

Minnesota State University Moorhead Bloodborne Pathogens Program

CAMPUS POLICY

Minnesota State University Moorhead recognizes that employees of this campus may encounter routine or non-routine occupational exposure to bloodborne pathogens including hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV). This written exposure control program has been developed by Minnesota State University Moorhead to eliminate or minimize employee exposure to blood or other potentially infectious materials and is intended to comply with the requirements of OSHA standard 29 CFR 1910.1030, Bloodborne Pathogens.

The Safety Administrator has been designated as the exposure control program coordinator and will be responsible for enforcement, review (annually or more frequently when determined necessary), and maintenance of this program.

EXPOSURE DETERMINATION:

The following exposure determination has been made without regard to the use of personal protective equipment:

- A. The following are job classifications in which all employees have occupational exposure to blood or other potentially infectious materials (regardless of frequency):

<u>JOB TITLE</u>	<u>DEPARTMENT/LOCATION</u>
<u>Athletic Trainers</u>	<u>Athletics</u>
<u>Early Education Center Teacher</u>	<u>Early Education Center</u>
<u>Healthcare Professional</u>	<u>School of Nursing & Healthcare Leadership</u>
<u>Campus Security Officers</u>	<u>Public Safety</u>
<u>Campus Security Supervisors</u>	<u>Public Safety</u>
<u>Safety Administrator</u>	<u>Environmental Health & Safety</u>
<u>General Maintenance Workers</u>	<u>Physical Plant</u>
<u>Master Plumber</u>	<u>Physical Plant</u>
<u>Speech Language Hearing Sciences Clinicians</u>	<u>Speech Language Hearing Sciences</u>

Part-time, temporary, contract and per diem employees are covered by the standard. How the provisions of the standard will be met for these employees should be described in this Exposure Control Plan.

The following work practice controls will be utilized at Minnesota State University Moorhead, hereinafter referred to as “the facility”, and enforced by department supervisors:

1. Employees MUST wash their hands and any other exposed skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
2. Employees MUST wash their hands immediately or as soon as possible after removal of gloves or other personal protective equipment.
3. Employees MUST wash their hands with soap and running water as soon as feasible after using an appropriate antiseptic. Hand cleaners or towelettes are acceptable only where handwashing facilities are not feasible.
4. Contaminated needles and other sharps shall not be bent, recapped, or removed unless no alternative is feasible, or such action is required by a specific medical procedure. Such recapping or needle removal must be accomplished by use of a mechanical device (needle well) or a one-handed technique. **SHEARING OR BREAKING OF CONTAMINATED NEEDLES IS PROHIBITED.**
5. Contaminated reusable sharps shall be placed in appropriate containers immediately or as soon as possible after use until properly re-processed.
6. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
7. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.
8. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.
9. Specimens of blood or other potentially infectious materials (OPIM) shall be placed in a container that prevents leakage during collection, handling, processing, storage, transport, or shipping.

PERSONAL PROTECTIVE EQUIPMENT

Personal Protective Equipment (PPE) is provided to employees at no cost to them. Training is provided by Environmental Health and Safety in the use of the appropriate PPE for the tasks or procedures employees will perform. PPE may be obtained through department supervisor and safety administrator who are responsible for ensuring that it is available and that employees know where PPE is located for their department.

There are several types of PPE available for employee use. The usage will be determined based on potential hazards the employee is exposed for the job and task.

All employees using PPE must observe the following precautions:

- * Wash hands immediately or as soon as feasible after removal of gloves and another PPE
- * Remove PPE after it becomes contaminated, and before leaving the work area
- * Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, 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
- * Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration
- * Never wash or decontaminate disposable gloves for reuse
- * Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth
- * Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface

Housekeeping

Observing Universal Precautions, the facility will ensure that the entire worksite is maintained in a clean and sanitary condition. The following is a written schedule for housekeeping:

- 1) Equipment: It will be ensured that all equipment and environmental work surfaces shall be cleaned and decontaminated with an appropriate disinfectant after contact with blood or other potentially infectious materials by trained employees
- 2) Work Surfaces: All contaminated work surfaces will be decontaminated after completion of procedures, after spill body fluids, and at the end of the work shift, if the surface has become contaminated since the last cleaning. Work surfaces include countertops, exam tables, mobile med-carts, etc. The following materials may accomplish decontamination: Bleach solution of one part bleach to ten parts water or other germicides

NOTE: Please consult with the facility's Safety Administrator, the exposure control program coordinator, if you have questions regarding specific cleaning and decontamination application.

- 3) Protective Coverings: Protective coverings such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment or environmental surfaces shall be removed and replaced as soon as feasible when they become obviously contaminated and at the end of the work shift
- 4) Trash Cans: All bins, pails, cans, and similar receptacles which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials will be inspected, cleaned, and decontaminated weekly or as soon as feasible upon visible contamination.
- 5) Sharps: Contaminated sharps shall be discarded immediately or as soon as feasible in approved containers. CAUTION: Broken glassware that may be contaminated shall not be picked up directly with the hands. It must be cleaned up using mechanical means such as a brush and dustpan, tongs, or forceps. Furthermore, any mechanical device which is contaminated must be de-contaminated following use or as soon as feasible.

NOTE: Reusable sharps that are contaminated with blood or other potentially infectious materials will be stored or processed so that employees do not have to reach by hand into the containers where these sharps have been placed.

- 6) Sharps Containers: Installed Sharps containers will be inspected monthly by Safety Administrator to ensure they are not allowed to become overfilled. The containers must be closable, puncture resistant, leak-proof on sides and bottom, and labeled or color-coded in accordance with paragraph. Additionally, sharps containers will be located as close as feasible to the immediate area where sharps are used.

Labeling

Warning labels shall 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. These labels shall include the following legend:



These signs shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in contrasting color. Alternately, red bags or containers may be substituted for labels. The Safety Administrator is responsible for periodic review of compliance with labeling requirements.

Hepatitis B Vaccination

The Safety Administrator will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration and availability.

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series, 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination is inadvisable.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Hepatitis B Vaccination Declination & Consent Form is kept at Human Resources.

Vaccination will be provided by Clay County Public Health.

Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee. It will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

Post-Exposure Evaluation and Follow Up

Should an exposure incident occur, contact Public Safety at the number 218-477-2449.

The employee should consider immediately seeking a confidential medical evaluation if it's an emergency. Employee should contact Human Resources to follow Worker's Compensation procedure. Following the initial first aid (clean the wound, flush eyes, or other mucous membrane, etc.), the following activities will be performed:

- * Document the routes of exposure and how the exposure occurred.
- * Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- * Obtain consent and plan to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- * If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.

- * Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- * After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
- * If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.
- * The Safety Administrator is responsible for providing the following information to the healthcare professional following an exposure incident and prior to medical evaluation:
 - A copy of 29 CFR 1910.1030.
 - A description of the exposed employee's duties as they relate to the exposure incident.
 - Documentation of the route(s) of exposure and circumstances under which exposure occurred.
 - Results of the source individual's blood testing, if available.
 - All medical records relevant to the appropriate treatment of the employee including vaccination status.
- * When medically indicated, Post-exposure prophylaxis (PEP) will be provided, as recommended by the U.S. Public Health Service. For this to be effective the post-exposure prophylaxis must be given within 1 to 2 hours after exposure. The exposed employee will be sent to a medical provider for counseling and determination if PEP should be given. Note: Make sure the facility has PEP available and that you have an agreement with the facility that they will see the employee immediately upon arrival.
- * Counseling will be made available to the employee upon request.
- * Within 15 days of completion, a copy of the evaluating healthcare professional's written opinion shall be obtained by Human Resources Director and provided to the employee. This written opinion will be limited to the following information:
 - That the employee has been informed of the results of the evaluation.
 - 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 (OTHER FINDINGS OR DIAGNOSES SHALL REMAIN CONFIDENTIAL AND NOT BE INCLUDED IN THE WRITTEN REPORT).

Evaluation of Exposure Incidents

Due to the potentially severe consequences resulting in exposure incidents, the circumstances regarding these incidents will be investigated with the upmost priority. Employees MUST notify supervisor immediately following any exposure incident. The Safety Administrator will be responsible for investigating the circumstances of exposure incidents immediately following each incident. A copy of the exposure incident investigation form is included in the appendix.

The facility will review the circumstances of all exposure incidents to determine

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used (including type and brand)
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, gown, etc.)
- Location of the incident
- Procedure being performed when the incident occurred
- Employee's training

The Safety Administrator will record all injuries from contaminated sharps in the facilities Sharps Injury Log.

If it is determined that revisions need to be made, the Safety Administrator will ensure that appropriate changes are made to this ECP. *(Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.*

Training

All employees with occupational exposure will receive training at the time of initial assignment, every year thereafter, and whenever changes affect the employee's exposure. Employees will receive part of training through virtual training platform. The Safety Administrator will be responsible for coordinating site-specific training sessions. The combination of training methods will cover following topics:

- A) An explanation of the bloodborne pathogens standard (29 CFR 1910.1030) and the fact that a copy of this standard will be accessible to employees at all times on the EHS site.
- B) A general explanation of the epidemiology and symptoms of bloodborne diseases.
- C) An explanation of the modes of transmission of bloodborne pathogens.
- D) An explanation of the facility's exposure control plan and the means by which employees can obtain a copy of the written plan.
- E) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- F) An explanation of the use and limitations of methods that will prevent or reduce exposure including engineering controls, work practice, and personal protective equipment.
- G) Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
- H) An explanation of the basis for selection of personal protective equipment.
- I) Information on the hepatitis B vaccine and a statement that the vaccine will be offered free of charge.
- J) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- K) 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.
- L) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
- M) An explanation of the signs and labels and/or color coding that is used in the facility.
- N) An opportunity for interactive questions and answers with the person conducting the training session.

Training records are completed for each employee upon completion of training. These documents will be kept for a retention period of **three calendar years** in Department of Human Resources.

Recordkeeping

Human Resources is responsible for maintaining records regarding the exposure control plan, and for ensuring that all medical records are kept confidential.

The following records will be kept on file:

- A. A file for each employee with occupational exposure to blood or other potentially infectious materials including the name and social security number of the employee,

and their Hepatitis B Vaccination Declination & Consent form.

- B. A copy of all results of examinations, medical testing, and follow-up procedures following an exposure incident.
- C. The employer's copy of the healthcare professional's written opinion regarding post-exposure evaluation and follow-up.
- D. A copy of the information provided to the healthcare professional regarding post-exposure evaluation and follow-up.

The above records will not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by the bloodborne pathogens standard or by law. These documents will be kept for a retention period of the duration of employment, plus 30 years.

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by Safety Administrator.

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous (skin penetrating) injuries from contaminated sharps are also recorded in the Sharps Injury Log.

All incidences must include at least:

- The date of the injury
- The type and brand of the device involved
- The department or work area where the incident occurred
- An explanation of how the incident occurred

This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

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