BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

A. References.

Occupational Exposure to Bloodborne Pathogens:
http://apps.leg.wa.gov/WAC/default.aspx?cite=296-823
WSU SPPM 2.44 Bloodborne Pathogens:
https://policies.wsu.edu/prf/index/manuals/2-00-contents/2-44-bloodborne-pathogens/

B. Appendices:

a. Appendix 1 - Job Titles with reasonably anticipated exposure to blood or OPIM
b. Appendix 2 – WSU Health Care Professional's Written Opinion for Hepatitis B Vaccination Form
c. Appendix 3 – WSU Hepatitis B Vaccination Declination Form
d. Appendix 4 – WSU Health Care Professional's Opinion for Post Exposure Evaluation Form
e. Appendix 5 – WSU Health Care Professional's Opinion for Post-Exposure Follow-Up Form

C. Purpose.

This plan intends to eliminate or reduce employee's exposure to blood borne pathogens. Bloodborne pathogens are microorganisms that may be present in human blood and other potentially infectious materials (OPIM) e.g. semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures and can cause disease in humans. These include, but are not limited to, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).

D. Scope.

This exposure control plan covers WSU Tri-Cities employees designated by the department as having reasonably anticipated occupational exposure to human blood or OPIM.

E. Responsibilities.

Supervisors

- Identify work activities with potential exposure to BBP or OPIM.
- Require that previously identified employees familiarize themselves with this APP chapter.
- Offer employees the HBV vaccine within 10 days of assignment to tasks with potential exposure.
- Provide employees BBP training within 10 days of assignment to tasks with potential exposure.
- Provide employees Personal Protective Equipment (PPE), for PPE selection and training information, please see this APP's PPE chapter.

- Evaluate employee adherence to BPP policy and initiate corrective action when necessary e.g. additional training and/or disciplinary action.
- Arrange for employees to visit the ***emergency room*** immediately after a needle stick or other suspected exposure to blood or OPIM breaking the skin barrier.

Employees

- Immediately inform their supervisor when (previously unidentified) tasks present potential BBP exposure.
- Familiarize themselves with this APP chapter.
- Receive the HBV vaccine per health care provider's recommendations, ***or*** sign the HBV vaccine declination form provided in Appendix 3.
- Attend and participate in BBP training.
- Wear PPE and adhere to BBP policies and procedures. Employees not conforming to BBP policy may be subject to disciplinary action.
- Visit the emergency room immediately after a needle stick or other suspected exposure to blood or OPIM breaking the skin barrier.

F. Training.

Employees who may be assigned to clean-up of blood or OPIM or with a reasonable expectation of exposure must understand the contents of this APP chapter and receive BBP training upon initial employment (or within 10 days of assignment to tasks with exposure potential) and on an annual basis. Training will include the training requirements identified in WAC-296-823-12005 and this APP Chapter.

G. Requirements.

Employees designated as having reasonably anticipated occupational exposure to BBP are to follow ***universal precautions***. Universal precautions are an approach to infection control where all human blood and OPIM are treated as if known to be infected with BBP. Accordingly, employees will use appropriate PPE, work practice controls, and engineering controls to eliminate or reduce their exposure.

H. Personal Protective Equipment.

PPE provides a barrier to prevent employees from contacting human blood or OPIM. PPE is considered suitable if it does not permit blood or OPIM to pass through or reach the person's skin, personal clothing, eyes, mouth or other mucous membranes under normal conditions of use. PPE includes disposable or other suitable gloves, eye protection, face masks, CPR masks, and coveralls. Disposable gloves should be replaced every six months. Refer to APP Chapter 11 for additional information on PPE.

PPE must be worn when it is reasonably anticipated that employees may have contact with blood or OPIM.

Disposable (single use) gloves will be replaced as-soon-as possible if they are torn, punctured, or when their ability to function as a barrier is compromised. Nitrile gloves are recommended. EHS recommends the use of nitrile gloves rather than latex, in order to

prevent allergic reactions. Gloves constructed of other materials may be used where necessary due to concerns over durability or compatibility.

Reusable gloves may also be used when work activities warrant additional protection. Personnel must receive glove donning, doffing, inspection and decontamination training.

Splash resistant goggles and face masks must be worn whenever there is potential for splashes, spray, spatter or droplets of blood or OPIM. CPR masks or similar barriers are required when performing CPR.

I. Work Practice Controls

The following work practices are used to reduce the potential for employee exposure to BBP:

- Whenever possible, an injured person should self-administer first-aid and clean up any human blood or OPIM and contaminated waste resulting from the injury.
- Employees must wash their hands with soap and running water immediately or as-soon-as possible after removing gloves and/or other personal protective equipment.
- Employees must wash their hands and any other exposed skin with soap and water, or flush mucous membranes with water for fifteen minutes immediately or as-soon-as possible following contact with blood or OPIM.
- Eating, drinking, using tobacco products, applying cosmetics, or lip balm, and handling contact lenses are prohibited in areas where blood or OPIM are present.
- Employees identified in Appendix 1 *and* trained in BBP cleanup must adhere to the following Spill Cleanup Procedures. All other employees promptly contact Facilities Services to report blood/OPIM spills. Custodial Services will evaluate the spill and, if possible, clean it up. Contaminated surfaces or equipment must be disinfected with either a commercially available disinfectant or a 1:10 dilution of household bleach. Diluted bleach solutions should be prepared for each use and not stored, which could affect the solution's potency.

J. Spill Cleanup Procedures

Personnel with job titles listed in Appendix 1 may be required to respond to blood spills. The following procedures must be followed as circumstances allow. BBP spill training should be utilized when the situation requires an adaptation of the procedure to the specific circumstance encountered.

- Obtain as much information as possible, including:
    - Spill location,
    - Area affected by the spill (materials and approximate square footage),
    - Contact person and contact information,
    - Names and contact information of other respondents.

Note: EHS personnel will not respond to cleanup spills associated with violent acts e.g. murder, suicide. EHS assistance may be requested to contain the area.

- Coordinate with other responders and obtain spill cleanup materials (see below) and arrange to meet at a location where cleanup activities can be staged.
- At least one respondent should obtain the appropriate cleanup materials and PPE. Gloves and disposable coveralls can be obtained from EHS
    - Gather and mix disinfectants needed,
    - Additional cleanup materials as needed:
        - Absorbent matting,
        - Brush and dust pan,
        - Sharps grabbing tool,
        - Sharps container,
        - Disinfectant,
        - Large pump sprayer,
        - Biohazard bags, and/or
        - Additional PPE.
- Report to the response site and coordinate with the contact people on-site to more thoroughly assess the situation.
- Cordon off the spill area to prevent the public from contacting the area if necessary.
- Don PPE.
- Take care to avoid spreading contamination, splashing, or aerosolizing blood or OPIM.
- If there are sharps, sweep these up with a broom and dust pan or use the sharps grabbing tool and dispose in a sharps container.
- Cover the spill with absorbent pads starting on the outside and working in.
- Saturate the absorbent pads and blood with disinfectant.
- Allow sufficient time for the disinfectant to act upon the BBP (fifteen minutes for 1:10 bleach).
- Pick up the spill cleanup materials pads and place them in garbage bags.
- Wipe up all disinfectant and cleanup materials, placing them in waste bags.
- Contaminated materials that cannot be disinfected must be placed in biohazard bags and disposed as biohazardous waste. See section L. Disposal of Items Contaminated with Blood/OPIM.
- Disinfected material must be double bagged and thrown in a dumpster.
- Do not use biohazard bags for decontaminated items.

K. Engineering Controls

Engineering controls separate bloodborne pathogens from workers. The following engineering controls will be used:

- Use “grabbers” or a broom and dustpan to pick up sharp objects,
- Use long handled mops to clean up liquids,
- Use barricades, caution tape, door locks, or ask others to help keep unauthorized people from entering any area potentially contaminated with blood or OPIM.

L. Disposal of Items Contaminated with Blood/OPIM

All visibly contaminated or potentially contaminated items such as gloves, gauze and bandages will be placed and disposed of in leak proof puncture resistant containers that are marked with orange-red labels bearing the word "Biohazard" and the biohazard symbol in contrasting color. Contact EHS at 372-7163 for instructions in disposing of a biohazard bag. *Do not dispose of contaminated or potentially contaminated items or biohazard bags in regular waste receptacles.*

Biohazard bags are available through EHS.

M. Hepatitis B Virus Vaccinations

All employees covered by this plan are to be offered the Hepatitis B vaccination series after training and within 10 days from the start of tasks with occupational exposure to human blood or OPIM. The vaccinations are provided at no cost to the employee.

Employees in the bloodborne pathogen program must be evaluated by a health care professional as to their need for a hepatitis B vaccination. The WSU's Health Care Professional's Written Opinion for Hepatitis B Vaccination Form (Appendix 2) must be completed and returned to HRS within 15 days of the employee's evaluation.

Prescreening of employees (pre-vaccine blood titers) shall not be a condition for beginning the Hepatitis B vaccination series. However, Health Care Professionals may recommend a post vaccine antibody titer (Anti-HBs) to assure the efficacy of the immunization.

Employees who decline vaccination must sign the WSU Hepatitis B Declination Form (Appendix 3) indicating they understand the risks of not receiving immunization. This decision to refuse the vaccination can be reversed at any time if the employee still has occupational exposure to bloodborne pathogens.

Employees who provide first-aid do not need to be offered the Hepatitis B vaccination until after an exposure incident. An exposure incident means a specific injection, mucous membrane or non-intact skin contact with blood or OPIM while providing first-aid. Contact EHS (372-7163) for more information.

N. Post Exposure Follow-Up

All employees who may have been exposed to human blood or OPIM should immediately wash the contaminated area with plenty of soap and running water. Employees with mucous membrane exposure should rinse with water for fifteen minutes.

The employee should seek medical attention as-soon-as possible preferably within two hours. The employee or the employee's supervisor completes the WSU Health Care Professional's Opinion for Post-Exposure Evaluation Form (Appendix 4). The completed form is to be provided to the Health Care Professional. The Health Care Professional is also provided and completes the WSU Health Care Professional's Opinion for Post-Exposure Follow-Up Form (Appendix 5).

An Incident Report is to be completed with the following information:

- A description of the exposed employee's job duties at the time of the exposure.
- Documentation of the routes of exposure

O. Annual Review

This exposure control plan will be reviewed annually as part of an overall safety program review, whenever necessary to reflect new or modified tasks and procedures that affect occupational exposure, and to reflect new or revised employee positions with occupational exposure.

Appendix 1 - Job Titles with reasonably anticipated exposure to blood or OPIM

- Custodian (all classes)

Appendix 2 - WSU's Health Care Professional's Opinion for Hepatitis B Vaccination

Instructions: As required by the Occupational Exposure to Bloodborne Pathogens Standard, Chapter 296-823 WAC the Health Care Professional is to provide a written opinion for the vaccination. Provide a copy of this completed form to the employee within 15 days of initiation of the series. The employee will supply their supervisor with a copy of form as verification of immunization status.

Employee's Name: _____

Date of Evaluation: _____

❒ The employee named above has received the Hepatitis B vaccination.

❒ Hepatitis B vaccination is indicated for the employee named above.

Health Care Professional Contact Information	
Name:	
Address:	
Telephone:	

_____ _____
Health Care Professional's Signature Date

The employing department will return a copy of this form to HRS at the address below. Please label the outside of the envelope "Confidential."

Washington State University
HRS
PO Box 641014
Pullman, WA 99164-1014
Phone: 509-335-4521

Appendix 3: WSU's Hepatitis B Vaccination Declination Form

Instructions: Employees declining the Hepatitis B Vaccination series are to complete this form and return it to their supervisor. The supervisor mails the completed form to the address below.

I understand that due to my occupational exposure to blood or other potentially infectious materials (OPIM), I may be at risk of acquiring hepatitis B virus (HBV) infection.

WSU _____ (department name) has given me the opportunity to be vaccinated with the 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.

❒ I have already received the hepatitis B vaccination series.

❒ I decline hepatitis B vaccination at this time

Employee Name (Print): _____

Employee Signature: _____

Date _____

Send the completed form to HRS at mail stop 1014. Please label the outside of the envelope "Confidential."

Appendix 4: WSU's Health Care Professional's Opinion for Post-Exposure Evaluation Form

Instructions: Employee or supervisor (if employee is unable) will complete this section of the form to provide the Health Care Professional with exposure information.

Date & Time of exposure: _____

Location of exposure: _____

Description of employee's duties at time of exposure:

What part(s) of the employees body were exposed (eye, mouth, finger, leg, etc.)?:

_____

Route(s) of exposure (splash, spray, needle stick, etc):

_____

Name and results of source individual's blood tests (or cell culture line) if available:

_____

Attach a copy of the employee's Health Care Professional's Written Opinion for Hepatitis Vaccination. Medical records relevant to the employee may be obtained from the employees Medical Provider:

Medical Provider Name	
Medical Provider Address	
Medical Provider Phone Number:	

Appendix 5: WSU's Health Care Providers Opinion for

Post-Exposure Follow-Up Form

Instructions: Health Care Professional completes this section of the form. Return this form to the address below and provide a copy to the employee, within 15 days of completion of the evaluation. Please label the outside of the envelope "Confidential."

Employee Name _____

Date of Incident: _____

Date of Evaluation: _____

☐ The employee named above has been informed of the results of the evaluation for exposure to blood or other potentially infectious materials.

☐ The employee named above has been told about any health conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

☐ Hepatitis B vaccination **is** ☑ **is not** ☐ indicated.

Health Care Professional Contact Information	
Name:	
Address:	
Telephone:	

_____ _____

Health Care Professional's Signature Date

Note to Health Care Professional:

WAC 296-823 Regulations: Occupational Exposure to Bloodborne Pathogens may be found at the following link: https://app.leg.wa.gov/WAC/default.aspx?cite=296-823