

Grand Rapids Community College
Bloodborne Pathogens
and
Exposure Control Plan

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Grand Rapids Community College Exposure Control Plan

SECTION 1 - INFORMATION AND TRAINING

Grand Rapids Community College is committed to providing a safe and healthful work environment for employees and students. In pursuit of this goal, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 *CFR* 1310.1030, "Occupational Exposure to Bloodborne Pathogens." Employees provided protection under the guidelines of the Bloodborne Pathogens Standard are in positions that have reasonably anticipated occupational exposure to blood or other potentially infectious materials that could contain pathogenic microorganisms. The vast majority of GRCC employees do not have a risk of reasonably anticipated occupational exposure.

GRCC does not require an employee to render first aid unless it is a function of his/her position and the employee has been trained. If an employee is knowledgeable in first aid procedures and wishes to act as a "**GOOD SAMARITAN**", it is important that he/she understand there are potential health risks associated with that action. It must be a voluntary, personal decision to assist.

In 1985, the Centers for Disease Control (CDC) developed the strategy of "universal blood and body fluid precautions" to address concerns regarding transmission of HIV in the health-care setting. The concept now referred to simply as "universal precautions" stresses that all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious material. In the workplace, universal precautions should be followed when workers are exposed to blood and certain other body fluids (amniotic fluid, pericardial fluid, peritoneal fluid, pleural fluid, synovial fluid, cerebrospinal fluid, semen, and vaginal secretions), or any body fluid visibly contaminated with blood.

The application of the principles of universal precautions to the situations encountered by these workers resulted in the development of guidelines for work practices, use of personal protective equipment, and other protective measures. To minimize the risk of acquiring HIV or HBV during the performance of job duties, workers will be protected from exposure to blood and other body fluids as circumstances dictate. Protection can be achieved through adherence to work practices designed to minimize or eliminate exposure and through the use of personal protective equipment (i.e., gloves, masks, protective clothing, etc.), which provides a barrier between the worker and the exposure source. In some situations, redesign of selected aspects of the job through equipment modifications or environmental controls can further reduce risk.

These approaches to primary prevention should be used together to achieve maximum reduction of exposure risk.

The ECP is a key document to assist our organization 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 exposure incidents

Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

RESPONSIBILITIES

The Health and Safety Team is responsible for implementation of the ECP. The team will maintain, review, and update the ECP annually, and whenever necessary to include new or modified tasks and procedures, and to reflect new or revised employee positions with occupational exposure. In the event that significant issues or concerns are identified, those issues will be brought to the Risk Management Oversight Team to be addressed.

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. 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 can review this plan at any time during their work shifts by visiting www.grcc.edu/-----.

The Facilities department and Lab Coordinators will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers, labels, red bags) as required by the standard.

The Payroll/Benefits office will be responsible for ensuring appropriate employee health and MIOSHA records are maintained.

Staff Development will be responsible for new employee training and documentation of training.

TRAINING

GRCC shall ensure that all new employees (part-time, temporary, contract and per diem) with or without occupational exposure, participate in a training program that will be provided at no cost to the employee and during working hours conducted by Staff Development. Bloodborne education and training (outlined in the ECP) will be made available within 10 working days of initial assignment.

The training will include:

1. An accessible copy of the regulatory text of this standard or explanation of its contents.
2. A general explanation of the epidemiology and symptoms of bloodborne diseases.
3. An explanation of the mode of transmission of bloodborne pathogens.
4. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan.
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM.
6. 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.
7. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
8. An explanation of the basis for selection of personal protective equipment.
9. Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
10. Information and appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
11. 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.
12. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee exposure incident.
13. An explanation of the signs and labels and/or color-coding required.
14. An opportunity for interactive questions and answers with the person conducting the training session.

Training will be provided at the time of initial assignment to tasks when occupational exposure may take place, and at least annually thereafter for Category A employees (See Appendix B). GRCC will provide additional training when changes in tasks or procedures affect the employee's risk of occupational exposure. The additional training may be limited to addressing the newly created exposures. Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used. Employee training records will be maintained according to the RECORDKEEPING procedures contained in this Exposure Control Plan.

SECTION 2 – EXPOSURE

EXPOSURE INCIDENT

An exposure incident occurs when a person becomes exposed to another person's blood or other potentially infectious material (OPIM) or is injured by something contaminated by another person's blood or OPIM. If an exposure incident occurs, the following procedure will be used:

1. Employee(s) responding should protect him/herself.
2. If appropriate, clean the affected area vigorously with soap and water. If mucous membrane or eye contact is involved, flush generously with water.
3. If appropriate, notify Campus Police, 4911 (first responders). If Campus Police is not available, call 911.
4. Employee(s) complete the Employee Injury Report Form, which can be found online at <http://www.grcc.edu/humanresources/employeeinjuryprocedures>
5. The Risk Manager or designee completes an Exposure Incident Investigation Form (APPENDIX E)
6. Follow the procedure outlined in Post-Exposure Evaluation & Follow-up.

EXPOSURE DETERMINATION

A list of exposure determination and control measures (Appendix C) has been developed to identify those tasks and procedures in which employees have the potential for occupational exposure to bloodborne pathogens. Occupational exposure is defined as "any reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties." Other potentially infectious materials may include:

- Saliva in Dental procedures
- Semen
- Vaginal secretions
- Cerebrospinal fluid – surrounds the brain and spinal cord
- Synovial fluid – found in joints (knees, elbows, etc.)
- Pleural fluid – surrounds the lungs
- Pericardial fluid – surrounds the heart
- Peritoneal fluid – surrounds the abdominal organs
- Amniotic fluid – surrounds a fetus
- Any fluid or solid that is visibly contaminated with blood
- All body fluids in situations where it is difficult or impossible to differentiate between body fluids.

- Any “unfixed” tissue or organ (other than intact skin) from a human (living or dead) – such as an amputated finger or limb.
- HIV or HBV containing cells, tissue cultures, or experimental animal used for HIV/HBV testing.

THIS EXPOSURE DETERMINATION SHALL BE MADE WITHOUT REGARD TO THE USE OF PERSONAL PROTECTIVE EQUIPMENT. IT COVERS ALL EMPLOYEES “AT RISK” FOR OCCUPATIONAL EXPOSURE TO BLOOD OR OTHER POTENTIALLY INFECTIOUS BODY FLUIDS.

EMPLOYEE EXPOSURE DETERMINATION

All new employees are required to take Blood Borne Pathogens training as part of their New Employee Onboarding process. Employees in the following departments have been determined to have occupational exposure and are required to complete training annually:

Category A - Job classifications that require procedures or other occupation-related tasks that involve exposure or reasonably anticipated exposure to blood or other potentially infectious materials, or that involve a likelihood for spills or splashed of blood or other potentially infectious materials.

- Biology
- Campus Police
- Coaches
- Dental
- Facilities
- Ford Field House
- Health Certificate Programs
- Hospitality
- Lifeguards
- Machine Tool
- Manufacturing
- Nursing
- Preschool
- Welding

Category B – Job classifications that do not require tasks that involve exposure to blood or other potentially infectious materials.

- All others

EXPOSURE CONTROL PLAN

Universal Precautions

All employees will utilize universal precautions. Universal precautions are an approach to infection control and shall be observed to prevent contact with blood or other potentially infectious materials. According to the concept of universal precautions, all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious material.

Engineering Controls

Engineering controls serve to prevent or minimize occupational exposure to bloodborne pathogens at the worksite by removing the potential hazard and/or isolating the employee from the exposure.

Engineering controls shall be examined and maintained or replaced by each department, when an exposure incident occurs or at least annually. See Appendix C. A commercially available product must be used if appropriate and effective. If a commercially available product is not used, documentation must be provided as to the reason (cost can be taken into account as part of the rationale).

Examples of engineering controls used at GRCC include:

- Sharps disposal containers
- Biohazard disposal bags
- Absorbent, decontaminating powder
- Personal Protective Equipment

GRCC Faculty and Supervisors identify the need for changes in engineering controls and work practices through review of MIOSHA standard records, curriculum review, departmental meetings, employee interviews, etc. and make recommendations to the Health and Safety Team.

The Health and Safety Team is responsible for ensuring that these recommendations are implemented.

Work Practice Controls

Work practice controls reduce the likelihood of occupational exposure by altering the manner in which tasks are performed. The protection provided is the result of employee behavior rather than the use of physical devices. Examples of work practice controls used at GRCC include:

Hand Washing Procedure:

GRCC shall provide hand-washing facilities that are readily accessible to employees. Employees will wash their hands or any other skin with soap and water, or flush mucous membranes with water immediately or ASAP after contact with blood or other potentially infectious body fluids. Hands will be washed for at least 15 seconds, in a manner causing friction on the inner and outer surface of the hands. Employees will wash their hands as soon as possible after removing their gloves, or other Personal Protective Equipment (PPE). When provisions for hand washing facilities are not feasible, an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes shall be provided. When antiseptic hand cleaners or towelettes are used, hands shall be washed with soap and running water as soon as possible.

Procedures on Handling Sharps & Reusable Sharps:

Contaminated sharps, broken glass, plastic or other sharp objects are discarded immediately or as soon as possible in containers that are:

- Closable
- Puncture resistant
- Leak proof on sides and bottom
- Labeled or color coded as a "Biohazard" – according to procedures outlined in the REGULATED WASTE SECTION (page 14)

Sharps disposal containers are inspected and maintained or replaced by the using department staff every month or whenever necessary to prevent overfilling. Containers shall be maintained in an upright position. Sharps containers are for sharps only! Bloodied bandages or other items containing bodily fluids must be placed in a separate bio-hazard container. Containers shall be easily accessible to staff and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be needed. Contaminated needles and other contaminated sharps shall be appropriately removed from the work area. Containers of biohazard material will be repacked and sent for disposal after it is packaged by user and scheduled for pickup by the custodian.

If an incident occurs where there is contaminated material that is too large for a sharps container, the custodian shall be contacted immediately to obtain an appropriate biohazard container for this material. Reusable contaminated sharps shall be washed in soapy water with a long handled brush or in an ultrasonic cleaner, rinsed, air dried and sterilized.

Procedures involving blood and other potentially infectious materials:

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.

Specimens of blood or other potentially infectious material (OPIM) shall be placed in containers that prevent leaking during collection, handling, processing, storage, transport, or shipping. These containers shall be labeled with a biohazard symbol or are red in color.

Eating and drinking procedures in contaminated work areas:

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. Food and drink shall not be kept in refrigerators, freezers, shelves, and cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.

Procedure on servicing of contaminated equipment:

Equipment that may become contaminated with blood or other potentially infectious material shall be examined prior to servicing or shipping and shall be decontaminated as necessary. If the employees can demonstrate that the decontamination of such equipment or portions of such equipment is not feasible, a readily observable label is required stating which portions of the equipment remains contaminated. This information is to be conveyed to all affected employees, the service representative, and/or manufacturer, as appropriate, prior to handling, servicing or shipping.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

After implementing Engineering and Work Practice Controls, if there is still risk for occupational exposure GRCC shall provide appropriate personal protective equipment (PPE) such as, but not limited to: gloves, gown, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. PPE is provided to employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by the employee's supervisor or classroom instruction.

Hypoallergenic gloves, glove liners, or other similar alternatives shall be accessible upon request to those employees who are allergic to gloves normally provided. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious material to pass through or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used. (See Appendix B & C)

First aid kits maintained by Campus Police may be found in various campus locations. For the list of locations, go to <http://www.grcc.edu/campuspolice/resources/firstaidkits>. Kits are inspected on a monthly basis. PPE specific to department needs are available through the department.

- Employees are expected to use personal protective equipment if there is a risk for occupational exposure. If an employee temporarily and briefly declines to use personal protective equipment because it is in his or her judgment that in that particular instance it would have posed an increased hazard to the employee or others, GRCC shall investigate and document the circumstances in order to determine whether changes can be instituted to prevent such occurrences in the future.
- GRCC shall clean, launder and dispose of personal protective equipment, at no cost to the employee.
- GRCC shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.
- If blood or other potentially infectious material (OPIM) penetrates a garment(s), the garment(s) shall be removed immediately or as soon as possible. Contaminated garments shall be removed in such a way as to avoid contact with the outer surface.
- When contaminated personal protective equipment/supplies are removed, they shall be placed in biohazard bags. These containers shall be labeled with a red biohazard symbol.
- All PPE shall be removed prior to leaving the work area. Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

Gloves:

Gloves shall be worn when it can be reasonable anticipated that the employee may have hand contact with blood, other potentially infectious material, mucous membranes, nor non-intact skin; and when handling or touching contaminated items or surfaces. Disposable (single use) gloves shall not be washed or decontaminated for re-use. Disposable gloves shall be replaced when contaminated or if they are torn, punctured, or when the ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.

Masks, Eye Protection, and Face Shields:

Masks, in combination with eye protection devices such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious material may be generated and eye, nose, and/or mouth contamination can be reasonably anticipated.

Gowns, Aprons, and other Protective Clothing:

Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics shall depend upon the task and degree of exposure anticipated.

HOUSEKEEPING

GRCC shall ensure that the worksite is maintained in a clean and sanitary condition. The Facilities Department shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facilities, type of surface to be cleaned, type of soil present, and tasks or procedures being performed.

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels), and closed prior to removal to prevent spillage or protrusion of contents during handling.

All equipment, materials, environmental, and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials. [A hospital grade virucide or 1:10 fresh bleach to water solution will be used for decontamination.]

Contaminated work surfaces shall be decontaminated with an EPA registered TB germicides immediately after completion of procedure/task/therapy, or as soon as feasible, when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials, and at the end of the school day if the surface may have become contaminated since the last cleaning.

Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become contaminated with blood or OPIM, or at the end of the school day if they have become contaminated since the last cleaning.

All bins and pails, (e.g., waste or emesis basins) intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious material, shall be inspected on a regularly scheduled basis by the custodian and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Broken glassware that may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps. Broken glass shall be containerized. A custodian shall be notified of the need for immediate cleaning.

Faculty and students working with health programs shall be responsible for decontamination of laboratories and classroom facilities at the end of each instructional period, i.e., equipment surfaces, and non-technical equipment. Custodians will be responsible for normal cleaning.

In an emergency, the custodian shall respond immediately to any major blood or OPIM incident so that it can be immediately cleaned, decontaminated, and removed.

At GRCC there shall be a marked biohazard container in the custodial area for the containment of all individual biohazard designated bags. The custodial staff shall move the biohazard containers to a holding area. These will be picked up by contracted services. In the event that regulated waste leaks from a bag or container, the waste shall be placed in a second container, and the area shall be cleaned and decontaminated.

LAUNDRY PRACTICES

Soiled uniforms or other contaminated materials should be removed as quickly as possible and placed in a bio-hazard bag. Employees who have contact with contaminated laundry must wear protective gloves and other appropriate PPE. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use. Containers must be leak-proof if there is reasonable likelihood of soak-through or leakage. Contaminated articles must be taken to Afendoulis Cleaners for laundry service. The College will reimburse employees for the cost of professional laundry services.

- **No contaminated personal laundry shall be taken home for laundering purposes. Hepatitis B can live outside the body for days!**

REGULATED WASTE

REGULATED WASTES INCLUDE:

- Liquid or semi-liquid blood or other potentially infectious materials
- Contaminated items that would release blood or other potentially infectious material in a liquid or semi-liquid state if compressed
- Items that are caked with dried blood or other potentially infectious material and are capable of releasing these materials during handling
- Contaminated sharps
- Pathological and microbiological wastes containing blood or other potentially infectious material

All regulated waste destined for disposal will be bagged, tied and designated as a biohazard.

The following labeling method(s) is used:

EQUIPMENT TO BE LABELED	LABEL TYPE
Contaminated instruments	Sharps container
Contaminated laundry	Red bags
Biology specimens	Biohazard label

Faculty and laboratory coordinators will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify the supervisor, faculty, department head or appropriate associate dean if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

BIOHAZARD BAGS/LABELS WILL:

- Have the biohazard symbol
- Be fluorescent orange or red-orange with lettering in contrasting color

The bag shall be removed from the site as soon as feasible and replaced with a clean bag.

Regulated waste that has been decontaminated through the use of an absorbent, decontaminating powder need not be labeled as a biohazard or placed in a red bag or container. Disposal of all regulated waste shall be in accordance with applicable regulations of the United States and the State of Michigan.

HEPATITIS B VACCINATION

Category A Employees

- 1) GRCC shall make available the Hepatitis B vaccination series at no cost to all employees who have occupational exposure (See Appendix B). Hepatitis B vaccination will be made available after the employee has received Bloodborne Pathogen training and within 10 working days of initial assignment.
- 2) Exceptions to this procedure are:
 - a) Employee has previously received the complete Hepatitis B vaccination series
 - b) Antibody testing has revealed that the employee is immune
 - c) The vaccination is contraindicated for medical reasons
- 3) GRCC shall not make participation in a pre-employment screening program a prerequisite for receiving the Hepatitis B vaccine.
- 4) Any employee who declines the vaccine will sign a mandatory Hepatitis B Vaccine Declination form. (See Appendix D) Documentation of refusal of the vaccination is kept in Human Resources. Vaccination will be provided by Kent County Health Department at any Kent County Health Department location.

- 5) If an employee initially declines the vaccine, but at a later date, while still covered under the standard, decides to accept the vaccine, GRCC will make the vaccine available at that time.
- 6) If a routine booster dose(s) of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available at no cost to the employee.
- 7) 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.
- 8) Records regarding HBV vaccinations or declinations are to be kept by Staff Development

Category B Employees

- 1) The full Hepatitis B vaccination series shall be made available as soon as possible, but no later than 24 hours, to any unvaccinated first aid provider after rendering assistance in any situation involving the presence of blood or OPIM regardless of whether or not a specific "exposure incident", as defined by the standard, has occurred.
- 2) The Hepatitis B vaccination record or declination statement (See Appendix G) shall be completed. All other pertinent conditions shall also be followed as written for those persons who receive the pre-exposure Hepatitis B vaccine.
- 3) Payroll/Benefits shall keep a list of such incidents. It shall be readily available to all employees and shall be provided to the assistant secretary of Michigan Department of Consumer and Industry Services upon request.

COMMUNICATION OF HAZARDS TO EMPLOYEES

LABELS AND SIGNS:

Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material and other containers used to store, transport or ship blood or other potentially infectious material. Labels required by this section shall include the following symbol and shall be fluorescent orange or orange-red or predominately marked with lettering or symbols in a contrasting color. **Red biohazard bags or red containers may be substituted for labels.**

BIOHAZARD



These labels shall be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, and other methods that prevent their loss or unintentional removal.

Labels for contaminated equipment must follow the same labeling requirements. In addition, the labels shall also state which portions of the equipment remain contaminated.

Regulated waste that has been decontaminated need not be labeled or color-coded.

POST-EXPOSURE EVALUATION & FOLLOW-UP (SEE APPENDIX E)

Identification, medical evaluation & follow-up

Following a report of an exposure incident, GRCC shall make available to the exposed employee a confidential medical evaluation and follow-up conducted by Spectrum Occupational Clinics.

The following activities will be performed:

1. Document the routes of exposure and how the exposure occurred.
2. The source individual's blood shall be tested as soon as feasible after consent is obtained in order to determine HBV and HIV status. If consent is not obtained, the college shall document that legally required consent cannot be obtained. When the law does not require the source individual's consent, the source individual's blood, if available, shall be tested and the results documented.
3. When the source individual is known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
4. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
5. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. If the employee consents to baseline blood collection, but does not consent at that time for HIV serological testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
6. Post exposure Prophylaxis, (i.e. immune globulin) shall be available when medically indicated, as recommended by the U.S. Public Health Service
7. Medical evaluation of reported illnesses
8. Counseling shall be made available by the college at no cost to employees and their families on the implications of testing and post-exposure prophylaxis
9. The college shall ensure that all medical evaluations and procedures, including prophylaxis are made available at no cost, and at a reasonable time and place to the employee. Licensed personnel shall conduct all medical evaluations and procedures and laboratory test shall be conducted in accredited laboratories.

Information provided to the healthcare professional

Payroll/Benefits shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

1. A copy of the MIOSHA regulation
2. A description of the exposed employee's duties as they relate to the exposure incident
3. Documentation of the route(s) of exposure and circumstances under which exposure occurred
4. A description of any PPE used or to be used

5. Results of the source individual's blood testing, if available, (this information should be given directly to the healthcare professional and GRCC should only receive proof that the testing took place)
6. All medical records relevant to the appropriate treatment of the employee including vaccination status are the employer's responsibility to maintain.

Healthcare Professional's Written Opinion:

Payroll/Benefits shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information that:

1. The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
2. The employee has been informed of the results of the evaluation
3. The employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious material which require further evaluation or treatment

All other findings or diagnosis shall remain confidential and shall not be included in the written report.

EVALUATING CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The Health & Safety Team 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 and protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- location of the incident
- procedure being performed when the incident occurred
- employee's training

If it is determined that revisions need to be made, The Risk Management Team will ensure that appropriate changes are made to this ECP.

SECTION 3 – RECORD KEEPING

MEDICAL RECORDS

A separate record for each employee at risk for occupational exposure shall be established and maintained in accordance with Part 432/R325.52101 - .52137, "Access to Employee Exposure and Medical Records." The record shall include:

- The name and social security number of the employee.
- A copy of the employee's Hepatitis B vaccination status including the dates of all the Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
- If exposure incident(s) have occurred, a copy of all results of examinations, medical testing, and follow-up procedures as required.
- If exposure incident(s) have occurred, the employer's copy of the healthcare professional's written opinion as required.
- If exposure incident(s) have occurred, a copy of the information provided to the healthcare professional (i.e., Exposure incident investigation form and results of the source individual's blood testing, if available.)

Confidentiality: All employee medical records are kept confidential and are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law. These medical records shall be kept by the Payroll/Benefits Office and be maintained separately from other personnel records.

Employee medical records will be made available upon written request, to:

- The subject employee
- Anyone having written consent of the subject employee
- The director in accordance with R325.3451 et seq.

GRCC shall maintain the records required for at least the duration of employment plus 30 years.

TRAINING RECORDS

Training records for Category A employees shall include the following information:

- The date of the training session
- The contents or summary of the training session
- The name(s) and qualifications of the person(s) conducting the training
- The name(s) and job title(s) of all persons attending the training session

These records shall be maintained with Staff Development for at least 3 years from the date on which the training occurred.

Employee training records are provided upon request to the employee or the employee's authorized representative. Such requests should be addressed to the Executive Director of Human Resources.

MIOSHA RECORD KEEPING

An exposure incident is evaluated to determine if the case meets MIOSHA's Recordkeeping Requirements (Part 11). This determination and the recording activities are done by Payroll/Benefits.

SHARPS INJURY LOG

A sharps injury log is established and maintained for recording percutaneous injuries from contaminated sharps. The log includes:

- type and brand of device involved in the injury;
- department or work area where the exposure occurred;
- explanation of how the incident occurred

The log is recorded and maintained to protect the confidentiality of the injured employee. The Payroll/Benefits Department is responsible for the maintenance of the sharps injury log.

TRANSFER OF RECORDS

GRCC shall ensure that all required records to be maintained by this standard shall be made available upon request to the assistant secretary and the director of the Michigan Department of Consumer and Industry Services (or their designee) for examination and copying.

Employee training records required by this standard shall be provided upon request for examination and copying to employees, to employee representatives, to the director, and to the assistant secretary of the Michigan Department of Consumer and Industry Services.

Employee medical records required by this standard shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the director, and to the assistant secretary of the Michigan Department of Consumer and Industry Services.

GRCC shall comply with the requirements involving transfer of records set forth in Part 432/R325.52101 - .52137, "Access to Employee Exposure and Medical Records."

If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director of the Michigan Department of Consumer and Industry Services at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within the three-month period.

APPENDIX A

DEFINITIONS

BLOOD means human blood, human blood components, and products made from human blood.

BLOODBORNE PATHOGEN means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

CONTAMINATED means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

CONTAMINATED LAUNDRY means laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.

CONTAMINATED SHARPS means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

DECONTAMINATED means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

ENGINEERING CONTROLS means controls (e.g., sharps disposal containers, self sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

EXPOSURE INCIDENT means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially hazardous materials (from another individual) that results from the performance of an employee's duties.

HANDWASHING FACILITIES means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

LICENSED HEALTHCARE PROFESSIONAL is a person who's legally permitted scope of practice allows him or her to independently perform the activities required for Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up.

HBV means Hepatitis B virus.

HIV means Human Immunodeficiency Virus.

OCCUPATIONAL EXPOSURE means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material that may result from the performance of an employee's duties.

(OPIM) OTHER POTENTIALLY INFECTIONS MATERIALS include:

- Saliva
- Semen
- Vaginal secretions
- Cerebrospinal fluid – surrounds the brain and spinal cord
- Synovial fluid – found in joints (knees, elbows, etc.)
- Pleural fluid – surrounds the lungs
- Pericardial fluid – surrounds the heart
- Peritoneal fluid – surrounds the abdominal organs
- Amniotic fluid – surrounds a fetus
- Any fluid or solid that is visibly contaminated with blood
- All body fluids in situations where it is difficult or impossible to differentiate between body fluids.
- Any “unfixed” tissue or organ (other than intact skin) from a human (living or dead) – such as an amputated finger or limb.
- HIV or HBV containing cells, tissue cultures, or experimental animal used for HBV/HIV testing.

PARENTERAL means piercing mucous membranes or the skin barrier through such events as needle-sticks, human bites, cuts, and abrasions.

PERSONAL PROTECTIVE EQUIPMENT (PPE) is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard is not considered to be personal protective equipment.

REGULATED WASTE means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious material in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological waste containing blood or other potentially infectious materials.

SOURCE INDIVIDUAL means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinical patients, clients in institutions for the developmentally disabled; trauma victims, clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

STERILIZE means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

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

WORK PRACTICE CONTROLS means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g. prohibiting recapping of needles by a two-handed technique).

APPENDIX B

EMPLOYEE EXPOSURE DETERMINATION

All new employees are required to take Blood Borne Pathogens training as part of their New Employee Onboarding process. Employees in the following departments have been determined to have occupational exposure and are required to complete training annually:

Category A - Job classifications that require procedures or other occupation-related tasks that involve exposure or reasonably anticipated exposure to blood or other potentially infectious materials, or that involve a likelihood for spills or splashed of blood or other potentially infectious materials.

- Biology
- Campus Police
- Coaches
- Dental
- Facilities
- Ford Field House
- Health Certificate Programs
- Hospitality
- Lifeguards
- Machine Tool
- Manufacturing
- Nursing
- Preschool
- Welding

Category B – Job classifications that do not require tasks that involve exposure to blood or other potentially infectious materials.

- All others

APPENDIX C

EXPOSURE DETERMINATION AND CONTROL MEASURES

Tasks/Procedures	Personal Protective Equipment Required	Engineering Controls (Other than PPE and hand washing supplies)	Work Practice Controls (Other than Universal Precautions)	Management of Exposure Incidents	Contingency Plan
CAMPUS POLICE					
Emergency first aid Body Searches Other tasks that may involve a potential for mucous membranes or skin contact with blood, body fluids, tissues, or potential spills or splashes	Gloves Face shield & gown when greater exposure is anticipated. Use CPR mask/mouthpiece	Biohazard Bags First Aid Kits	Hand Washing Sharps handling procedure Containment of blood and OPIM	Call Custodians for cleanup Document exposure incident Maintain and replenish first aid kits	Evening and weekends call Campus Police Chief and call 911
DENTAL FACULTY					
All intra-oral tasks. Other tasks that may involve a potential for mucous membranes or skin contact with blood, body fluids, tissues, or potential spills or splashes.	Gloves Eye Protection & Gowns Use CPR mask/Mouthpiece Masks	First Aid Kits Biohazard Bags Sharps Containers Eye wash station Ultrasonic cleaning devices High volume suction sterilization equipment Impervious barriers Virucide/bleach solution	Hand washing Sharps handling procedures Containment of blood & OPIM Eye wash No food or drinks in lab/clinic Use suction to reduce aerosols Sterilize/ decontamination of reusable equipment	Notify Campus Police-4911 or 4010 if not an emergency	Evening & weekends call Dean and call 911
OPERATIONS, MAINTENANCE, GROUNDS STAFF					
Regulated waste handling Maintenance and cleaning of bathrooms or any body-fluid spills Other tasks that may involve a potential for mucous membranes or skin contact with blood, body fluids, tissues, or potential spills or splashes	Gloves (Utility) Face Shield & Gown when greater exposure is anticipated.	Biohazard Bags Sharps containers Absorbent decontamination powder Virucide/Bleach solution	Hand washing Sharps handling procedure No food/drinks in lab/clinic Containment of blood & OPIM Decontaminate reusable equipment	Notify Campus Police-4911 or 4010 if not an emergency	Evening & weekends call Dean and call 911
FIELDHOUSE OPERATIONS STAFF					
Health Club Laundry Handling Tasks that may involve a potential for mucous membranes or skin contact with blood, body fluids, tissues, or potential spills or splashes.	Gloves (Utility) Face Protection & Gown when greater exposure is anticipated.	Biohazard Bags Sharps containers Absorbent decontamination powder Virucide/Bleach solution	Hand washing Sharps handling procedure No food/drinks in lab/clinic Containment of blood & OPIM Decontaminate reusable equipment	Notify Campus Police-4911 or 4010 if not an emergency	Evening & weekends call VP of Finance and Admin and call 911

Tasks/Procedures	Personal Protective Equipment Required	Engineering Controls (Other than PPE and hand washing supplies)	Work Practice Controls (Other than Universal Precautions)	Management of Exposure Incidents	Contingency Plan
ATHLETIC TRAINERS AND COACHES					
First Aid/CPR Procedures Tasks that may involve a potential for mucous membranes or skin contact with blood, body fluids, tissues, or potential spills or splashes.	Gloves	First Aid Kit Biohazard Bags	Hand washing Sharps handling procedure No food/drinks in lab/clinic Containment of blood & OPIM	Call Custodians for cleanup Notify Campus Police-4911 or 4010 if not an emergency	Evening & weekends call Athletic Director and call 911
GOOD SAMARITANS					
First Aid/CPR Procedures Tasks that may involve a potential for mucous membranes or skin contact with blood, body fluids, tissues, or potential spills or splashes.	Gloves Face Protection & Gown when greater exposure is anticipated. CPR Mask/Mouthpiece	First Aid Kit	Hand washing Sharps handling procedure No food/drinks in lab/clinic Containment of blood & OPIM	Notify Campus Police-4911 or 4010 if not an emergency	Evening & weekends call Supervisor and call 911
PRESCHOOL FACULTY AND STAFF					
First Aid/CPR Procedures Tasks that may involve a potential for mucous membranes or skin contact with blood, body fluids, tissues, or potential spills or splashes.	Gloves Face Protection & Gown when greater exposure is anticipated. CPR Mask/Mouthpiece	First Aid Kit Biohazard Bags Virucide/Bleach solution	Hand washing Sharps handling procedure No food/drinks in lab/clinic Containment of blood & OPIM Decontaminate toys	Notify Campus Police-4911 or 4010 if not an emergency	Evening & weekends call Director and call 911
PHYSICAL EDUCATION FACULTY					
First Aid/CPR Procedures Tasks that may involve a potential for mucous membranes or skin contact with blood, body fluids, tissues, or potential spills or splashes.	Gloves CPR Mask/Mouthpiece	First Aid Kit Biohazard Bags	Hand washing Sharps handling procedure No food/drinks in lab/clinic Containment of blood & OPIM Decontaminate reusable equipment	Notify Campus Police-4911 or 4010 if not an emergency	Evening & weekends call Dean and call 911
LIFEGUARDS					
First Aid/CPR Procedures Tasks that may involve a potential for mucous membranes or skin contact with blood, body fluids, tissues, or potential spills or splashes.	Gloves Eye Protection & Gown when greater exposure is anticipated. CPR Mask/Mouthpiece	First Aid Kit Biohazard Bags	Hand washing Sharps handling procedure No food/drinks in lab/clinic Containment of blood & OPIM	Notify Campus Police-4911 or 4010 if not an emergency Decontaminate pools	Evening & weekends call Dean on duty & call 911

Tasks/Procedures	Personal Protective Equipment Required	Engineering Controls (Other than PPE and hand washing supplies)	Work Practice Controls (Other than Universal Precautions)	Management of Exposure Incidents	Contingency Plan
BIOLOGICAL SCIENCES					
Tasks that may involve a potential for mucous membranes or skin contact with blood, body fluids, tissues, or potential spills or splashes.	Gloves Eye Protection Masks	Biohazard Bags Sharps containers First Aid Kits Eye Wash Stations	Hand washing Sharps handling procedure No food/drinks in lab/clinic	Notify Campus Police-4911 or 4010 if not an emergency	Evening & weekends call Dean and call 911
PHYSICAL SCIENCES					
Tasks that may involve a potential for mucous membranes or skin contact with blood, body fluids, tissues, or potential spills or splashes.	Gloves Eye Protection Masks	Biohazard Bags Sharps Containers First Aid Kits Eye Wash Stations	Hand washing Sharps handling procedure No food/drinks in lab/clinic	Notify Campus Police-4911 or 4010 if not an emergency	Evening & weekends call Dean on duty & call 911
NURSING AND HEALTH CERTIFICATE PROGRAMS					
Tasks that may involve a potential for mucous membranes or skin contact with blood, body fluids, tissues, or potential spills or splashes.	Gloves Eye Protection & Gowns Use CPR mask/Mouthpiece Masks	Biohazard Bags Sharps Containers First Aid Kits Eye Wash Stations	Hand washing Sharps handling procedure No food/drinks in lab/clinic Containment of blood & OPIM	Notify Campus Police-4911 or 4010 if not an emergency	Evening & weekends call Supervisor and call 911

APPENDIX D
GRAND RAPIDS COMMUNITY COLLEGE
Bloodborne Pathogen Exposure Control Plan
DECLINATION OF HEPATITIS B VACCINATION

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, during the course of my employment at Grand Rapids Community College, to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination at no charge to me.

Employee Name (print)

Employee Signature

Department

Date

APPENDIX E

GRAND RAPIDS COMMUNITY COLLEGE Bloodborne Pathogen Exposure Control Plan

EXPOSURE INCIDENT REPORT

<p>Date: _____</p> <p>Time: _____</p> <p>Location: _____</p> <p>Exposed Employee: _____</p> <p>Witnesses: _____</p>	<p>What was the employee doing at the time of the exposure?</p> <p>First Aid: _____</p> <p>Cleaning: _____</p> <p>Waste Handling: _____</p> <p>Laboratory Procedure: _____</p> <p>Medical Procedure: _____</p> <p>Other (Describe): _____</p>
<p>What was the route of exposure?</p> <p>Non-Intact Skin: _____</p> <p>Mucous Membrane: _____</p> <p>Parenteral: _____ (e.g. needle sticks, bites)</p>	<p>What protective equipment was the employee wearing at the time of the exposure?</p> <p>Exam/Surgical Gloves: _____</p> <p>Utility Gloves: _____</p> <p>Goggles: _____</p> <p>Safety Glasses: _____</p> <p>Mask/Eye Shield Comb.: _____</p> <p>Mask: _____</p> <p>Lab Coat/Gown: _____</p> <p>Other (describe): _____</p>
<p>Has the Source Individual been identified?</p> <p style="text-align: center;">Yes: _____ No: _____</p> <p>If the Source Individual can't be identified, describe why.</p> <p>Who contacted the Source Individual to discuss blood testing?</p>	<p>Did the employee receive immediate first aid or medical care? _____</p> <p>If yes, where? _____</p> <p>Did the employee receive a post exposure medical evaluation? _____</p> <p>If yes, where? _____</p>
<p>Describe the specific circumstances of the exposure incident. What was the employee doing?</p>	
<p>Describe any procedures intended to prevent exposure which were not being followed.</p>	
<p>What steps could be taken to prevent a similar exposure from occurring in the future?</p>	
<p>Signature of Investigator: _____ Date: _____</p> <p>Signature of Department Head/Dean: _____ Date: _____</p>	
<p>Attach to Employee Injury Report and send to Human Resources</p>	

