SUNY OSWEGO FACILITIES SERVICES
ENVIRONMENTAL HEALTH & SAFETY

EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS

Program Number	Original Effective Date	Revision Number-Date
EHS- BBP - 2017	**1993**	**April 6, 2007** **April 1, 2018**

Exposure Control Plan (ECP) for Bloodborne Pathogens

Purpose

SUNY OSWEGO is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."
The ECP is a key document to assist SUNY Oswego in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure.
- Implementation of various methods of exposure control, including:
  - Universal precautions.
  - Engineering and work practice controls.
  - Personal protective equipment.
  - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up.
- Communication of hazards to employees and training.
- Recordkeeping
- Procedures for evaluating circumstances surrounding an exposure incident.

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

Definitions

BBP – Bloodborne Pathogens such as HBV, HCV and HIV.

Exposure Control Plan (ECP) – Written plan that describes how the employer will minimize or eliminate employee exposure to bloodborne pathogens.

HBV- Hepatitis B Virus - **Hepatitis B** is a liver infection caused by the Hepatitis B virus (HBV). Hepatitis B is transmitted when blood, semen, or another body fluid from a person infected with the Hepatitis B virus enters the body of someone who is not infected. This can happen through sexual contact; sharing needles, syringes, or other drug-injection equipment; or from mother to baby at birth. For some people, hepatitis B is an acute, or short-term, illness but for others, it can become a long-term, chronic infection. Risk for chronic infection is related to age at infection: approximately 90% of infected infants become chronically infected, compared with 2%–6% of adults. Chronic Hepatitis B can lead to serious health issues, like cirrhosis or liver cancer. The best way to prevent Hepatitis B is by getting vaccinated.

HCV – Hepatitis C Virus - **Hepatitis C** is a liver infection caused by the Hepatitis C virus (HCV). Hepatitis C is a blood-borne virus. Today, most people become infected with the Hepatitis C virus by sharing needles or other equipment to inject drugs. For some people, hepatitis C is a short-term illness but for 70%–85% of people who become infected with Hepatitis C, it becomes a long-term, chronic infection. Chronic Hepatitis C is a serious disease than can result in long-term health problems, even death. The majority of infected persons might not be aware of their infection because they are not clinically ill. There is no vaccine for Hepatitis C. The best way to prevent Hepatitis C is by avoiding behaviors that can spread the disease, especially injecting drugs.

HIV – HIV stands for human immunodeficiency virus. It weakens a person's immune system by destroying important cells that fight disease and infection. No effective cure exists for HIV. But with proper medical care, HIV can be controlled. Some groups of people in the United States are more likely to get HIV than others because of many factors, including their sex partners, their risk behaviors, and where they live. This section will give you basic information about HIV, such as how it's transmitted, how you can prevent it, and how to get tested for HIV.

PESH – Public Employee Safety and Health – NY State

OSHA – Occupational Safety and Health Administration – Federal Level

Administrative Duties

The Environmental Health and Safety Department is responsible for the implementation of the Exposure Control Plan (ECP). The Occupational Safety and Training Coordinator will maintain, review, and update the ECP periodically, and whenever necessary to include new or modified tasks and procedures.

Those employees who are determined to have occupational exposure to blood or Other Potentially Infectious Materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

Shop Supervisors in Custodial, Grounds and Plumbing will maintain and provide all necessary Personal Protective Equipment (PPE), engineering controls (e.g., sharps containers), labels, and biohazard bags (red bags) as required by the standard. Shop Supervisors in Custodial, Grounds and Plumbing will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

In the event of an exposure the exposed employee and their supervisor will complete the Bloodborne Pathogen Exposure Incident Report found in Appendix A.

Human Resources will be responsible for ensuring that all medical actions required due to an exposure are performed and that appropriate employee health and PESH records are maintained.

Human Resources 201 Culkin Hall x 2230

The Environmental Health and Safety Department will be responsible for presenting and documenting training for staff with in the Facility Services Division. EHS Staff is available to provide training or assist with training for other departments on Bloodborne Pathogens if requested. EHS will ensure the written ECP is available to employees, PESH and NIOSH representatives.

EHS Office 110 Lee Hall x 3157

Employee Exposure Determination

The following is a list of all job classifications at our establishment in which all employees have a risk of occupational exposure:

Facilities Services

Custodial -General Duties including Cleaning and Disinfecting
Grounds -General Duties including Cleaning and Disinfecting
Plumbing -General Duties including Repairs and Equipment Cleaning

Note: Employees assigned to these shops on a temporary basis are not included in this program and are not required to clean up blood or OPIM. This decision was made based on the time frame employees would be assigned -vs- the time frame required to receive the series of Hepatitis B Vaccinations. We will ensure that all of employees who are temporarily assigned to these shops receive awareness training on Bloodborne Pathogens.

Methods of Implementation and Control

Universal Precautions

All employees will utilize Universal Precautions–*Universal Precautions* is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting The Occupational Safety and Training Coordinator. If requested, we will provide an employee with a copy of the ECP within 15 days of the request. The Exposure Control Plan may be viewed at any time on the Environmental Health and Safety Department Website.

The Occupational Safety and Training Coordinator is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Engineering and Work Practice Controls

Engineering and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below; they will include but are not limited to:

- Custodial Employees are encouraged to wear gloves for all tasks they perform not just while handling chemicals, hazardous material or cleaning up bloodborne pathogens.
- Washing hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- Washing hands and any other skin with soap and water, or flushing mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
- Not eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses in work areas where there is a reasonable likelihood of occupational exposure.
- Not keeping food or drink in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops where blood or other potentially infectious materials are present.
- Properly disposing or decontaminating personal protective equipment.
- Maintaining a clean and sanitary worksite.
- Following an appropriate cleaning and decontamination method and schedule.
- Sharps disposal containers are inspected and maintained or replaced by the building Janitor every month or whenever necessary to prevent overfilling.

This facility identifies and evaluates the need for changes in engineering controls, work practices, new procedures and products through:

- Employee input/concerns brought to the CSEA Joint Labor Management Health and Safety Committee (CSEA JLM H&S)
- Injury reports
- Communication to Supervisors or the EHS Department.
- Feedback at annual training and Near Miss Reports.

The following staff are involved in this process: EHS and Head Janitors who may also involve the CSEA JLM H&S Committee, and Supervisors.

Department Directors and Supervisors will ensure effective implementation of these recommendations.

Personal Protective Equipment (PPE)

PPE is provided to each of our employees at no cost. Training is provided by The Environmental Health and Safety Department in the use of the appropriate PPE for the tasks or procedures employees will perform.

The types of Personal Protective Equipment (PPE) available to employees are as follows:

- Gloves
- Face Shields
- Gowns
- Foot and Head Covers
- Safety Goggles and Glasses

PPE is located in the Bloodborne Pathogens Kits (BBP Kits) located in the Custodial Break Rooms of all buildings, and at the front desk of the Res-halls, and may be obtained through Shop Supervisors in Custodial, Grounds and Plumbing.

Each employee using Personal Protective Equipment (PPE) must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other 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 Other Potentially Infectious Material (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.
- Discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, and deterioration and after cleanup of Bloodborne Pathogen.

- 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.
- The procedure for handling used PPE is as follows:
    - Remove gloves with care to avoid skin contact with bloodborne pathogens.
    - Remember to wash hands after removing gloves.
    - Used PPE is to be disposed of in the red bags found in the BBP Kits.

Housekeeping

Building Custodians check the contents of the BBP Spill Kits monthly. Sharps containers that have been used will be taken to Mary Walker Health Center for disposal.

The procedure for handling other regulated waste is: All waste generated from the cleanup of a bloodborne pathogen related spill will be placed in biohazard bags (red bags) and sent to Mary Walker Health Center for Disposal.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak-proof on sides and bottoms, and labeled or color-coded appropriately. Sharps disposal containers are available through the stock room.

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware that may be contaminated is picked up using mechanical means, such as a brush and dust pan.

Labels

The following labeling method(s) is used in this facility:

Equipment to be labeled:	Label type (size, color, etc.):
Red Bag	Biohazard label (pre- printed on bag)

The Storeroom Clerk will ensure that Biohazard Bags commonly known as red bags are ordered and available for distribution. Employees are to notify Environmental Health and Safety if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

Hepatitis B Vaccination

Environmental Health and Safety 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,
3. Medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form (See Declination Statement Below). Employees who decline may request and obtain the vaccination at a later date at no cost.

Documentation of refusal of the vaccination is kept at Environmental Health and Safety.

Vaccination will be provided by a Nurse Practitioner at Mary Walker Health Center. Arrangements for the first shot in the series will be coordinated through EHS.

Following hepatitis B vaccinations, the health care professional's written opinion will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

Hepatitis B Vaccine Declination (Mandatory)

I understand that due to my occupational exposure to blood or 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. 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 no charge to me.

Signed: _____ *(employee signature)*

Date: _____

Post-exposure Evaluation and Follow-Up

Should an exposure incident occur, employees are to contact their Supervisor and EHS; and complete a Bloodborne Pathogen Exposure Incident Report which can be found in Appendix A.

An immediately available confidential medical evaluation and follow-up will be conducted by Oswego Health. Following the initial first aid (clean the wound, flush eyes or other mucous membranes, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Try to identify and document the source individual (unless we can establish that identification is infeasible or prohibited by state or local law).
- If possible obtain consent and make arrangements 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.

Administration of Post-Exposure Evaluation and Follow-up

Environmental Health and Safety ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.
Environmental Health and Safety, Human Resources and the Shop Supervisor ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- A copy of 29 CFR 1910.1030
- A description of the employee's job duties relevant to the exposure incident
- Route(s) of exposure
- Circumstances of exposure
- If possible, results of the source individual's blood test and relevant employee medical records, including vaccination status.

Oswego Health provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

Environmental Health and Safety, Human Resources, and Shop Supervisors will review the circumstances of all exposure incidents to determine:

- Events leading up to the exposure.
- Employees Training.
- Was it the result of cleaning up a Bloodborne Pathogen.
- Work practices followed.
- Protective equipment used at the time of exposure.
- Equipment being used at time of exposure.
- Ways to prevent future incidents.

If it is determined that revisions need to be made, the Occupational Safety and Training Coordinator will ensure that appropriate changes are made whenever necessary and not just on an annual basis.

Employee Training

Each employee who has occupational exposure to bloodborne pathogens receives training conducted by The Environmental Health and Safety Department.

Each employee who has occupational exposure to bloodborne pathogens receives training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- Where a copy and explanation of the standard; can be found on EHS web site and a hard copy available on request.
- An explanation of our Exposure Control Plan and how to obtain a copy.
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident.
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE.
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
- 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 on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
- An opportunity for interactive questions and answers with the person conducting the training session.
- How to clean up a spill.
- How to remove Personal Protective Equipment.
- Keeping the area isolated.
- Location of and contents of the BBP Kits.
- Training materials distributed at training are available on the Environmental Health and Safety Website and in the Environmental Health and Safety Office.

Recordkeeping

Training Records

Training records are completed for each employee upon completion of training. These documents (paper) will be kept for at least three years in the Environmental Health and Safety Office.
The training records include:

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

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to The Environmental Health and Safety Department.

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

Human Resources is responsible for maintenance of the required medical records. These confidential records are kept at Human Resources Culkin Hall x 2230 for at least the duration of employment plus 40 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to Human Resources.

OSHA Recordkeeping

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 Human Resources.

Appendix A

Bloodborne Pathogens Exposure Incident Report

Bloodborne Pathogens and Bathroom Cleaning

SUNY Oswego

Complete this report only for actual exposure "contact" with blood/fluid to skin or mucous membranes.

BBP Exposure Incident Report

Name: _____ Job Title: _____

Date of Injury: _____ FM# _____

Supervisor: _____ Time of exposure: _____

Where did exposure incident occur (be specific):	
What task was being performed when the exposure occurred (describe the incident):	
What caused the exposure (it was the result of what condition or behavior):	
Who if known is the source individual (name and phone number):	Staff Faculty Student Other Name: Phone:
What part(s) of your body was exposed (circle): Specific Location:	Intact Skin Non Intact Skin Eyes Nose Mouth If skin: good condition abrasion/chapped/dermatitis
What body fluids were you exposed to (circle):	Blood Vomit Urine OPIM:
Did the body fluid (circle):	Touch unprotected skin Soak through clothing Other:
How much body fluid came in contact (circle):	< 1 teaspoon several teaspoons several tablespoons
What personal protective equipment were you wearing:	Latex/Vinyl Gloves Safety Glasses/Goggles Mask Other: No PPE
If no PPE was worn, explain clearly why it was not:	
Was a medical sharps device involved? Was it a "safety designed device" If yes, what failed to prevent injury:	No Yes Specific Device: Yes No
Have you received pre-exposure HBV vaccine:	No Yes Date:
How could this exposure have been prevented:	
Circle all BBP training you have received:	Written training module Classroom teaching Departmental Instruction on Job Related Tasks None
Employee Signature:	Date:
Supervisor Signature:	Date:
Human Resources Signature:	Date:
Safety Officer Signature:	Date:

Complete immediately. Exposure incident will be reviewed and exposed employee will be sent to Oswego Health for evaluation/treatment.

Complete immediately and proceed to “Emergency Room” for off hours or off campus incidents – exposed employee should sign consent form and request that all medical records be sent to: Oswego Health

Take a copy of this report to medical provider – a copy must also go to EHS and the Human Resources Office.

SUNY Oswego EHS Department statement regarding the cleaning of bathrooms:

Urine and feces are not normally considered or referred to as Other Potentially Infectious Materials (OPIM) under 29 CFR 1910.1030. Thus under normal conditions the cleaning of a bathroom would not be considered to be an at risk situation for a bloodborne pathogen exposure, unless visible blood is present.

When it is not possible to distinguish what a body fluid is it should always be treated as an OPIM, and only cleaned by SUNY Oswego Staff who are covered by the Exposure Control Plan and who have had the proper training required to clean up blood and OPIM. This would exclude temporary, seasonal, and student workers.

The definition for OPIM from the Bloodborne Pathogens Standard is as follows:

Other Potentially Infectious Materials means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.