



Hagerstown Community College

Bloodborne Pathogens Exposure Control Program

PROGRAM

Hagerstown Community College is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following Exposure Control Program (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

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

1. Determination of employee exposure
2. Implementation of various methods of exposure control, including: Universal precautions Engineering and work practice controls Personal protective equipment (PPE) Housekeeping
3. Hepatitis B vaccination
4. Post-exposure evaluation and follow-up
5. Communication of hazards to employees and training
6. Recordkeeping
7. Procedures for evaluating circumstances surrounding exposure incidents

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

PROGRAM ADMINISTRATION

The Director of Public Safety (Chief of Police) is responsible for the management of the ECP. The Director of Public Safety will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number: Administration Building ASA-902 Office Phone 240-500-2501. 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 Director of Public Safety will collaborate with department supervisors/directors in a hazard assessment and identify and provide oversight of any appropriate Personal Protective Equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bio hazard bags as required by the standard. Operations will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact location/phone number: ASA 902 office phone 240-500-2501 or logistics@hagerstowncc.edu.

Human Resources will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained. Contact location/phone number: Administration Building (ASA) 700 main extension 240-500-2589.

The Director of Public Safety will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Contact location/phone number: Administration Building (ASA) 902 phone number 240-500-2501.

EMPLOYEE EXPOSURE DETERMINATION

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

Job Title	Department/Location
Technician, Custodians	Facilities Management
Lab Technicians	Nursing/Science Department
Athletics Staff/Coaches	Student Affairs/Athletics
Faculty/Adjuncts	Academic Affairs/Science/Allied Health
	Continuing Education Department/Nursing
Campus Police	Public Safety/Human Resources
Security officers	Public Safety/Human Resources
Administrators	Operations

The following is a list of job classifications in which some employees at our establishment have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

Job Title Department: Location Task - Procedure

Custodians: Campus - Handling trash and spills, other potentially infectious materials

Maintenance Technicians: Campus - work related accidents dealing with mechanical and electrical tools.

Campus Police & Security Officers: Campus - responding to medical and police emergencies

Lab Technicians: Career Programs Building & STEM Building - Setting up and working in the labs

Athletics Staff & Coaches: ARCC and athletic fields (on and off campus) - potentially infectious materials exposure from injured athletes

Faculty & Adjunct Faculty: Campus - potentially infectious materials or contacts from sick students

NOTE: Part-time, temporary, contract and per diem employees are covered by the blood borne pathogens standard. The ECP should describe how the standard would be met for these employees.

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions will be observed by **All** employees and students in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials will be considered infectious regardless of the perceived status of the source individual.

Exposure Control Plan Employees covered by the blood borne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by contacting the Director of Public Safety. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

The Director of Public Safety in collaboration with Supervisors/Directors of various departments are responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Engineering Controls and Work Practices Engineering controls and work practice controls will be used to prevent or minimize exposure to blood borne pathogens. The specific engineering controls and work practice controls used are listed below:

- Employees and HCC students must wash their hands or other skin with soap and water, or flush mucous membranes with water, as soon as possible following an exposure incident (such as a splash of blood to the eyes or an accidental needle sticks). Students and employees should familiarize themselves with the nearest hand washing facilities for the building in which they work or take classes.

- Sharps containers are purchased and maintained by the Nursing, Allied Health and Continuing Education staff responsible for the specific programs that utilize syringes/needles. Sharps disposal containers are removed by the Nursing Lab Coordinator 240-500-2355/2614 whenever necessary to prevent overfilling. Breaking or shearing of needles is prohibited. Needles should never be recapped or moved without using a mechanical device (broom and dustpan, pliers or forceps)
- No eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses is allowed in a work area where there is a reasonable likelihood of occupational exposure.
- No food or drinks shall be kept in refrigerators, freezers, shelves, cabinets, or counter tops or bench tops where blood or other potentially infectious materials are present.
- Employees and HCC Students must perform all procedures involving blood or other potentially infectious materials in such a manner as to minimize splashing, splattering, and generation of droplets of these substances.

This College identifies the need for changes in engineering controls and work practices through (Examples: Review of OSHA records, employee interviews, regular inspections, and committee activities, etc.)

The College will evaluate new procedures and new products regularly by assessing Safety Data Sheets, providing training on new products used, during committee meetings, safety briefings or toolbox talks, and from employees who perform the tasks.

Both front-line workers and management officials are involved in this process by constantly reviewing and assessing industry standards and best practices. Hagerstown Community College has implemented the Shared Governance model as a fundamental aspect of decision making. HCC has created a Campus Safety Committee as part of Shared Governance. This committee is composed of faculty and staff from various departments on campus. This committee is charged with reviewing and assessing safety and security policies and procedures on campus. The Director of Public Safety is the Co-Chair of the Safety Committee and is responsible for ensuring that these recommendations are presented to Shared Governance for consideration.

Personal Protective Equipment (PPE):

PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by their supervisor/director in their respective department.

The types of PPE available to employees are as follows: (gloves, eye/face protection, etc.)

PPE is located in various work spaces, some offices, custodial closets, specified classrooms, and emergency medical boxes (AED boxes and Stop the Bleed boxes located in all student use buildings), and may be obtained by individual employees or through their respective supervisor/director in their assigned department.

Supervisors/Directors are responsible for maintaining an adequate supply of PPE for their staff.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be disposed of in red Bio Hazard containers located in the ARCC, Allied Health/Nursing areas in the Career Programs Building (CPB), or by using red Bio Hazard bags that are located in all the Stop the Bleed boxes.
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.

- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface

The procedure for handling USED PPE is as follows:

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

The procedure for handling sharps disposal containers is: Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, tip-proof, leak proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available with the respective program manager, supervisor or director. Sharps must be easily accessible and as close as feasible to the immediate area where sharps are used.

The procedure for handling other regulated waste is: The Nursing Lab Coordinator regularly removes, packages and prepares regulated waste for pick up by a contracted vendor. Regulated waste is kept in the storage room 174A in the Career Programs Building.

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

Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan and should only be disposed of in an appropriate container.

Housekeeping

Decontamination will be accomplished by utilizing the following materials:

- Depending on the circumstances at a minimum gloves and/or any other form of PPE (goggles, gown or foot coverings) should be worn at all times.
- Fresh 10% (minimum) solution of chlorine bleach and water or EPA-registered disinfectant, ECO Lab Peroxide sanitizer. HCC Has 3 Eco Lab mixing stations on campus for the peroxide-based sanitizing solution.
- All contaminated work surfaces, tools, objects, etc. will be decontaminated immediately or as soon as feasible after any spill of blood or other potentially infectious materials. The bleach solution or sanitizing solution must be left in contact with the contaminated work surfaces, tools, objects or potentially infectious materials for at least 10 minutes. Follow recommended dwell times for the ECO Lab sanitizing solutions.
- Equipment that may become contaminated with blood or other potentially infectious materials will be examined and decontaminated before servicing or use.
- Broken glassware will not be picked up directly with hands. Sweep or brush material into a dustpan.

Regulated Waste

Any waste that is contaminated or suspected of being contaminated by bloodborne pathogens shall be placed in containers that are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping. The waste must be labeled or color-coded and closed before removal to prevent spillage or protrusion of contents during handling, storage, or transport. Bio Hazard waste is stored in the Career Programs Building in Room ###.

Biohazard bags and labels are located in all the Stop the Bleed boxes on campus and within various divisions on campus (Nursing, Allied Health and science department). Biohazard bags containing contaminated waste should be placed in the storage room located in the Career Programs Building. The Nursing Lab Coordinator is responsible for working with the contracted company for removal of biohazard waste.

Laundry

The following contaminated articles will be laundered by the Facilities Department current contracted vendor who will perform laundering off-site per code or regulation. If the articles are completely saturated or pose a significant health risk, the items should be discarded. Facilities can make proper notification to the contracted vendor.

Labels

The following labeling methods are used in this facility:

Globally Harmonized Labels (GHS)

Placards

Pictograms

The Director of Public Safety, lab technicians, and supervisors of identified exposure positions are responsible for ensuring that 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 immediately notify their supervisor or the Director of Public Safety if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

HEPATITIS B VACCINATION

Human Resources will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series; 2) antibody testing reveals that the employee is immune; or 3) medical evaluation shows that vaccination is contraindicated.

However, if an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in personnel files with Human Resources – Administration Building.

Vaccinations will be managed and coordinated through HCC Human Resources using a contracted health care facility.

Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. It will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact your supervisor/division director and when appropriate, Campus Police/Security. The employee and/or supervisor/director should, as soon as practical, file a report of an injury/exposure with the Executive Assistant for the Vice President of Administration and Finance. Human Resources will be notified by the employee or his/her supervisor and will follow up with coordinating medical treatment. Human Resources can be reached at: 240-500-2589.

An immediately available confidential medical evaluation and follow-up will be conducted by the college's contracted medical provider. Following 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. Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
3. Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.

4. If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
5. Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
6. After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
7. If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.
8. Contact the Washington County Health Department for assistance or referrals, as necessary.
9. Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

Human Resources will ensure that health care professional(s) responsible for employee's Hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's blood borne pathogens standard.

Human Resources will ensure that the health care professional evaluating an employee after an exposure incident receives the following:

1. a description of the employee's job duties relevant to the exposure incident
2. route(s) of exposure
3. circumstances of exposure
4. if possible, results of the source individual's blood test
5. relevant employee medical records, including vaccination status

Human Resources will provide the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

Human Resources will ensure the Director of Public Safety is notified of an exposure. The Director of Public Safety will review the circumstances of all exposure incidents to determine:

1. engineering controls in use at the time
2. work practices followed
3. a description of the device being used (including type and brand)
4. protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
5. location of the incident (what building and exact room.)
6. procedure being performed when the incident occurred
7. employee's training

The supervisor or director of that employee will inform the Executive Assistant for the Vice President of Administration and Finance for all percutaneous (effected through the skin) injuries from contaminated sharps in a Sharps Injury Log.

If revisions to this ECP are necessary, the Director of Public Safety will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

EMPLOYEE TRAINING

All employees who have occupational exposure to blood borne pathogens receive initial and annual training conducted by their supervisor or director in collaboration with the Director of Public Safety, or designee. The insurance company for the college, Keller Stonebraker, provides employee-based training within their Risk Management Center. The College will utilize this training platform to train faculty and staff on the risks associated with bloodborne pathogens.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

1. a copy and explanation of the OSHA bloodborne pathogen standard;
2. an explanation of our ECP and how to obtain a copy;
3. an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident;
4. an explanation of the use and limitations of engineering controls, work practices, and PPE;
5. an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE;
6. an explanation of the basis for PPE selection;
7. information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge;
8. information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;
9. 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;
10. information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
11. an explanation of the signs and labels and/or color coding required by the standard and used at this facility;
12. an opportunity for interactive questions and answers with the person conducting the training session.

Training materials for this facility are available with the employee's supervisor or the Director of Public Safety - Administration Building (ASA) 902.

RECORDKEEPING

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years by the Human Resources personnel files for each respective employee.

The training records include:

1. the dates of the training sessions
2. the contents or a summary of the training sessions
3. the names and qualifications of persons conducting the training
4. the names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Executive Director of Human Resources.

Medical Records

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

The Executive Director for Human Resources is responsible for maintenance of the required medical records. These confidential records are kept in personnel files for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the Executive Director of Human Resources - Administration Building (ASA) 700 - 11400 Robinwood Drive, Hagerstown, Maryland 21742.

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by Human Resources.

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:

1. date of the injury
2. type and brand of the device involved (syringe, suture needle)
3. department or work area where the incident occurred
4. explanation of how the incident occurred.

This log is reviewed as part of the annual program evaluation and maintained for at least **five years** following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

HEPATITIS B VACCINE DECLINATION (MANDATORY)

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

Signed: (Employee Name) _____ Date: _____