



POLICIES AND PROCEDURES

DEPARTMENT: Environmental Health and Safety

SUBJECT: Bloodborne Pathogen Program

Original Date of Issue: 01/01/2009

REVIEWED:	09/2018	09/2019	01/10	12/2011	06/2012	01/2013	02/2014	04/2015	04/2016	03/2017
REVISED:	04/2015	04/2015	01/10	12/2011	06/2012	01/2013	02/2014	04/2015	04/2015	04/2015

PURPOSE:

The College at New Paltz is committed to provide 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 OSHA Bloodborne Pathogens Standard, Title 29 Code of Federal Regulations 1910.1030.

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

- I. Employee exposure determination.
- II. The procedures for evaluating the circumstances surrounding an exposure incident, and
- III. The schedule and method for implementing the specific sections of the standard, including:
 - Methods of compliance
 - Hepatitis B vaccination and post-exposure follow-up
 - Training and communication of hazards to employees
 - Recordkeeping

SCOPE:

All SUNY New Paltz employees who have reasonable potential for exposure to bloodborne pathogens as a part of their work duties.

RESPONSIBILITIES:

EH&S

The Coordinator of Environmental Health and Safety is responsible for the implementation of the ECP. The Coordinator of Environmental Health and Safety will maintain and update the written ECP at least annually and whenever necessary to include new or modified tasks and procedures.

Those employees who are reasonably anticipated to have contact with or exposure to blood or other potentially infected materials are required to comply with the procedures and work practices outlined in this ECP.

The Director of Environmental Health and Safety is responsible for written housekeeping protocols and will ensure that effective disinfectants are purchased.

The Director of Environmental Health & Safety is responsible for training, keeping copies of documentation of training and making the written ECP available to employees, OSHA and NIOSH representatives.

HUMAN RESOURCES

The Office of Environmental Health & Safety in conjunction with Human Resources will be responsible for ensuring that all medical actions required are performed and that appropriate medical records and training records are maintained.

DEPARTMENT SUPERVISORS

The department supervisors maintain and provide all necessary personal protective equipment (PPE), engineering controls (i.e. sharp containers, etc.), labels and red bags as required by the standard. Department supervisors maintain records of employee training and must send copies to EH&S and Human Resources.

PROGRAM:

EMPLOYEE EXPOSURE DETERMINATION

As part of the exposure determination section of our ECP, the following is a list of all job classifications at our institution in which all employees have occupational exposure:

<u>Employees exposed:</u>	<u>Procedures/Tasks where exposure may occur:</u>
Physician	<ul style="list-style-type: none"> -Treating trauma patients -Physical examination -Obtaining cultures -Changing dressings -Disposal of potentially contaminated material -Suture removal
Physician's Assistant	<ul style="list-style-type: none"> -Treating trauma patients -Physical examination -Obtaining cultures -Changing dressings -Disposal of potentially contaminated material -Suture removal

Registered Nurse	<ul style="list-style-type: none"> -Injections -Immunizations -Treating trauma patients -Physical examinations -Obtaining cultures -Changing linens -Changing dressings -Cleaning instruments -Disposal of potentially contaminated material -Cleaning of potentially contaminated surfaces -Suture removal
Licensed Practical Nurse	<ul style="list-style-type: none"> -Injections -Immunizations -Treating trauma patients -Physical examinations -Obtaining cultures -Changing linens -Changing dressings -Cleaning instruments -Disposal of potentially contaminated material -Cleaning of potentially contaminated surfaces -Suture removal
University Police	- Treating trauma patients, arresting persons
Coaches	-Treating trauma patients
Athletic Trainers	-Treating trauma patients
Speech Pathology and Audiology clinicians, Directors, clinical supervisors, coordinators	-Examining oral and audio cavities

The following is a list of job classifications in which some employees at our institution have occupational exposure. Included are a list of tasks and procedures in which occupational exposure may occur for these individuals.

Janitors in Reshalls	-Cleaning potentially contaminated surfaces
Cleaners in Reshalls	-Cleaning potentially contaminated surfaces

All exposure determinations were made without regard to the use of Personal Protective Equipment (PPE).

ENGINEERING AND WORK PRACTICE CONTROLS

Engineering and work practice controls are designed to eliminate or minimize employee exposure. Engineering controls are examined and maintained or replaced when an exposure incident occurs and at least annually unless otherwise specified below.

The following engineering and work practice controls are maintained:

- 1.) Handwashing facilities are readily accessible.
- 2.) Handwashing is done as soon as feasible after removal of gloves or other PPE.
- 3.) Following contact with blood or potentially infectious materials:
 - A. Handwashing is done as soon as feasible
 - B. Skin that was in contact is washed
 - C. Mucous membranes in contact are flushed with water
- 4.) Needles and sharps
 - A. Disposable needles and sharps are not bent, recapped, sheared, broken or removed.
 - B. Disposable needles and sharps are placed in closable puncture resistant containers which are leakproof on the sides and bottom as soon as possible after use. These containers are red.
 - C. During use, containers for contaminated sharps are:
 - Easily accessible to personnel and as close as feasible to the immediate area where sharps are used
 - Maintained upright throughout use
 - Replaced routinely and not allowed to overflow
 - Closed immediately prior to removal or replacement
 - D. The method for storage and decontamination does not require employees to reach by hand into the containers where the sharps have been placed. The sharps container is closed when full, taped shut, and placed in a red bag (which is located inside the medical waste box container), then sent to Student Health Center for disposal.
 - E. Sharp instruments are not passed from hand to hand.
- 5.) Employees are prohibited from eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses in work areas where there is a reasonable likelihood of exposure.
- 6.) Food and drink are not kept in refrigerators, freezers, cabinets or on shelves, countertops or bench tops where blood and other potentially infectious materials are present.
- 7.) All procedures involving blood or other potentially infectious material are performed in such a manner as to minimize splashing, spraying, splattering and generation of droplets of these substances.
- 8.) Mouth pipetting/suctioning of blood or other potentially infectious material is prohibited.
- 9.) Specimens of blood or other potentially infectious materials are placed in containers which prevent leaking during collection, handling, processing, storage, transport or shipping.
 - A. The containers for storage, transport or shipping are labeled with the biohazard symbol.
 - B. If outside contamination of the primary container occurs, the primary container is placed in a second container which meets the identical safety requirements of the primary container.
 - C. If a specimen could puncture the primary container, the primary container is placed in a secondary container which is puncture resistant in addition to the above characteristics.
- 10.) Equipment which may become contaminated with blood or other potentially infectious material is examined prior to servicing and shipping and is decontaminated, if feasible. If not feasible, a readily observable biohazard label stating which portions are contaminated is affixed to the equipment. This information is conveyed to all affected employees, the service representative, and/or the manufacturer, as appropriate, prior to handling, servicing or shipping.

PERSONAL PROTECTIVE EQUIPMENT

- 1.) Personal protective equipment, in appropriate sizes, which is designed to prevent the passage of potentially infectious material is provided at no cost, is used appropriately, is readily accessible to employees, and is:
 - A. Cleaned or laundered at employer expense.
 - B. Disposed of and replaced at employer expense.
- 2.) Appropriate personal protective equipment includes, but is not limited to gloves, gowns, laboratory coats, face shields or masks and other ventilation devices. The items listed below are appropriate and are available from employees own department.

- Single use gloves*
- Utility gloves**
- Waterproof surgical gown
- Surgical mask
- Face shield
- Shoe covers
- Disposable mouth pieces
- Resuscitation bags

*Single use gloves are:

- A. Replaced as soon as practical when contaminated and as soon as feasible when torn or punctured
- B. Not washed or decontaminated for reuse
- C. Changed between patient contacts

**Utility gloves are:

- A. Decontaminated for reuse
- B. Replaced when there are signs of deterioration or compromise.

For employees allergic to gloves, the following is provided:

- A. Hypoallergenic gloves
- B. Glove liners
- C. Powderless gloves

3.) If an employee temporarily and briefly declines to use PPE because his/her professional judgment in a particular instance shows it would have prevented the delivery of health care or would have posed an increased hazard to the worker or a co-worker, the employer will investigate and document the circumstances in order to determine whether changed can be instituted to prevent such occurrences in the future.

4.) Personal protective equipment is:

- A. Removed prior to leaving the work area
- B. Removed as soon as feasible following penetration by blood or other potentially infectious material
- C. Placed in a designated area or container for storage, washing, decontamination or disposal.

5.) Personal protective equipment must also be used if occupational exposure remains after instituting engineering and work practice control, or if controls are not feasible. Training will be provided by the appropriate supervisor in the use of the appropriate personal protective equipment for the employee's specific job classifications and tasks/procedures they will perform. Additional training will be provided, whenever necessary, such as if an employee takes a new position or if new duties are added to their current position.

Appropriate PPE is required for the following tasks:

- Injections
- Immunizations
- Treating trauma patients
- Physical examinations
- Obtaining cultures
- Changing linens
- Changing dressings
- Cleaning instruments
- Disposal of potentially contaminated material
- Cleaning of potentially contaminated surfaces
- KOH scraping
- Suture removal
- Triage

TRAINING

All employees who have or are reasonably anticipated to have occupational exposure to bloodborne pathogens received training annually, or approved proof of training within 1 (one) year of employment. EH&S provided training on the epidemiology of bloodborne pathogen diseases including but not limited to HIV/AIDS, Hepatitis B and Hepatitis C and pertinent training materials including the OSHA Bloodborne Pathogens Standard 29n CFR Part 1910.1030. The training program includes information concerning:

- The standard
- Epidemiology and symptoms of bloodborne pathogens
- Modes of transmission
- Our exposure control plan and how to obtain a copy
- How to recognize exposure tasks and other activities that may involve exposure to blood
- Use and limitations of engineering controls, work practices, and PPE
- PPE – types, use, location, removal, handling, decontamination and disposal
- PPE – the basis for selection
- Hepatitis B Vaccine is offered free of charge. Training will be given prior to vaccinations regarding its safety, effectiveness, benefits, and method of administration
- Emergency procedures – for blood and other potentially infectious materials
- Exposure incident procedures
- Post-exposure evaluation and follow-up
- Signs and labels – and/or color coding
- Questions and answer session

Employee education and training records are retained in the Environmental Health & Safety Department and in the Department of Human Resources.

The training program on occupational exposure to bloodborne pathogens:

- 1.) Is provided to all employees with occupational exposure at no cost to the employee
- 2.) Is provided at least annually thereafter
- 3.) Is provided at the time of initial assignment to tasks where occupational exposure may occur
- 4.) Is modified when new tasks or procedures are instituted and additional training is provided to cover the modification
- 5.) Is provided annually within one year of previous training
- 6.) Is appropriate in content and vocabulary to the literacy and language of the employees

HEPATITIS B VACCINATION

The College at New Paltz provides information on Hepatitis B vaccinations addressing its safety, benefits, efficacy, methods of administration and availability. The Hepatitis B vaccination series is made available, at no cost, within 10 days of initial assignment to employees who have occupational exposure to blood or other potentially infectious materials unless:

- The employee has previously received the vaccination series
- Antibody testing reveals that the employee is immune
- Medical reasons prevent taking the vaccination
- The employee chooses not to participate

All employees who have occupational exposure to blood or other potentially infectious materials are strongly encouraged to receive the HB vaccination series. However, if an employee chooses to decline to HB vaccination, then the employee must sign a statement to this effect.

Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the HB vaccination will be kept in Human Resources.

Participation in a prescreening program is not a prerequisite for receiving the HB vaccination.

Routine booster doses of HB vaccine will be available at no cost to the employee if such booster doses are recommended by the US Public Health Service.

The College at New Paltz provides a copy to the OSHA regulations on Occupational Exposure to Bloodborne Pathogens to the healthcare professional that is responsible for the employee's HB vaccine.

POST-EXPOSURE EVALUATION

Post-exposure evaluation and follow-up is offered to all employees who have had an exposure incident in compliance with state and federal laws:

- At no cost to the employee
- At a reasonable time and place
- By or under the supervision of a licensed physician
- According to the recommendations of the US Public Health Service
- Laboratory tests are conducted at an accredited laboratory at no cost to the employee

SUNY New Paltz currently has Kingston Hospital Emergency Department as our designated post-exposure medical provider. A confidential medical evaluation and follow-up is made immediately available to the employee following the report of an exposure incident, and includes:

- 1.) Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred.
- 2.) Identification and documentation of the source individual if feasible and not prohibited by state or local law
 - A. If consent is legally required, the source individual's blood is tested for HBV, HCV and HIV infectivity as soon as feasible after consent is obtained, or documentation that legally required consent cannot be obtained is provided.
 - B. If consent is not required by law, the source individual's blood, if available, is tested and the results documented.
 - C. If the source individual is known to be infected with HBV, HCV or HIV, testing is not repeated.
- 3.) Collection and testing of blood for HBV, HCV and HIV serological status
 - A. Blood is collected and tested as soon as feasible after employee consent is obtained.
 - B. If the employee consents to baseline blood collection, but does not consent to HIV serologic testing, the sample is preserved for 90 days and is tested as soon as feasible if the employee consents to serologic testing within the 90 days.
- 4.) Post-exposure prophylaxis when medically indicated, as recommended by the US Public Health Service
- 5.) Counseling
- 6.) Evaluation of reported illnesses

The healthcare professional who evaluates the employee is provided with the following by the employer (see Post-Exposure Report to Healthcare Provider):

- 1.) A copy of the OSHA regulations on Occupational Exposure to Bloodborne Pathogens
- 2.) A description of the 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.) Results of the source individual's blood testing, if available
- 5.) All medical records maintained by the employer relative to the appropriate treatment of the employee, including vaccination status. This information is retained by Human Resources.

The Office of Human Resources obtains and provides the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of evaluation.

The healthcare professional's written opinion for HBV vaccination is limited to whether vaccination is indicated and if it was received.

The healthcare professional's written opinion for post-exposure evaluation and follow-up is limited to:

- 1.) That the employee has been informed of the results of the evaluation

- 2.) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation and treatment.

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

The purchase order to the healthcare professional must contain the information listed in the preceding four paragraphs.

Should an exposure incident occur, the following protocol should be followed:

- 1.) Upon exposure to blood or other potentially infectious material, the employee will wash hands and other skin surface that may have been exposed, and will flush with water mucous membranes which may have been in contact with blood or other potentially infectious materials, as soon as feasible after exposure.
- 2.) Following washing/flushing as described above, the employee will report the exposure incident to their immediate supervisor.
- 3.) The immediate supervisor with the cooperation of the employee will make arrangements for post-exposure evaluation and follow-up with the employee's primary medical doctor.
- 4.) The immediate supervisor will complete and ensure that the employee's primary medical doctor is given the Post-Exposure Report to Healthcare Provider Form and a copy of the OSHA regulations via the employee. A copy of the Post-Exposure Report is also given to Human Resources for the employee's file.
- 5.) A copy of the written opinion of the healthcare provider is obtained within 15 days of the medical evaluation.
- 6.) One copy of the written opinion is given to the employee, and a second copy is filed with the employee medical record.
- 7.) The exposure incident is evaluated and a report of the incident is written by the immediate supervisor. A copy of this report is sent to Human Resources and the Environmental Health and Safety Officer.

COMMUNICATION OF HAZARDS TO EMPLOYEES

Labels and signs are used to communicate a biohazard.

- 1.) Containers of regulated waste are red
- 2.) Refrigerators/freezers containing blood or other potentially infectious materials are labeled
- 3.) Containers used to store, transport or ship potentially infectious materials are labeled
- 4.) Contaminated equipment is placed in red containers/bags

Labels are fluorescent orange or orange-red and with contrasting letters and symbols and bear the word "BIOHAZARD" and the biohazard symbol.

Labels are securely affixed to prevent their loss or unintentional removal.



HOUSEKEEPING

The Student Health Service has developed and implemented a written schedule for cleaning and decontaminating work surfaces as indicated by the standard.

Housekeeping Schedule

Areas where potential exposure may occur include:

- Health Service Examination/Procedure Rooms
- Laboratories
- Lavatories
- Utility Rooms
- Residence Hall
- Athletic activity areas
- Receptacles in or in proximity to the above areas

These areas are cleaned **daily**. The plumbing for these areas is cleaned during repair or maintenance.

Areas where potential exposure is not reasonably anticipated are:

- Health Center reception area
- Health Center billing/medical records area
- All other buildings on campus not listed above

These areas are cleaned **weekly**.

Housekeeping Procedures

- 1.) Areas are maintained in a clean and sanitary condition and there is a written schedule for cleaning and decontamination appropriate to the area, the surface to be cleaned, the type of soil present and the tasks and procedures being performed.
- 2.) All equipment and work surfaces are cleaned and decontaminated after contact with blood or potentially infectious material.
- 3.) Contaminated work surfaces are decontaminated with an appropriate disinfectant:
 - A. After completion of procedures
 - B. As soon as feasible when surfaces are overtly contaminated or after any spill of blood or potentially infectious material.
 - C. At the end of the work shift if the surface may have become contaminated since the last cleaning
- 4.) Protective coverings used to cover equipment and environmental surfaces are removed and replaced:
 - A. When they become overtly contaminated
 - B. At the end of the work shift if they may have become contaminated during the work shift
- 5.) Bins, pails, cans, and similar receptacles that are reused and have a reasonable likelihood of contamination with blood or other potentially infectious material are inspected and decontaminated on a regularly scheduled basis (the aforementioned schedule is used as a reference), and as soon as feasible upon visible contamination.
- 6.) Broken glassware is picked up using a mechanical means, e.g., forceps, brush and dust pan.
- 7.) Needles and sharps are discarded and contained as described in the section concerning engineering and Work Practice Controls (item #4).
- 8.) Other regulated waste is placed in containers which are:
 - A. Closable
 - B. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport and shipping.
- 9.) If outside contamination of the primary container for regulated waste occurs, the container is placed in a secondary container as described in Engineering and Work Practice Controls (item 9 B & C).
- 10.) Disposal of all regulated waste is in accordance with applicable regulations of the United States, The State of New York, and the political subdivision of Ulster County.

Laundry

The following requirements are met with respect to contaminated laundry:

- 1.) Contaminated laundry is:
 - A. Handled as little as possible
 - B. Bagged at the location of use and not sorted or rinsed in that location
 - C. Placed and transported in bags/containers which:
 - Are labeled with the "biohazard" symbol
 - Prevent soak-through or leakage
- 2.) Employees who have contact with contaminated laundry wear protective gloves and other appropriate protective equipment.

Labeling

The following labeling methods will be used at our facility:

- Biohazard Symbol on labels and bags/containers

The Health Service supervisor will ensure warning labels are affixed or red bags are used as required. Employees are to notify the Director of Environmental Health and Safety if they discover unlabeled regulated waste containers.

RECORDKEEPING

Medical Records

Medical records are maintained for each employee with occupation exposure in accordance with 29 CFR 1910.20.

Human Resources are responsible for maintenance of the required medical records and they are kept at the Haggerty Administration Building.

In addition to the requirements of 29 CFR 1910.20, the medical record will include:

- The name and social security number of the employee
- A copy of the employee's Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination
- A copy of all results of examinations, medical testing and follow-up procedures as required by the standard
- A copy of all healthcare professional's written opinion(s) as required by the standard

All employee medical records will be kept confidential and will not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by the standard or as may be required by law.

Employee medical records shall be maintained for at least the duration of employment plus 30 years in accordance with CFR 1910.20.

Employee medical record shall be provided upon request of the employee or to anyone having written consent of the employee within 15 working days.

Training Records

Bloodborne pathogen training records will be maintained by employee supervisor and copies sent to the Environmental Health & Safety Department .

The training record shall include:

- The dates of the training sessions
- The contents or a summary of the training sessions

- The names and qualifications of persons conducting the training
- The names and job titles of all persons attending the training sessions

Training records will be maintained for a minimum of three (3) years from the date on which the training occurred.

Availability of Records

Employee medical records which pertain to exposure events to bloodborne pathogens are provided upon request to Human Resources for examination and copying to:

- 1.) The Director of NIOSH or designated representative and the Assistant Secretary of Labor or designated representative
- 2.) The subject employee
- 3.) Anyone having written consent of the subject employee

Employee training records are provided upon request to Human Resources for examination and copying to:

- 1.) The Director of NIOSH or designated representative and the Assistant Secretary of Labor or designated representative
- 2.) The employee
- 3.) The employee's representative

DEFINITIONS:

A. Blood. In this plan, blood refers to human blood and human blood components.

B. Bloodborne Pathogens. Any microorganism in human blood or other potentially infectious materials that is capable of causing disease in people who are exposed to it. Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV) are specifically identified by OSHA as bloodborne pathogens.

C. Biohazard. Any viable infectious agent that presents a risk or a potential risk to you.

D. Exposure Incident. Actual contact with human blood or other potentially infectious material while doing your job. If you have non-intact skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material while doing your job, you have an exposure incident.

E. Infectious Waste/Medical Waste. Waste containing human tissues, fluids, blood or blood products. Examples of infectious or medical waste include:

- First aid bandages.
- Medical Needles.
- Material used in cleaning up blood or human body fluids.
- Gloves or clothing contaminated with blood or other potentially infectious material.

F. Good Samaritan. You are a Good Samaritan if you voluntarily help someone in your workplace when he or she is injured or sick.

G. Occupational Exposure. You are occupationally exposed if we determine that you **may reasonably have** non-intact skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material while doing your job. **Note:** We do not consider you occupationally exposed just because there is a **potential** that you may be a Good Samaritan at your workplace.

H. Other Potentially Infectious Materials (OPIM). Human body fluids (other than blood) or human tissue that may contain blood or transmit pathogens.

I. Parenteral. Human bites that break the skin, or other violent situations that result in you being exposed to another person's blood or body fluids.

J. Universal Precautions. Procedures used to control infection by treating all human blood and human body fluids as if they were infectious.



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.

Printed name: _____

Signed: _____

Date: _____

**SUNY New Paltz
OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS REPORT FORM**

Employee _____ Dept _____

Supervisor Name and phone number _____

Date of report _____ Date of exposure _____ Time of exposure _____

Building where exposure occurred _____

Details of Exposure: To be Completed by the Employee or Supervisor

Details of the procedure being performed; including where and how the exposure occurred _____

Type of exposure: puncture scratch bite nonintact skin
mucous membrane of: eye nose mouth
other type of exposure (describe) _____

Extent of exposure (type and amount of blood/body fluid/material, severity of exposure including depth and whether fluid was injected, etc.) _____

PPE (personal protective equipment) worn: gloves gown mask protective eyewear face shield
other PPE (describe): _____

If related to a sharp device: needle type: suture injection IV needle scalpel instrument
other sharp device (describe): _____

Decontamination (i.e. hand washing, flushing mucous membrane eye, nose, mouth, etc.) _____

Description of first aid administered _____

I consent to the release of information such as immunization and immunity status and serology test results both to and from the clinical site providing my post-exposure counseling and management.

Employee Signature: _____ Date: _____

