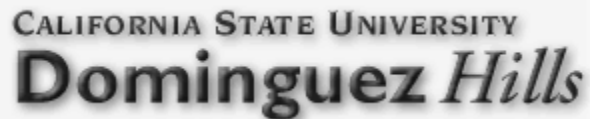


Exposure Control Plan

For Occupational Exposure
To
Bloodborne Pathogens

For Compliance with:
California Code of Regulations,
Title 8 General Industry Safety Orders
§ 5193 & 3204



Revised
August 26, 2004

Risk Management / Environmental Health & Occupational Safety
(RM/EHOS)

Exposure Control Plan

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DEFINITIONS

The CSUDH Exposure Control Plan for Occupational Exposure to Bloodborne Pathogens is designed to protect employees from infectious disease resulting from exposure to blood or other potentially infectious materials (OPIM).

- Blood - Human blood, human blood components, and products made from human blood
- Bloodborne Pathogens - Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B and C virus (HBV, HCV) and human immunodeficiency virus (HIV).
- Contaminated - the presence or the reasonably anticipated presence of blood or other potentially infectious materials on a surface or in or on an item.
- Decontamination - 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. Decontamination includes procedures regulated by Health and Safety Code Section 118275.
- Other Potentially Infectious Materials -

The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response;

Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and

HIV, HBV, or HCV-containing cell or tissue cultures from humans or experimental animals, organ cultures, and HIV-, HBV- or HCV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV, HBV or HCV.

- Occupational Exposure - 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.
- Regulated Waste - waste that is any of the following:
 - (1) Liquid or semi-liquid blood or OPIM;
 - (2) Contaminated items that:

- (A) Contain liquid or semi-liquid blood, or are caked with dried blood or OPIM; and
- (B) Are capable of releasing these materials when handled or compressed.
- (3) Contaminated sharps.
- (4) Pathological and microbiological wastes containing blood or OPIM.
- (5) Regulated Waste includes “medical waste” regulated by Health and Safety Code Sections 117600 through 118360.

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

EXPOSURE DETERMINATION

CSUDH employees in the following job classifications have occupational exposure to blood or other potential infectious materials.

Classification Number	Classification Title
	Athletics Trainer
2010	Custodian
2015	Lead Custodian
7737	Physician
7879	Laboratory Assistant II - Biology, Health Science, Student Health Center
7888	Laboratory Assistant I – Biology, Student Health Center
7926	Clinical Laboratory Technologist II
7927	Clinical Laboratory Technologist I
8134	Licensed Vocational Nurse
8135	Clinical Aid I
8136	Clinical Aid II
8150 8151	Registered Nurse I
8153 8154	Registered Nurse II
8156 8157	Registered Nurse III
8165 8166	Nurse Practitioner
8350	Police Officer
8354	Police Sergeant
8365	Police Corporal
****	Designated members of the Office of Safety and Risk Management

WORK PRACTICE CONTROLS

Universal precautions will be observed at this campus in order to prevent contact with blood or other potentially infectious materials. All blood will be considered infectious regardless of the perceived status of the source individual

The following work practice controls shall be used to minimize employee exposure:

- Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- Employees shall wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
- Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited.
- Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly processed. These containers shall be:
 - Puncture resistant;
 - Leakproof on the sides and bottom;
 - Appropriately labeled
- 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, cabinets or on countertops or bench tops in the same room where blood or other potentially infectious materials are present.
- All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
- Specimens of blood or other potentially infectious materials shall be placed in a container, which prevents leakage during collection, handling, processing, storage, transport, or shipping.

WORK PRACTICE CONTROLS CONT.

- If outside contamination of the primary container occurs, the primary container shall be placed within a second container, which prevents leakage during collection, handling, processing, storage, transport, or shipping.
- If the specimen could puncture the primary container, the primary container shall be placed within a secondary container, which is puncture-resistant in addition to the above characteristics.
- Equipment which may become contaminated with blood or potentially infectious materials shall be decontaminated as necessary, unless decontamination of such equipment or portions of such equipment is not feasible. If decontamination is not feasible:
 - A readily observable label shall be attached to the equipment stating which portions remain contaminated.
 - The appropriate administrator shall inform all affected employees, the servicing representative, and/or the manufacturer, in writing, prior to handling, servicing, or shipping so that appropriate precautions will be taken.
 - Sharps containers shall not be opened, emptied, or cleaned manually or in any other manner that could expose employees to the risk of sharps injury.

PERSONAL PROTECTIVE EQUIPMENT

Employees shall be provided, at no cost, personal protective equipment necessary to prohibit blood or other potentially infectious materials from passing through or reaching the employees' 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.

Employees shall use appropriate personal protective equipment unless the employee temporarily and briefly declines to use personal protective equipment, under rare and extraordinary circumstances, when the employee believes that in a specific instance its use will prevent the delivery of health care or public safety services or would have posed an increased hazard to the safety of the employee or other employees.

Cleaning, laundering, disposal, repair, and replacement of personal protective equipment shall be the responsibility of the University.

All personal protective equipment shall be removed prior to leaving the work area. If a piece of garment is penetrated by blood or other potentially infectious materials, the garment shall be removed immediately or as soon as feasible.

When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

HAND PROTECTION

Gloves shall be worn when it can be reasonable anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, non-intact skin, and when handling or touching contaminated items or surfaces.

Disposable (single use) gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

Disposable (single use) gloves shall not be washed or decontaminated for re-use.

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 exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Latex gloves used in a wet procedure shall be replaced after one hour of use. Nitrile or other (vinyl, neoprene, etc.) gloves will be made available to employees as a substitute to latex gloves.

PERSONAL PROTECTIVE EQUIPMENT CONT.

FACE PROTECTION

- 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 materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

BODY PROTECTION

- Gowns, Aprons, and Other Protective Body Clothing

Appropriate protective clothing shall be worn in occupational exposure situations.

- Laundry

Contaminated laundry shall be handled as little as possible with a minimum of agitation. Contaminated laundry shall be bagged and shall not be sorted or rinsed by university personnel.

Contaminated laundry shall be placed in red bags that prevent soak through and/or leakage of fluids to the exterior. If contaminated laundry is sent to a facility, which does not utilize Universal Precautions in the handling of all laundry, the university shall ensure that the red bags are labeled with the universal biohazard symbol and the legend BIOHAZARD.

Employees having contact with contaminated laundry shall wear protective gloves and other appropriate personal protective equipment.

HOUSEKEEPING

All equipment and exposed working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

- Contaminated work surfaces shall be decontaminated with a hypochlorite (10% v/v), amphyll (10% v/v) or other EPA registered disinfectant solution immediately upon completion of procedures; immediately 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 workshift 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 overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.
- All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and disinfected on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination
- Broken glassware, which 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 dust pan, tongs, or forceps.
- Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

MEDICAL WASTE - SHARPS

“Sharps Waste” means any device having acute ridged corners, edges, or purterbances capable of cutting or piercing.

- Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:
 - Ridig;
 - Closable and sealable;
 - Puncture resistant;
 - Leakproof on sides and bottom; and
 - Labeled with the words "sharps waste" below the international biohazard symbol and the word "BIOHAZARD".
- REUSABLE CONTAINERS SHALL NOT BE USED
- During use, containers for contaminated sharps shall be:
 - Easily accessible to employees and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found;
 - Maintained upright throughout use; and
 - Replaced as necessary to avoid overfilling.
- When moving containers of contaminated sharps from the area of use, the containers shall be:
 - Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
 - Placed in a secondary container if leakage is possible, the secondary container shall be:
 - Closable;
 - Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping;
 - Labeled with the words "sharps waste" below the international biohazard symbol and the word "BIOHAZARD".
 - Placed in containers located in the designated medical waste accumulation area.

MEDICAL WASTE – OTHER REGULATED WASTE CONTAINMENT

- Medical waste shall be placed in containers which are:
 - Closable;
 - Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
 - Labeled (see section entitled “Labels and Signs”);
 - Closed prior to removal from the area of use to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
 - Placed in containers located in the designated medical waste accumulation area.

- If outside contamination of the medical waste container occurs, it shall be placed in a second container. The second container shall be:
 - Closable;
 - Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
 - Labeled (see section entitled “Labels and Signs”);
 - Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

MEDICAL WASTE - HANDLING, STORAGE, TREATMENT AND DISPOSAL

- Medical waste generated by CSUDH shall be treated by off-site disposal.

Medical waste shall not be stored above 0° centigrade (32° Fahrenheit) for more than seven calendar days.

Containers used for the containment and/or transport of medical waste must be leak resistant, have tight fitting covers, and kept clean and in good repair. The appropriate container shall be labeled with the words “Biohazard Waste”, or with the international biohazard symbol and the word "BIOHAZARD" on the lid and sides so as to be visible from any lateral direction. Containers labeled with the words "Infectious Waste" or with the international biohazard symbol and the word "Biohazard" on the lid and sides may also be used until the replacement of containers is necessary or existing stock has been depleted.

- CSUDH DOES NOT TREAT ANY MEDICAL WASTE ON-SITE.

- Waste storage locations are found at the Student Health Center and NSM B-154

- Attachment 1 contains the CSUDH Biohazardous Waste Management Plan

HEPATITIS B VACCINATION

- Hepatitis B Vaccination

Hepatitis B vaccinations shall be offered free of charge to employees who have occupational exposure to bloodborne pathogens. Vaccinations shall be administered in amounts and at times prescribed by standard medical practice. Each identified employee shall receive information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, and the benefits of being vaccinated and be offered the Hepatitis B vaccination within 10 working days of appointment or assignment.

An employee declining a Hepatitis B Vaccination must sign a Hepatitis B declination form.

An employee who initially declines hepatitis B vaccination but at a later date decides to accept the vaccination, shall receive that hepatitis B vaccination at that time.

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 to identified employees.

If the Hepatitis B vaccine has been previously received, the campus will need a copy of this record. If it is unsure if the vaccine is still active, an antibody test can be performed at the Student Health Center.

HEPATITIS B VACCINATION POST-EXPOSURE EVALUATION AND FOLLOW-UP

An employee who experiences an "exposure incident" must report it immediately to his/her Appropriate Administrator. The completion of an "Employees Claim for Workers' Compensation Benefits" must be filed. The "claim" must document the route(s) of exposure, and the circumstances under which the exposure incident occurred. If known, the identification of the source individual shall be made.

The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

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.

Upon receipt of the source testing or if consent for blood testing has not been given, the employee should be given the opportunity to:

- Receive the Hepatitis B vaccine
- Receive the Hepatitis B Immune Globulin
- Consent to a baseline blood collection and Hepatitis B Vaccine serological testing
- Consent to a baseline blood collection and HIV serological testing
- Consent to baseline blood collection, but not consent to blood testing at that time. In these cases the blood sample will be preserved for 90 days. If within the 90 days of the exposure incident, the employee elects to have the baseline sample tested for HBV or HIV, such testing shall be done as soon as feasible.

COLLECTION & TESTING OF BLOOD FOR HBV & HIV SEROLOGICAL STATUS

Performed by the University retained medical clinic.

- A copy of Section 5193 of the General Industry Safety Orders (GISO) - Bloodborne Pathogens - shall be provided to the healthcare professional responsible for the employee's hepatitis B vaccination.
- The healthcare professional evaluating an employee after an exposure incident shall be provided with the following:
 - A description of the exposed employee's duties as they relate to the exposure incident;
 - Documentation of the route(s) of exposure and circumstances under which exposure occurred;
 - Results of the source individual's blood testing, if available;
 - All medical records relevant to the appropriate treatment of the employee including vaccination status.
- RM/EHOS 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 exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

- The healthcare professional's written opinion for HBV vaccination and post exposure follow-up shall be limited to the following information:
 - Whether vaccination is indicated for employee and if employee has received such vaccination.
 - A statement that the employee has been informed of the results of the evaluation; and
 - A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potential infectious materials which require further evaluation or treatment.

LABELS AND SIGNS

Labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport or ship blood or other potentially infectious materials.

The label shall include the universal biohazard symbol and the legend **BIOHAZARD**. In case of regulated waste the word **BIOHAZARD WASTE** may be substituted for the **BIOHAZARD** legend. Or in case of sharps waste the word **Sharps WASTE** may be substituted for the **BIOHAZARD** legend. The label shall be fluorescent orange or orange-red or predominately so with lettering in contrasting color. Red bags or red containers may be substituted for labels except for sharp containers or regulated waste red bags. Bags used to contain regulated waste shall be color-coded red and shall be labeled in accordance with this section. Labels on red bags or red containers should be labeled in black.

Labels required for contaminated equipment shall be in accordance with this section and state which portions of the equipment remain contaminated

Blood products that have been released for transfusion or other clinical use are exempted from these labeling requirements.

LABELS AND SIGNS CONT.

- **Labels for Infectious Waste:**

BIOHAZARD

Or in the case of regulated waste the legend:
BIOHAZARDOUS WASTE or SHARPS WASTE
as described in Health and Safety Code Sections 118275 through 118320



- **Labels for HIV, HBV, and/or HCV Research Laboratories and Production Facilities:**

BIOHAZARD



(Name of the Infectious Agent)
(Special requirements for entering the area)
(Name, telephone number of the laboratory director or other responsible person.)

INFORMATION AND TRAINING

Appropriate administrators shall ensure that training is provided to employees at the time of initial assignment to tasks where occupational exposure may occur, and ensure that training be repeated within twelve months of the previous training.

Training will be interactive and cover the following elements:

- An accessible copy of the standard and an explanation of its contents;
- A discussion of the epidemiology and symptoms of bloodborne diseases;
- An explanation of the modes of transmission of bloodborne pathogens;
- An explanation of the CSUDH Bloodborne Pathogen Exposure Control Plan, and a method for obtaining a copy;
- The recognition of tasks that may involve exposure;
- An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices and personal protective equipment (PPE);
- Information on the types, use, location, removal, handling, decontamination, and disposal of PPEs;
- An explanation of the basis of selection of PPEs;
- Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge;
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
- An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up;
- Information on the evaluation and follow-up required after an employee exposure incident;
- An explanation of the signs, labels, and color coding systems.

Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

RECORDKEEPING

Medical Records

Medical records are maintained at the Student Health Center and in accordance with Title 8, California Code of Regulations, Section 3204. These records shall be kept confidential, and not disclosed without the employee's written consent and must be maintained for a least the duration of employment plus 30 years.

The records shall include the following:

- The name and social security number of the employee;
- A copy of the employee's HBV vaccination status, including the dates of the Hepatitis B vaccination and ability to receive vaccination;
- A copy of all results of examination, medical testing, and follow-up procedures;
- A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure;
- A confidential copy of the healthcare professional opinion.

Training Records

Training records shall be maintained for three years from the date of training.

RM/EHOS is responsible for maintaining the following training records:

- The dates of the training sessions;
- An outline describing the material presented;
- The names and qualifications of persons conducting the training;
- The names and job titles of all persons attending the training sessions.

Upon written request the employee's records shall be made available to the employee or to his/her designated representative for examination and copying upon request in accordance with Title 8, California Code of Regulations, General Industry Safety Orders Section 3204.

All employee records shall be made available to the Chief of the Division of Occupational Safety and Health (DOSH) and the National Institute for Occupational Safety and Health (NIOSH).

Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccine series at no charge to me.

Name (Please Print)

Date

Signature

SSN