OSHA estimates more than 5.6 million workers are at risk of Bloodborne Pathogens (BBP). In recognition of these potential hazards, they implemented a regulation to help protect workers from these health hazards. This plan was developed in accordance with the OSHA Bloodborne Pathogen Standard, 29 CFR 1910.1030. The purpose of the plan is to eliminate or minimize employee occupational exposure to blood or other infectious body fluids.

WHAT ARE BLOODBORNE PATHOGENS?

Bloodborne Pathogens are infectious microorganisms that can be transmitted in human blood and other body fluids. Other potentially infectious body fluids include: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluid visible contaminated with blood. Certain diseases can be transmitted from an infected individual or research animal to a person by contact with blood or other body fluids. These diseases include, but are not limited to, hepatitis B virus (HBV), human immunodeficiency virus (HIV) and hepatitis C virus (HCV).

RESPONSIBILITY

Department supervisors shall be responsible for ensuring their employee comply with the provisions of this plan. All necessary supplies such as personal protective equipment, soap, bleach, etc. are available in your department. Hepatitis B vaccinations shall be administered through the Parson Wellness Center. The department supervisor is responsible for ensuring training is administered to employees.

ENGINEERING AND WORK PRACTICE CONTROLS

Universal precautions will be observed by all employees 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.

- Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees working at Centre College.
- Employees 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
- Employees must wash their hands immediately after removal of gloves or other personal protective equipment
- Needles should never be recapped
- Needles shall be disposed of in labeled sharps containers
- Needles may be moved or picked up only by using mechanical device or tool (forceps, pliers, broom and dust pan)
- Breaking or shearing or needles is prohibited
• No food or drinks shall be kept in refrigerators, freezers, cabinets, shelves, or on counter tops or bench tops where blood or other potentially infectious materials are present

• 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

• Employee must perform all procedures involving blood or other potentially infectious materials in such manner as to minimize splashing, spraying, splattering and generation of droplets of these substances

• Needles shall be disposed of in labeled sharps containers

HOUSEKEEPING

Decontamination will be accomplished by utilizing the following materials: 10% (minimum) solution of chlorine bleach or Lysol or other EPA-registered disinfectants. Decontamination guidelines include:

• All contaminated work surfaces, tools, objects, etc. will be decontaminated immediately after any spill of blood or other potentially infectious materials.

• The bleach solution or disinfectant must be left in contact with contaminated work surfaces, tools, objects, or potentially infectious materials for at least 10 minutes before cleaning.

• 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 the hands. Sweep or brush material into a dustpan.

• Known or suspected contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable, puncture-resistant, leak-proof on sides and bottom, and marked with an appropriate biohazard label.

• When containers of contaminated sharps are being moved from the area of use, the containers shall be closed immediately before removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

• Reusable containers shall not be opened, emptied, or cleaned manually or in any manner that would expose employees to the risk of percutaneous injury.

• Biohazardous waste disposal arrangements should be made through Parsons Wellness Center or the Director of laboratory resources and safety.

PERSONAL PROTECTIVE EQUIPMENT

All personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee’s clothing, skin, eyes, mouth, or mucous membranes under normal conditions of use and for the duration of time for which the protective equipment will be used. Centre College
is responsible for providing the appropriate personal protective equipment at no cost to employees. Employees must:

- Utilize protective equipment in occupational exposure situations.
- Remove garments that become penetrated by blood or other potentially infectious material immediately or as soon as feasible.
- Replace all garments that are torn or punctured, or that lose their ability to function as a barrier to Bloodborne pathogens.
- Remove all personal protective equipment before leaving the work area.
- Place all garments in the appropriate designated area or container for storage cleaning, decontamination or disposal.

HEPATITIS B VACCINE

The Hepatitis B vaccination shall be made available after the employee has received the training in occupational exposure. It shall be made available to all employees who have potential occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons. All employees who decline the Hepatitis B vaccination offered to them shall sign the OSHA-required waiver indicating their refusal.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

All exposure incidents shall be reported, investigation and documented. When the employee incurs an exposure incident, it shall be reported immediately to their supervisor. Following a report of an exposure incident, the exposed employee shall go to the Parson Wellness center for a confidential medical evaluation and follow-up, and have the following:

- Documentation of the route(s) of exposure
- Description of how the exposure occurred
- The collection and testing of the source individual’s blood for HBV and HIV serological status
- Post-exposure treatment for employee, when medically indicated in accordance with the US Public Health Service
- Counseling
- Evaluation of any reported illness

The healthcare professional evaluating an employee will be provided with the following information:

- A copy of the Bloodborne pathogen plan
- A copy of the OSHA Bloodborne Pathogen regulations
• Documentation of the route(s) of exposure
• Description of how the exposure occurred
• Results of the source individual’s blood testing, if available
• All medical records applicable to treatment of the employee

All medical evaluation shall be made by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional. All laboratory tests must be conducted by an accredited laboratory. All medical records will be kept in accordance with 29 CFR 1910.20.

TRAINING

All high-risk employees shall participate in a training program. Training will occur before assignment to a task where occupational exposure may take place and at least annually thereafter. Additional training will be provided when changes such as modification of tasks or procedures affect the employee’s occupational exposure. Any employee who is exposed to infectious materials shall receive training. The training program will include at least the following elements:

• An accessible copy of 29 CFR 1910.1030 and an explanation of its contents
• A general explanation of the epidemiology and symptoms of bloodborne diseases
• An explanation of the modes of transmission of Bloodborne pathogens
• An explanation of the employer’s exposure control plan and where a copy may be obtained
• Appropriate methods for recognizing tasks and other activities that may involve exposure to blood or other potentially infectious materials
• Proper use and limitations of methods that will prevent or reduce exposure including work practices, personal protective equipment, engineering controls
• Proper decontamination and disposal

STANDING ORDERS FOR EXPOSURE INCIDENT

Source Known:
• If source of exposure is known, after getting consent, test source for: HbsAG, HIV, AntiHC
• Send results to Drs.
• If employee has not been vaccinated for Hepatitis B, begin series, and give tetanus booster of indicated.
• Refer employee to physician to be seen within 7 days for follow-up.
• If source test positive, send to their Primary Care Physician for follow-up.
• If source is known positive, give HBIG (0.06 ml/kg) to employee, stat.

Source Unknown:
• If employee has received Hepatitis B Vaccine:
- Test for AntiHBs, HIV, AntiHC
  - If series of Hepatitis B is not complete, continue as scheduled, and give tetanus booster if indicated
  - If inadequate AntiHBs, give a standard booster dose of Hepatitis B Vaccine
  - Refer to Drs. and appointment within 7 days

- If employee has not received Hepatitis B Vaccine:
  - Give Hepatitis B Vaccine, and give tetanus booster if indicated
  - Test for HIV, HbsAG, AntiHC
  - Send results to Drs.
  - Refer to these Doctors for appointment within 7 days

- If refused to be tested, seek consent to draw sample and preserve sample for 90 days so may choose testing at later date.
Consent Form for the Collection of Blood-Employee

I have been advised of the need to collect my blood due to an exposure incident in which I may have been potentially exposed. Permission to have my blood drawn and tested for the hepatitis B virus (HBV) and the human immunodeficiency virus (HIV), as well as other bloodborne diseases, is hereby given.

Signature ___________________________________    Date______________________

Employee

Witnessed By: ______________________________  Date______________________

Employer Information:  Centre College, 600 W Walnut St, Danville KY 40422
Consent Form for the Collection of Blood-Source Individual

I have been advised of the need to collect my blood due to an exposure incident in which I may have been potentially exposed. Permission to have my blood drawn and tested for the hepatitis B virus (HBV) and the human immunodeficiency virus (HIV), as well as other bloodborne diseases, is hereby given.

I understand that this testing will be done in a confidential manner, and will be made available only to the person who was exposed. I also understand that this person has been informed of applicable laws and regulations concerning disclosure of my identity and my infectious status.

Signature ___________________________________    Date______________________
	Employee

Witnessed By: _______________________________  Date______________________

Facility where exposure occurred___________________________________________________
Address_______________________________________________________________________
City_______________________________State_____________________Zip_______________
Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood or other infectious materials that I may be at risk of acquiring Hepatitis B virus infection. I have been given the opportunity to be vaccinated with the 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. In the future I continue to have occupational exposure to blood and other potentially infectious materials and I want the Hepatitis B vaccine, I can receive the vaccine series at no charge to me.

Name (Print)____________________________________________________

Title___________________________________________________________

Signature______________________________________ Date____________