recommended for the employee and whether the vaccination series has been administered. All other findings and/or diagnoses are confidential.

A record of all exposure incidents that occurred as a result of contact with contaminated sharps will be maintained on the current year’s 518B Sharps Injury Log.
7. TRAINING

If a College employee’s job classification is listed above or they otherwise have the potential for occupational exposure to bloodborne pathogens, they must be trained in accordance with this plan at the time of initial job assignment and annually thereafter.

Training will be conducted by an authorized knowledgeable person using the training materials associated with this plan or training materials approved by the Director of Campus Safety, such as the bloodborne pathogen training developed by the American Red Cross.

Trainers can include the Director of Campus Safety or other College employees with sufficient knowledge and experience. Additional training will be conducted as necessary when modifications of tasks, activities, or equipment result in significant changes to this plan or to the occupational exposure potential of an employee or group of employees. Additional training may be limited only to significant changes and how the exposure control plan addresses those changes. Supervisors of employees covered by this plan must communicate any significant modifications or changes to the Director of Campus Safety, so that this plan can be revised and updated to include those changes and additional training conducted as needed for affected employees.

A. Required Training Elements

The following elements are required to be included in all affected employees’ initial and annual training:

- An explanation of 518 Bloodborne Pathogen Exposure Control Plan and how to obtain a copy.
- An explanation of how occupational exposure is determined and what constitutes an exposure incident.
- An explanation of the use of engineering controls, safe work practices, and PPE, and the limitations of these.
- Information on the Hepatitis B vaccination series, its effectiveness, safety, administration, the benefits of being vaccinated, and that the series is offered at no charge.
- Information on how to report exposure incidents and who to contact in the event of an exposure incident.
- An explanation of bloodborne pathogen hazard communication.
- An opportunity to ask questions and receive answers regarding any of the above.
8. RECORDKEEPING

The Director of Campus Safety is responsible for ensuring that all records are maintained in accordance with this plan.

A. Training Records

Training records will be maintained for three years from the date on which the training occurred. Records of training must include the date(s) of the training sessions, the contents or summary of what was covered during the training sessions, the name(s) of the person(s) conducting the training, and the names of all persons who attended the training sessions.

B. Medical Records

Each employee deemed to have occupational exposure under this plan will have a medical record maintained to document:

- The employee’s name, date of birth, and College ID number.
- A copy of the employee’s Hepatitis B vaccination status:
  - If the employee declined the Hepatitis B vaccination series, a copy of 518A Hepatitis B Vaccination Declination Statement with their signature will be included.
  - If the employee received the Hepatitis B vaccination series, the dates of all Hepatitis B vaccinations and medical records related to the employee’s ability to receive vaccination will be included.
- Copies of all results of medical examinations, testing, and follow-ups related to exposure incidents, including the evaluating physician’s written opinion.
- Copies of all information provided to the evaluating physician after an exposure incident.

These records will be maintained for the duration of employment plus 30 years.

The Director of Campus Safety will keep all medical records confidential, and will not disclose or report these records without the express written consent of employees to any person, except when required by law. The Director of Campus Safety will provide copies of records to an employee or authorized representative of an employee upon receipt of a written request within 15 days.

C. OSHA Recordkeeping and Sharps Injury Log

Each reported exposure incident will be evaluated by the Director of Campus Safety to determine whether it meets the criteria for inclusion on the current year’s OSHA 300 Log.
Regardless of OSHA 300 Log recording criteria, each exposure incident resulting from contact with a contaminated sharp will be recorded on the current year’s 518B Sharps Injury Log, maintained by the Director of Campus Safety. This log will include at least the following information:

- Date of the exposure incident.
- Type and brand of the sharp involved.
- Department or work area where the incident occurred.
- Explanation of how the incident occurred.

The Sharps Injury Log is evaluated on an annual basis along with this plan, and is used to inform improvements made to the plan. Logs are maintained for the current year plus 5 years. If copies of the log are requested, personal identifying information must be removed prior to providing those copies.

9. RESPONSIBLE ADMINISTRATOR

The Director of Campus Safety is responsible for administering this plan and for ensuring that persons whose job classifications are listed in Section 2 are trained according to the plan’s requirements.

10. RELATED DOCUMENTS

Documents related to this procedure are as follows:

518A Hepatitis B Vaccination Declination Statement

518B Sharps Injury Log

504 EHS Incident Reporting and Investigation

504A EHS Incident Report Form
11. HISTORY

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<td>Bloodborne Pathogen Exposure Control Policy and Plan ADOPTED</td>
<td>Policy Governance Committee</td>
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<tr>
<td>July 31, 2017</td>
<td>Interim Bloodborne Pathogen Exposure Control Policy and Plan APPROVED</td>
<td>Policy Governance Committee</td>
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12. SIGNATURE, TITLE, AND DATE OF APPROVAL

Approved: /s/_________________________________________

Stephen R. Morgan, President