

Blood Borne Pathogens Policy and Plan

I. Policy Section

14.0 Risk Management

II. Policy Subsection

14.8

III. Date of most recent changes

February 24, 2005

IV. Policy Statement

Pursuant to the Michigan Law and the Federal Occupational Safety and Administration Standard, the Board of Trustees directs the President to adopt a blood borne pathogen program which will be available throughout the College for review by employees

V. Reason for Policy

Blood borne pathogens are microorganisms such as viruses or bacteria that are carried in blood and can cause diseases in people. Although many exist, the Hepatitis B virus (HBV) and the Human Immunodeficiency Virus (HIV) are the two most dangerous blood borne pathogens that Grand Rapids Community College staff may be exposed to.

VI. Entities Affected by This Policy

All employees of Grand Rapids Community College, particularly employees who may be exposed to blood borne pathogens in the normal course of employment or who are likely to be exposed in the event of an emergency.

Category A employees of Grand Rapids Community College who are most likely to be exposed include:

- Athletic Coaches and Staff
- Biological and Physical Sciences Faculty and Staff
- Campus Police
- Dental Faculty and Staff
- Hospitality Education Faculty
- Lifeguards
- Machine Tool, Welding, and Construction Faculty
- Manufacturing Faculty and Staff

- Operations/Maintenance/Grounds Staff
- Physical Education Faculty
- Preschool Faculty and Staff

VII. Who Should Read This Policy

Same as above (section VI)

VIII. Related Documents

Blood borne Pathogens Plan

IX. Contacts

Jim Peterson, Executive Director of Financial Services
Raider Learning Center
Marilyn Smidt, Program Director – Nursing

X. Definitions

See Blood borne Pathogens Plan

XI. Procedures

See Blood borne Pathogens Plan

XII. Forms

See Blood borne Pathogens Plan



BLOODBORNE INFECTIOUS
DISEASES
EXPOSURE CONTROL PLAN

Approved 4/92, Revised 7/96, 7/99, 7/03

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PREFACE

GRAND RAPIDS COMMUNITY COLLEGE (GRCC) having employees with occupational exposure (as defined by reasonable 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) 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 MIOSHA rules 325.70001 - .70018, "Occupational Exposure to Bloodborne Infectious Diseases."

The ECP is a key document to assist our college in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

Section I – Information and Training

Section II – Exposure

- A. Exposure Incident
- B. Exposure Determination
- C. Exposure Control Measures- Methods of Compliance
 - 1. Universal Precautions
 - 2. Engineering Controls
 - 3. Work Practice Controls
 - 4. Personal Protective Equipment
 - 5. Housekeeping
 - 6. Laundry Practices
 - 7. Regulated Waste
 - 8. Hepatitis B Vaccination
 - 9. Communication of Hazards to Employees
 - 10. Post-Exposure Evaluation and Follow-up
 - 11. Evaluating Circumstances Surrounding an Exposure

Section III – Record Keeping

- 12. Medical Records
- 13. Training Records
- 14. Transfer of Records

Section IV -- Appendices

SECTION I

INFORMATION AND TRAINING

The Bloodborne Pathogens Standard is a 1992 OSHA regulation. 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.

The College identified positions and employees at risk of occupational exposure are found in Appendix B. These employees are covered by the bloodborne infectious diseases standard and receive an explanation of this ECP during their initial training session. It is also reviewed in the annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting the appropriate Building Manager. A copy of the ECP will be provided free of charge within 15 days of a request by an employee.

The Risk Management Team 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.

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.

PROGRAM ADMINISTRATION

The Executive Director of Financial Services is responsible for the implementation of the ECP. The Risk Management Team will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

Contact location and phone number: Executive Director of Financial Services, 3rd floor CPPB – 234-4017.

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.

The Facilities Department 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 Facilities Department will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact location and phone number: Lyon Street Parking Ramp, Facilities Office -- 234-4057.

The Payroll/Benefits office will be responsible for ensuring appropriate employee health and MIOSHA records are maintained. Contact location and phone number: 3rd floor CPPB -- 234-4175.

The Raider Learning Center will be responsible for new employee training and documentation of that training, and making the written ECP available to employees, MIOSHA, and NIOSH representatives. Individual departments conducting training, will forward this information to The Raider Learning Center for documentation. Contact location and phone number: Room 103 North Building – 234-4285

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 The Raider Learning Center. 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.

The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address. Training materials for all GRCC employees (part-time, temporary, contract and per diem) are available at The Raider Learning Center.

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 II ***EXPOSURE***

A. 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 persons' blood or OPIM.

If an exposure incident occurs, the following procedure will be used:

1. Employee(s) responding should protect him/herself.
2. Notify Campus Police, 4911 (first responders). If Campus Police is not available, call 911.
3. If appropriate, clean the affected area vigorously with soap and water. If mucous membrane or eye contact is involved, flush generously with water.
4. The Risk Manager or designee completes an Exposure Incident Investigation Form (APPENDIX D).
5. Follow the procedure outlined in Post-Exposure Evaluation & Follow-up.

B. 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.

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 splashes of blood or other potentially infectious materials.

CATEGORY B: Job classifications that do not require tasks that involves exposure to blood or other potentially infectious materials.

SEE APPENDIX B

C. EXPOSURE CONTROL MEASURES (See Appendix C)

1. 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. In an effort to prevent the spread of infectious diseases, all GRCC employees will use universal precautions in dealing with all blood and other potentially infectious body fluids.

2. 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 and H. 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).

An exposure incident investigation form (Appendix D) shall be completed each time an exposure incident occurs.

Examples of engineering controls used at GRCC include:

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

GRCC, through the Risk Management Team, identifies the need for changes in engineering controls and work practices through review of MIOSHA standards records, employee interviews, committee activities, etc.

The Risk Management Team, representing a cross section of employees and departments, evaluates new procedures or new products by reviewing MIOSHA standards, discussion with appropriate work teams and focus group feedback.

3. **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:

a. 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.

b. 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. 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.

c. 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.

d. 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.

Employees shall not share water bottles, make-up, reeds from wind instruments, or allow students to do so. Employees should be warned against putting toothpicks, pens, pencils, or other potentially contaminated sharp items in their mouths.

e. 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.

4. PERSONAL PROTECTIVE EQUIPMENT (PPE)

After implementing Engineering and Work Practice Controls, if there is still risk for occupational exposure, appropriate GRCC departments 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. Hypoallergenic gloves, glove liners, powderless gloves, 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)

PPE is provided to our employees at no cost to them. Each department is responsible for providing training relevant to their needs in the use of the appropriate PPE for the tasks or procedures employees will perform. (See Appendix C)

First aid kits maintained by Campus Police may be found in various campus locations. (See Appendix I) Kits are inspected on a bi-monthly basis using a checklist in Appendix J. PPE specific to department needs are available through the department.

- ❑ GRCC shall ensure that the employee uses appropriate personal protective equipment. 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.

a. 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.

b. 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.

c. **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.

5. 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.

6. LAUNDRY PRACTICES

Contaminated laundry shall be handled as little as possible with a minimum of agitation. 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. All containerized laundry shall be placed and transported in bags or containers that are biohazard-labeled or colored red. Contaminated articles will be laundered by a contracted laundry service.

The Fieldhouse staff at the Gerald R. Ford Fieldhouse will perform any necessary laundering.

WASHING INSTRUCTIONS: The temperature of the water must be at a minimum of 160° F and the detergent must meet AMA washing formula standards.

All other employees' clothing that becomes contaminated in an occupational exposure incident is placed in a biohazard bag for disposal or cleaning by an approved contractor.

No contaminated personal laundry shall be taken home for laundering purposes.

A temporary change of clothing will be provided.

7. 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 in this facility:

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

The Executive Director of Financial Services 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 or appropriate assistant 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 on them
- 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.

8. HEPATITIS B VACCINATION

a. 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). The Raider Learning Center shall provide training to employee(s) on the Hepatitis B vaccine, including information on its safety, efficacy, methods of administration, the benefits of being vaccinated and availability.
- 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 G) Documentation of refusal of the vaccination is kept at The Raider Learning Center. 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 The Raider Learning Center.

b. 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.

9. 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.**

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.

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

Should an exposure incident occur, contact the Executive Director of Financial Services at the following number: 234-4017

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.

a. Identification, medical evaluation & follow-up

Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), 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.

b. 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.

c. 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.

SEE APPENDIX E

11. EVALUATING CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The Risk Management 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.

SEE APPENDIX D

SECTION III

RECORDKEEPING

A. 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.

B. 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 at The Raider Learning Center for at least 3 years from the date on which the training occurred.

SEE APPENDIX F

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 Financial Services.

1. MIOSHA Recordkeeping

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.

2. 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.

C. 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.

SECTION IV

APPENDICES

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 whose 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 needlesticks, 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

JOB CLASSIFICATION

CATEGORY A: Job classifications which require procedures or other occupation-related tasks that involve exposure or reasonably anticipated exposure to blood or other potentially infectious materials, or that involve likelihood for spills or splashes of blood or other potentially infectious materials.

- DENTAL FACULTY AND STAFF -- 3rd Floor North
- PRESCHOOL FACULTY AND STAFF -- Church
- PHYSICAL EDUCATION FACULTY -- Fieldhouse
- BIOLOGICAL & PHYSICAL SCIENCES LAB STAFF – Science Bldg.
- OPERATIONS/ MAINTENANCE/GROUNDS STAFF – All Bldgs.
- CAMPUS POLICE
- ATHLETIC COACHES AND STAFF - Fieldhouse
- LIFEGUARDS – Fieldhouse Natatorium

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

Job Classification or Title	Tasks/Procedures	Personal Protective Equipment (PPE) Required	Engineering Controls (Other than PPE & handwashing 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 Aids Kits	Hand washing Sharps handling procedure. Containment of blood and OPIM	Call Custodians for cleanup. Document exposure incident & submit to Executive Director of Financial Services. Maintain & replenish First Aid Kits	Evening & weekends call Dean on duty & call 911

Job Classification or Title	Tasks/Procedures	Personal Protective Equipment (PPE) Required	Engineering Controls (Other than PPE & handwashing supplies)	Work Practice Controls (Other than Universal Precautions)	Management of Exposure Incidents	Contingency Plan
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 on duty & 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 on duty & call 911
Operations staff (Fieldhouse)	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 Dean on duty & call 911

Job Classification or Title	Tasks/Procedures	Personal Protective Equipment (PPE) Required	Engineering Controls (Other than PPE & handwashing supplies)	Work Practice Controls (Other than Universal Precautions)	Management of Exposure Incidents	Contingency Plan
Athletic Trainers & 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 Dean on duty & 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 Dean on duty & call 911
Preschool Faculty & 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 Dean on duty & 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 on duty & call 911

Job Classification or Title	Tasks/Procedures	Personal Protective Equipment (PPE) Required	Engineering Controls (Other than PPE & handwashing supplies)	Work Practice Controls (Other than Universal Precautions)	Management of Exposure Incidents	Contingency Plan
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
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 on duty & 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

APPENDIX D

EXPOSURE INCIDENT INVESTIGATION

Completed by the Risk Management Team

Employee Name: _____

Incident: _____

Date of _____

Department: _____

Incident: _____

Time of _____

Supervisors Name: _____

Notification: _____

Date of _____

HBV Vaccination Status & Dates of Vaccination: _____

Location of Incident (If incident took place at another facility, include completed copy of their exposure incident report form):

Type of Exposure (blood or OPIM): _____

Area of Exposure Contact (eyes, mouth, skin, etc.): _____

Source of Exposure (Individual): _____

Circumstances under which exposure occurred including devices being used: _____

Employee's duties as they relate to exposure incident: _____

PPE used: _____

The exposure incident was related to:

_____ not using personal protection equipment (gloves, masks, etc.)

_____ not utilizing engineering controls (sharps disposal container, etc.)

_____ not adhering to work practice controls (hand washing)

_____ not recognizing labels or warning signs.

_____ not understanding training.

The exposure incident was related to:

Other events: describe _____

Recommendations/Corrective measures taken: _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

APPENDIX E

POST EXPOSURE REPORT AND CHECK LIST

Use this report to detail Post-Exposure Evaluations and Follow-up Procedures

EMPLOYEE NAME: _____

EMPLOYEE SS# _____

DATE OF EXPOSURE INCIDENT: _____

ACTIVITY

COMPLETION DATE

1. Employee furnished with documentation regarding exposure incident. _____

2. Source individual identified: _____

3. Source individual's blood tested and results given to exposed employee _____

Consent has not been obtained from source individual: _____

4. Exposed employee's blood has been collected and tested. _____

5. Counseling on risk reduction and risks and benefits of HIV testing. _____

6. Appointment arranged for employee with healthcare professional. _____

7. Documentation forwarded to healthcare professional: _____

A. Description of exposed employee's duties _____

B. Description of exposure incident, including routes of exposure _____

C. Results of source individual's blood testing _____

D. Employee's medical records (Vaccination status, etc.) _____

E. A description of any personal protective equipment to be used _____

8. Healthcare professional's written opinion within 15 working days. _____

Signature of Responsible Person _____

APPENDIX F

BLOODBORNE PATHOGENS TRAINING RECORD

DATE: _____

EMPLOYEE NAME: _____

JOB TITLE: _____

INSTRUCTOR: _____

QUALIFICATIONS: _____

Summary of training session on file

BLOODBORNE PATHOGENS TRAINING RECORD

DATE: _____

EMPLOYEE NAME: _____

JOB TITLE: _____

INSTRUCTOR: _____

QUALIFICATIONS: _____

Summary of training session on file

BLOODBORNE PATHOGENS TRAINING RECORD

DATE: _____

EMPLOYEE NAME: _____

JOB TITLE: _____

INSTRUCTOR: _____

QUALIFICATIONS: _____

Summary of training session on file

APPENDIX G

HEPATITIS B

VACCINATION DECLINATION FORM

DATE: _____

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 the 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.

EMPLOYEE NAME: _____

EMPLOYEE SIGNATURE: _____

EMPLOYEE SS# _____

APPENDIX H

INSPECTION SCHEDULE for:						
DATE OF INSPECTIONS						
Sharps Containers						
Biohazard Containers						
PPE:						
Gloves						
Masks						
Eye Protection/Shields						
Gowns, Aprons, Etc						
Laundry Containers						
Refrigerated Storage						
Eye Wash Stations						
Signage and Biohazard Labels as needed for all of the above						

Sinks						
Soaps Dispensers or Waterless Antiseptic Hand Cleaner						
Virucide/Bleach Solution						
Impervious Barriers						
First Aid Kit						
Decontamination Powder						
INSPECTED BY:						

This form is to be completed when an exposure occurs or at least annually for each designated area.

APPENDIX I

FIRST AID KIT LOCATIONS

STUDENT CENTER:

- #1 - DEAN OF STUDENT AFFAIRS' OFFICE (349SCC)
Kit is located in the storage room (#343) on shelf along south wall.
- #2 - CAFETERIA
Kit is located in Jay Sharkey's office (#229) in file drawer (marked with "First Aid" sticker).
- #3 - BOOKSTORE
Kit is located in the staging area of the bookstore in a black filing cabinet against the south wall. The cabinet has a "First Aid" sticker on it.

MUSIC BUILDING:

- #4 - CUSTODIAN'S OFFICE
Kit is located on wall just inside door. (Office door next to #138 marked with "First Aid" sticker).

LEARNING CENTER:

- #5 - VICKI SCHUMACHER'S OFFICE (114LRC)
Kit is located in file drawer, marked with "First Aid" sticker in library staff area.
- #23 - MEDIA SERVICES OFFICE (122LRC)
Kit is located in the wooden cabinet on bottom shelf directly below the fax machine. The cabinet is marked with a "First Aid" sticker.

ATC BUILDING:

- #6 - COMPUTER LAB (215ATC)
Kit is located in Don VanOeveren's office in a file drawer marked with a "First Aid" sticker.
- #7 - INFORMATION OFFICE (161ATC)
Kit is located inside the office closet (wooden doors) on the east wall, marked with a "First Aid" sticker.
- #9 - HVAC & PLASTICS OFFICE (241ATC)
H.S. Die & Engineering – Located on top the file directly in side the door, marked with a "First Aid" sticker.
- #25 - HOSPITALITY EDUCATION OFFICE (126ATC)
Kit is located in the overhead bin of the white desk located in the southeast corner of the room marked with a "First Aid" sticker.

COLLEGE PARK PLAZA:

- #8 - ART ARMIJO'S OFFICE (418CPP)
Kit is located in a small storage closet across from Rm. 418, Art Armijo's Office.
- #17 - SECOND FLOOR KITCHENETTE (222CPP)
Kit is located in the cabinet above sink and is marked with a "First Aid" sticker.

FORD FIELDHOUSE:

#10 – MAIN OFFICE (211FFH)

Kit is located in Rick Vanderveen's office under his desk.

#11 – POOL/JOE SUTHERLIN'S OFFICE (204FFH)

Kit is located in storage room/wooden cabinet marked with a "First Aid" sticker.

DATA CENTER:

#12 – Kit is located behind the reception desk in bottom drawer marked with a "First Aid" sticker.

MAIN BUILDING:

#16 – INFORMATION OFFICE (125M)

Kit is located on top of the mailbox shelves. There is **NO** First Aid Sticker marker.

#21 – PRINTING SERVICES (G-1, 9M)

Kit is located in storage room. The door is marked with a "First Aid" sticker.

#22 – GRCC POLICE DEPARTMENT (418M)

Kit is located in wooden cabinet along west wall.

#24 – PHOTO LAB/CLASSROOM (429M)

Kit is located in wooden cabinet along south wall of classroom. The key to the cabinet is located on a key rack on the east wall of the Police Dept. property room. The key labeled #10.

NORTH BUILDING:

#13 – RAIDER LEARNING CENTER (103N)

Kit is located in the file drawer on the south wall and is marked with a "First Aid" sticker.

PATROL VEHICLES:

#14 – 1996 PATROL UNIT

Kit is located in the trunk inside the duffel bag.

#15 – 1999 PATROL UNIT

Kit is located in the truck inside the duffel bag.

#29- 2001PATROL UNIT

Kit is located in the trunk inside the duffel bag.

GRCC PRESCHOOL:

#19 – PRESCHOOL OFFICE AREA/NORTH HALLWAY

Kit is located in the file drawer and marked with a "First Aid" sticker.

M-TEC:

KITCHEN – Room 103

AUTO -- Room 131

WELDING -- Room 151

CONSTRUCTION -- Room 111

SPECTRUM THEATRE:

#27 – THEATRE DEPARTMENT OFFICES (204P)

Kit is located in bottom drawer of file cabinet marked with a “First Aid” sticker. The cabinet is located behind Michelle Urbane’s desk.

CALKINS SCIENCE BUILDING:

#28 – FACULTY RESOURCE (Rm. 320)

Kit is located in the lower cabinet’s southwest corner of the room marked with a “First Aid” sticker.

Revised 04/02/03