Pierce College

Bloodborne Pathogens

Exposure Control Plan

# PURPOSE

Pierce College is committed to providing a safe and healthful work environment for our employees. The purpose of this Bloodborne Pathogens Exposure Control Plan (ECP) is to protect the health and safety of all employees who can reasonably be expected, as the result of performing their job duties, to be exposed to blood or other potentially infectious materials (OPIM) and to comply with the Washington Industrial Safety & Health Act (WISHA) Occupational Exposure to Bloodborne Pathogens as outlined in the Washington Administrative Code (**WAC 296-823).** Definitions of terms relating to this exposure control plan are found in Appendix 3.

**DENTAL HYGIENE PROGRAM**

Due to the nature of work and program requirements, the Pierce College dental hygiene program follows its own written bloodborne exposure control plan. Policies and procedures for minimizing occupational exposure to employees and students of the program, as well as a copy of their written bloodborne exposure control plan can be found in Appendix 4.

The ECP is a key tool to assist our organization with implementing and ensuring compliance with the standard outlined in **WAC 296-823-11010**, thereby protecting our employees. WAC required elements of this ECP include:

* Accessibility
* Application
* Implementation of Applicable Requirements of Exposure Control Plan
* Written Employee Exposure Determination
* Methods for Controlling Employee Exposure to Bloodborne pathogens including:
  + Universal Precautions
  + Personal Protective Equipment
  + Engineering and work practice controls
  + Housekeeping-laundry
  + Labeling
  + Hepatitis B Vaccinations
* Employee Training and Hazardous Communication
* Post Exposure Protocols, Medical Evaluation and Follow-up
* Procedures for evaluating circumstances surrounding exposure incidents
* Recordkeeping & confidentiality (Medical records/ Sharps injury log)
* Appendix 1 & 2 Responsible Parties contact information
* Appendix 3 Definitions
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**ACCESSIBILITY: WAC 296-23-11010**

Employees can review this plan at any time during their work shifts. Pierce College will provide a copy, free of charge, to an employee within 15 days of a request. A copy of this ECP is available from the Campus Safety Program Manager.

# I. APPLICATION:

Employees who have occupational exposure to blood or other potentially infectious material (OPIM) must follow the procedures and work practices in this plan. This includes any part-time, temporary, contract or per diem employees who meet the criteria for potential occupational exposure to Bloodborne Pathogens as outlined in WAC 296-823.

# II. Implementation of Applicable Requirements of Exposure Control Plan- WAC 296-823-11010

* All affected department managers/ supervisors are responsible for implementing the exposure control plan.
* The Campus Safety Program Manager will maintain, review, and update the exposure control plan at least annually, and whenever necessary to include new or modified tasks and procedures.
* The Campus Safety Program Manager will make this plan available to employees, and WISHA (Washington Industrial Health and Safety Act) representatives.
* All affected department supervisors will be responsible for making sure all medical actions required are performed, and that appropriate employee medical records are maintained
* The Campus Safety Program Manager will make sure this list of requirements is kept up-to-date.

The ECP implementation date will be determined by the Campus Safety Program Manager in accordance with **WAC 296-823-11010** no later than May 31st, 2015.

**Responsible Departments/ Personnel:** Contact names and phone numbers are listed in Appendix 1.

# III. WRITTEN EXPOSURE DETERMINATION WAC 296-823-11005. The following exposure determinations are made without regard to the use of personal protective equipment.

1. **The following are job classifications in our establishment in which *ALL* employees have occupational exposure to bloodborne pathogens:**

|  |  |
| --- | --- |
| **Job Title** | **Department** |
| Childcare Aide | CDC |
| Classroom Aide | CDC |
| Classroom Assistant | CDC |
| Classroom Teacher | CDC |
| Director | CDC |
| ECE-1,2,3,4 | CDC |
| Program Assistant | CDC |
| Program Assistant | CDC |
| Program Manager | CDC |
| Site Supervisor | CDC |
| Custodian 1,2,3 | Custodial |
| Clinical Faculty | Dental Hygiene |
| Clinical Instructor | Dental Hygiene |
| Dentist | Dental Hygiene |
| DMD | Dental Hygiene |
| Faculty | Dental Hygiene |
| Professor | Dental Hygiene |
| Program Director | Dental Hygiene |
| Supervising Dentist | Dental Hygiene |
| Adjunct Nursing | Nursing |
| Clinical Liaison | Nursing |
| Faculty | Nursing |
| Instructor | Nursing |
| Program Coordinator | Nursing |

1. **The following are job classifications in our establishment in which *SOME* employees have occupational exposure to bloodborne pathogens: WAC 296-832-11005**

|  |  |  |
| --- | --- | --- |
| **Job Title** | **Department/Location** | **Task/Procedure** |
| Campus Security Officer | Campus Safety | Primary First Aid |
| Campus Safety Sargent | Campus Safety | Primary First Aid |
| Office Assistant | Campus Safety | First Aid |
| Security Guard | Campus Safety | Primary First Aid |
| Custodian 1,2,3 | Custodial | First Aid |
| Custodial Services Manager | Custodial | First Aid |
| Buildings and Grounds Manager | Facilities | First Aid |
| Grounds Services Specialist | Facilities | First Aid |
| Maintenance Assistant | Facilities | First Aid |
| Maintenance Custodian | Facilities | First Aid |
| Maintenance Mechanic 1, 2, 3 | Facilities | First Aid |
| Office Assistant | Facilities | First Aid |
| Painter Lead | Facilities | First Aid |
| Director | HEC/HEP | First Aid |
| Front Desk Manager | HEC/HEP | First Aid |
| Front Desk Assistant | HEC/HEP | First Aid |
| Personal trainer | HEC/HEP | First Aid |
| Receptionist | HEC/HEP | First Aid |
| Instructor | Veterinary Technology | First Aid |
| Professor | Veterinary Technology | First Aid |
| Program Director | Veterinary Technology | First Aid |
| Program Support Supervisor | Veterinary Technology | First Aid |
| Ward Care | Veterinary Technology | First Aid |

# IV. CONTROLLING EMPLOYEE EXPOSURE TO BLOODBORNE PATHOGENS (BBP)

**WAC 296-823-11010**

We use the following methods to control employee exposure:

1. **Infection control or isolation system used:**

**Universal Precautions**

All employees will use Universal Precautions, a method of infection control in which *all* human blood, tissue, and OPIM are treated as if known to be infectious for HIV, HBV, HCV, or other bloodborne pathogens.

**Universal precautions include the following practices:**

* Wear gloves when hands may come into contact with human blood or OPIM. Replace gloves when they become torn or contaminated.
* To prevent exposure of mucous membranes of the mouth, nose and eyes, wear masks and protective eyewear whenever splashes, spray, or spatter of blood or potentially infectious materials are likely to occur.
* Wear protective suits, gowns or aprons during procedures that are likely to generate splashing of potentially infectious materials.

* Wash hands and other skin surfaces immediately following contact with human blood or other potentially infectious substances, and after gloves are removed.

* Use care when handling needles, scalpels, razors and other sharp objects contaminated with blood or OPIM.
* Use appropriately-labeled and constructed containers for disposal, storage, and transport of any potentially infectious material.
* Employees responsible for first aid should use protective resuscitation masks for mouth-to-mouth resuscitation.

* First aid providers must cover skin lesions and wear gloves when treating patients or when handling health-care equipment.

* Keep away from areas and materials which pose a risk of exposure to BBPs

1. **Personal Protective Equipment (PPE) WAC 296-823-150**

All employees must use PPE when there is reasonable expectation of coming into contact with Bloodborne Pathogens or other potential infectious materials (OPIM):

**PPE is provided to our employees at no cost WAC 296-823-15005**

* The types of PPE available to employees are:
  + Latex Gloves
  + Face Mask
  + Goggles or glasses with solid side shields
  + PPE Spill kits
  + Reusable rubber utility gloves
  + Germicidal soup and/ or antiseptic toilettes
* PPE Spill kits are located:
  + Buildings: Adm131, Adm117, HEP 108, Cascade 234.
  + Each department head that have spill kits will make sure that adequate supplies of the PPE Spill kits are available in the appropriate sizes and types.
* PPE is located at:
  + Each department head is required to supply, order and maintain the appropriate PPE for their departments.
  + Each department head shall ensure that adequate supplies of PPE are available in the appropriate sizes and types.
  + Each department shall notify the Campus Safety Programs Manager of the type of PPE available to employees and where the PPE is stored.

* All employees using PPE must observe the following precautions: WAC296-823-15010, WAC 296-823-15015
  + 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.
  + Wear appropriate gloves when you can reasonably anticipate hand contact with blood or OPIM or handle or touch contaminated items or surface
  + Always inspect gloves before use for tears or punctures.
  + Replace gloves if torn, punctured, contaminated, or otherwise damaged or if their ability to function as a barrier is compromised.
  + If an employee has damaged skin (e.g. cuts, hangnails, open wounds, sores) cover those areas with a bandage prior to putting on gloves.
  + Never wash or decontaminate disposable gloves for reuse.
  + Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
  + Remove PPE after it becomes contaminated, and before leaving the work area.
  + Dispose of contaminated PPE in designated containers (list)
  + Remove blood- or OPIM-contaminated garments immediately or as soon as feasible, in a manner that avoids contact with the contaminated surface.
  + 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.
  + Do not use tape or any other adhesive material to repair reusable gloves. Old worn gloves must be discarded.
  + Aprons may be worn to protect your clothing and to keep blood other contaminated fluids from soaking through to your skin.
* Procedures for handling used PPE WAC 296-823-15030:
  + Dispose of Latex gloves contaminated with blood or OPIM in a red Bio hazard bag.
  + Goggle or glasses and plastic face protector must be scrubbed with a soft brush, making sure all hinges are scrubbed thoroughly, using approved disinfectant.
  + Return disinfected goggles, glasses and plastic face protectors to your departments PPE storage area. Make sure PPE is stored in a clean dry container free from contaminates and damage.

1. **Engineering and Work Practice Controls:**

* Safer medical devices and equipment used to minimize occupational exposure

The use of safer medical devices and equipment will prevent or minimize exposure to bloodborne pathogens.

* The specific safer medical devices that we use are:
  + Hard brush with dustpan to handle any sharps.
  + Machine used to clean the showers
* The specific equipment to minimize or eliminate exposure that we use are:
  + Cones and Caution tape
  + Spill kits
  + Sharps Containers
* Sharps disposal containers are inspected and maintained or replaced:
  + By department heads
  + Every month
  + Whenever necessary to prevent overfilling
* We identify opportunities to improve controls through:
  + Review of the Sharps Log
  + Review of near misses
  + Routine inspections of sharps
  + Safety committee input
* We evaluate new products regularly by:
  + Literature
  + Occ. Health emails
  + Conferences (Safety and Custodial)
* Both front line workers and management officials are involved in this process improvement by:
  + Discussions during monthly meetings
  + Trial periods with new products

**Responsible parties:**

Department Managers/Supervisors likely to encounter BBP’s will make sure that recommendations are effectively implemented. See Appendix 2 for contact names and phone numbers.

* Hand washing (WAC 296-823-14030)
  + Employers shall provide hand washing facilities which are readily accessible to employees.
  + When provision of hand washing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic toilettes. When antiseptic hand cleansers or toilettes are used, hands shall be washed with soap and running water as soon as feasible.
  + Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
  + Employers shall ensure that employees 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.
* **Hand washing techniques**
  + Wet hands with warm running water. Running water is necessary to carry away dirt and debris.
  + Apply soap, lather well.
  + Wash hands, using a circular motion and light friction, for 15 to 20 seconds. Include front and back surface of hands, between fingers and knuckles, around and under fingernails, and the entire wrist area.
  + Rinse hands well under warm running water. Point fingers down under the water so that the water drains from the wrist area to the fingertips.
  + Dry hands well with paper towels and turn off the water using the paper towel instead of bare hands.
  + Discard paper towels in receptacle
* **Food, drink, and other personal activities are prohibited in the work area.**

**WAC 296-823-14035**

* Do not eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses in work areas where there is likelihood of occupational exposure.
* Do not keep food and beverages in refrigerators, freezers, shelves, cabinets, or on countertops where human blood or OPIM are present.
* **Employee Protocols for Blood spills or Other Potential Infectious Materials spills WAC 296-823-14055**

Blood and body fluids should be removed from the environment as soon as feasible and never allowed to stand for long periods of time. Therefore, all employees should know how to decontaminate body fluid spills.

**Employees must ensure the proper procedures are followed:**

* In case of an emergency, Call 9-1-1 and then Campus Safety
  + Puyallup 8481
  + Fort Steilacoom 6751
* If an area has been identified as posing a risk of exposure to BBPs, Isolate the area by placing a visible barrier such as caution tape to ensure others do not become exposed. If no barrier immediately available ask a responsible person to keep others clear until barrier can be obtained.
* Cleaning the contaminated area:
  + Obtain spill kit located at: Adm 131, Adm 117,HEP 108, Cascade 234
  + Put on PPE located inside spill kit. If there is potential for splash wear a face mask in addition to safety glasses and gloves.
  + Lay paper towels over the affected area to prevent splashing.
  + Pour Alpha HP Disinfectant or bleach solution (between 100:1 for large spills and 10:1 for small spills) on the paper towels.
  + Let stand for 10 minutes (bleach solution) or manufacturer’s recommendation (Alpha HP Disinfectant).
  + Pick up paper towels, place in red biohazard bag and repeat disinfecting procedures until area is visibly clean.
  + When the area is visibly clean, follow through with a disinfecting solution of Alpha HP Disinfectant.
  + All Generated bio-hazardous waste must be placed in a red bio-hazard bag. Bio-hazard label should be on the outside of the bag. Then place the red bag and contents in a 10 gallon bio-hazard box
  + Wash hands with soap and water any time after possible exposure
  + Contact your supervisor and describe the bio-hazardous waste materials that have been generated and the location of these materials.
  + To the extent practical, reduce the amount of solid bio-hazardous waste generated

Your Department manager/ supervisor is the person to contact if you have questions regarding this system. If this person is not available contact Campus Safety Program Manager at 253-964-6632.

* Custodial Protocols for Blood spills or Other Potential Infectious Materials spills WAC 296-823-14055

Bloodborne Pathogens Cleanup: This would include blood, body fluids, vomit, feces, urine, etc.

* + Personal Protective Equipment: PPE is located in the Spill kits in the custodial closet at Fort Steilacoom and Puyallup campuses.
    - Small hard plastic scoop/dust pan
    - Protective disposable gloves
    - Face mask
    - Safety glasses
    - Flushable pre-moistened wipes
  + Chemicals used in cleanup:
    - Alpha HP Disinfectant- use dilution control protocols for spray bottles and mop buckets
    - Bleach solution- The bleach solution should be 1:100 for a small spill. If it is a large spill, use 1:10 dilution for the first application before cleaning (decontamination) and then use 1:100 for disinfection.
  + Equipment
    - Properly labeled spray bottle with disinfectant
    - 10 gallon Bio-hazard disposal bag/box located at FS C239 and PY C124
    - Sharps container if needed
    - Mop bucket for general areas
    - Low PSI bathroom cleaning machine for restrooms
    - Trash liners and paper towels
    - Caution Wet floor signs
  + Cleaning the contaminated area:
    - Gather all equipment, PPE and cleaning supplies needed to do the job
    - Put on PPE located inside spill kit. If there is potential for splash wear a face mask in addition to safety glasses and gloves.
    - If disposable gloves break: STOP remove gloves, wash hands and put on a new pair of gloves.
    - If glass or sharps are involved, carefully remove these with a broom and dust pan, place in sharps container. NEVER HANDLE BROKEN GLASS WITH YOUR HANDS!
    - All solids that would normally be transmitted to the sanitary sewer should be flushed down a toilet e.g. vomit, feces, urine, etc.
  + Clean all cleanable surfaces with detergent/ water first to remove gross contamination.
    - 1. Lay paper towels over the affected area to prevent splashing.
      2. Pour Alpha HP Disinfectant or bleach solution (between 100:1 for large spills and 10:1 for small spills) on the paper towels.
      3. Let stand for 10 minutes (bleach solution) or manufacturer’s recommendation (Alpha HP Disinfectant).
      4. Pick up paper towels, place in red biohazard bag and repeat disinfecting procedures until area is visibly clean.
  + When the area is visibly clean, follow through with a disinfecting solution of Alpha HP Disinfectant.
  + To the extent practical, reduce the amount of solid bio-hazardous waste generated.
  + All Generated bio-hazardous waste must be placed in a red bio-hazard bag. Bio-hazard label should be on the outside of the bag. Then place the red bag and contents in a 10 gallon bio-hazard box
  + If used, place the sharps container in the box as well.
  + Wash hands with soap and water any time after a possible exposure to blood or OPIM.
* Finishing the job: When the cleanup is finished
  + Clean and disinfect all potentially contaminated tools to prevent germs from spreading
  + IMPORTANT: stage mop head for washing machine treatment
  + Wash and disinfect brush and dust pan for reuse
  + Flushable wasted and wipes go into sanitary sewer
  + Uncontaminated paper products may be disposed of in regular trash
  + Contaminated paper products with gross human blood or body fluids must be disposed of in a red bio-hazard bag or box
  + When satisfied with decontamination, disposal of waste strip off protective gloves and dispose of them
  + IMMEDIATELY wash hands with soap and water
  + Contact your supervisor and describe the bio-hazardous waste materials generated

1. **Housekeeping Practices WAC 296-823-14055, WAC 296-823-14060**

Written schedules for cleaning and methods of decontamination are located:

* + On or inside each spill kit.

All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials will be disinfected immediately or as soon as feasible with EPA approved disinfectant.

* + Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels section), and closed prior to removal to prevent spillage or protrusion of contents during handling.
  + Contaminated sharps are discarded immediately or as soon as possible in containers that are:
    - Closable
    - Puncture-resistant
    - Leak-proof on sides and bottoms
    - Labeled or color-coded appropriately.
  + Sharps disposal containers are available at:
    - Occupational Health and Safety office: Admin 137A
    - Campus Safety office: FS- C311, Puy-A117
    - In spill kits: FS- C234, Puy- A132, A117
  + The procedure for handling sharps disposal containers is:
    - Use proper PPEs
    - Scoop all sharps with a brush or broom and dustpan. DO NOT use your hand to pick up sharps.
    - Put all sharps in sharps container.
  + The procedure for handling other regulated waste is:
    - Bins and pails (e.g., wash basins) are cleaned and decontaminated as soon as feasible after visible contamination.
    - Broken glassware which may be contaminated is picked up using mechanical means, such as a brush and dust pan. Never attempt to pick up broken glassware with your hands even when wearing gloves.

**Contact names and phone numbers:**

Occupational Health and Safety, will provide sharps and other containers as required.

1. **Laundry safe handling procedures WAC 296-823-14065**
   * We launder the following contaminated articles:
     + Mop heads (Only if used after Disinfectant has been used multiple times otherwise it is red bagged)
   * **Wear the following PPE when handling and/or sorting contaminated laundry**
     + Gloves when removing bags soiled laundry and loading it into machine
     + Goggles if necessary
   * **Laundering is done as follows:**
     + Handle contaminated laundry as little as possible, with minimal agitation.
     + Place contaminated laundry in leak-proof, labeled or color-coded containers before transporting. Use color coded bags or bags marked with the biohazard symbol for this purpose.
     + Do not sort or rinse at the location of use
     + Wash hands with soap and water immediately after removing gloves
   * **The schedule for laundry:** 
     + As soon as possible after clean up or each week night.
     + Located in A-130 and C-240

**Contact names and phone numbers:**

Custodial Manager, will ensure laundry is done as required.

* Puyallup - 253-864-3276
* Fort Steilacoom - 253-964-6797

## Using Labels WAC 296-823-14025

* Labeling is done as follows:

|  |  |
| --- | --- |
| **EQUIPMENT TO BE LABELED** | **LABEL TYPE** |
| Contaminated Cloths | Red Hazard Bag |
| Contaminated Gloves | Red Hazard Bag |
| Contaminated Aprons | Red Hazard Bag |
| Contaminated Shoes covers | Red Hazard Bag |
| Contaminated Employee Clothing | Red Hazard Bag |
| Sharps container | Red container, Biohazard Label |

The Custodial Managers will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify the Custodial Department Managers listed below if they discover regulated waste containers containing blood or OPIM, contaminated equipment, etc. without proper labels

**Contact names and phone numbers:**

Custodial Manager, maintain and provide labels and red bags as required.

* Puyallup - 253-864-3276
* Fort Steilacoom - 253-964-6797

1. **Hepatitis B Vaccination WAC 296-823-130**

The Campus Safety Program Manager will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability as part of the Bloodborne Pathogens training program.

**Exemptions:**

* + Pierce College is not is required to provide the hepatitis B vaccination series to employees who meet any of the following:
    - The employee has previously received the complete hepatitis B vaccination series
    - An antibody test has revealed that the employee is immune to hepatitis B
    - There are medical reasons not to give the vaccine.
  + Pierce College is not required to provide the hepatitis B vaccination series to employees assigned to provide first aid only as a *secondary duty*, on the condition that all of the following is done:
    - Make hepatitis B vaccination available to all unvaccinated first-aid providers who render assistance in any situation involving the presence of blood or OPIM
      * Vaccination must be made available as soon as possible, but no later than twenty-four hours after the incident.
    - Provide a reporting procedure that ensures all first-aid incidents that involve the presence of blood or OPIM are reported before the end of the work shift (see Post Exposure Protocol)
  + **The hepatitis B vaccination series (WAC 296-823-1300) is available:**
* At no cost after training
* Within 10 days of initial assignment to all employees identified in section III. A of the **WRITTEN EXPOSURE DETERMINATION (WAC 296-823-11005), of this ECP.**
* Section III. B employees who provide secondary duty first aid are not provided the vaccination unless they are exposed during rendering of assistance or first aid in which blood or OPIM are present.
* Vaccination will be offered to unvaccinated Section III. B employees after exposure as soon as possible but no later than 24 hours after the incident
  + Vaccination is encouraged unless employees meet the criteria for exemption listed in this ECP.
  + Following the medical evaluation, a copy of the health care professional's Written Opinion will be obtained and provided to the employee. It will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered - Appendix 5 (WAC 296-823-13010).
  + Employees who choose to decline vaccination must sign a declination form (Appendix 6). They may request and obtain the vaccination at a later date at no cost.
  + Vaccinations will be provided by a licensed Health care professional at: MultiCare Occupational Medicine

**Contact names and phone numbers:**

The Campus Safety Program Manager will make sure vaccinations are available and encourage as required. Office 253-964-6632

# V. EMPLOYEE TRAINING AND HAZARD COMMUNICATION (WAC 296-823-120)

1. Training – General
   * All Bloodborne Pathogens training is provided at no cost to employees and will be conducted during normal compensated working hours.
   * Training will be provided before initial assignment to task where occupational exposure may take place annually, and within one year of the previous training.
   * Additional training is provided when changes in tasks or procedures take place that affect occupational exposure of employees (**WAC 296-823-12010).**
2. Bloodborne Pathogens Training WAC 296-823-12005

All employees who have occupational exposure to bloodborne pathogens receive basic training on the hazards of Bloodborne pathogens through **My Learning Gateway** Bloodborne Pathogens training course to meet the training requirements of Department of Labor and Industries Bloodborne Pathogens rule (**WAC 296-823).**

Which includes:

* + Epidemiology, symptoms, and transmission of bloodborne pathogens.
  + Identifying modes of transmission of bloodborne pathogens
  + Methods of Prevention
  + Identify correct measures to be taken after skin or eyes are exposed to infectious material
  + Recognize proper use and handling of Personal Protective Equipment (PPE)
  + Components of an Exposure Control Plan (ECP)

1. Specific Hazards Training/ Instructor Led Training (WAC 296-823-12005)

Specific Hazards training will be instructor led in a classroom environment and provided by the Campus Safety Program Managers office in order to train our employees on the specific bloodborne and OPIM hazards that exist at Pierce College and what is being done to control employee exposure to those hazards.

Curriculum:

* + Explanation of our Exposure Control Plan (ECP) and how to obtain a copy
  + Copy and explanation of WAC 296-823, Occupational Exposure to Bloodborne Pathogens.
  + Methods used to identify tasks and other activities that may involve exposure to blood and OPIM.
  + The use and limitations of controls, work practices, and PPE.
  + The basis for PPE selection and an explanation of:
    - Types
    - Proper use and limitations
    - Location
    - Putting on and taking it off (donning and doffing)
    - Handling
    - Decontamination
    - Disposal
  + Information on the hepatitis B vaccine, including:
    - Employee access to vaccination
    - Effectiveness
    - Safety
    - Method of administration
    - Benefits of being vaccinated
    - Offered free of charge
  + Actions to take and persons to contact in an emergency involving blood or OPIM
  + Procedures to follow if an exposure incident occurs, including:
    - What constitutes an exposure incident?
    - Post Exposure Protocols
    - First aid procedures
    - How to report the incident
    - Medical follow-up available.
  + Employee’s medical evaluation and follow-up after an exposure incident
  + Signs, labels, and color coding used
  + Interactive questions and answers with the trainer.

1. Training Material Location:
   * **My Learning Gateway:** <https://pierce.skillport.com/skillport/login.action>
   * **Instructor Led Training:** Scheduled as required.
2. **Maintain Employee Training Records WAC 296-823-12015**
   * Training records are maintained for each employee upon completion of training. These documents will be kept for at least 3 years with Human Resources Training Department Manager, Contact information: (253) 964-6511
   * Training records will be made available to the Department of Labor and industries representatives upon request
   * Requests for training records should be addressed to Human Resources Training Department, Contact information: (253) 964-6511

# VI. POST EXPOSURE PROTOCOL, MEDICAL EVALUATION AND FOLLOW-UP (WAC 296-823-160)

Post-exposure evaluation and follow-up treatment is available at no cost to all Employees who experience an exposure incident. The evaluation will be performed by a licensed healthcare professional.

**Note:** All information in this section is also contained in the Post Exposure Protocol Binder, which streamlines procedures in case of an emergency. The binder contains all required forms for a post exposure incident.

1. **What constitutes an exposure incident?**

According to the Department of Labor and Industries an exposure incident means a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials (OPIM) that results from the performance of an employee's duties. Examples of non-intact skin include skin with dermatitis, hangnails, cuts, abrasions, chafing, or acne. Examples include:

* + A blood splash in the eyes, nose or mouth
  + A blood spill on your skin that is chapped, cut or scraped
  + Being cut or stuck with a sharp object that has been contaminated with someone else’s blood

**Note:** If skin exposure occurs and you do not have any lesions, cuts or scraps where the fluid is splashed, it is not considered to be an “exposure incident”. Simply wash the area with soap and water. Such exposures should not pose a danger of transmission, and it is not necessary to report these incidents

**Immediate Action**

1. **Upon exposure:** 
   * Immediately discontinue work task
   * If wearing gloves remove immediately (carefully)
   * Administer basic first aid
     + If skin exposure occurs, immediately wash hands and wound site thoroughly with soap and water. Dry wound, apply bandage if necessary to control bleeding
     + If splash in eyes, nose or mouth occurs, immediately flush the exposed area with generous amounts of water for at least 15 minutes.
     + If stuck by any type of sharps immediately wash the wound with soap and water. Flush wound site generously with water. Dry wound, apply bandage if necessary to control bleeding
2. **Post-Exposure Protocols:** (after being exposed and after first aid is administered)
   * Immediately report the incident to your supervisor.
   * Supervisors - Report the exposure incident to Post Exposure Protocol (PEP) Incident Manager: Campus Safety Program Manager. \*if PEP/Incident Manager is unavailable report to the Campus Safety Director or the Human Resources Director. The PEP/Incident manager will:

**Note:** The Supervisor will facilitate the gathering of the following information, and have it ready to provide the PEP Incident Manager. Supervisors must ensure the following steps take place if the PEP Incident Manager is not available.

* + - Confirm the nature of the injury/incident (Accident Report Appendix 11)
    - Retrieve the Red PEP binder from Campus Safety Office FS or PY to gather necessary documents for exposure incident
    - Complete the following check list:
      * Confirm basic first aid has been rendered
      * Supervise and assist employee in the completion of the Pierce College accident/Incident Form which documents the routes of exposure and how the exposure occurred
      * Identify and document the source individual- unless that’s not possible or is prohibited by state or local law
      * Counsel the “injured” employee about their right to PEP medical follow-up treatment
      * If the “injured” employee refuses PEP medical follow-up, obtain Informed Refusal Form for Post-exposure Medical evaluation follow-up (Appendix 9). **\*See note below**
      * Report the incident to Department of Labor and Industries as a work-related injury and bill accordingly

**Note: If PEP Medical follow-up is refused by the employee**

* The “injured” employee must sign the Informed Refusal for Post-Exposure Medical Evaluation and Follow-up form (Appendix 9)
* You must inform the “injured” employee of the following:
  + If they wish to consider the impact of testing, they may reconsider their decision at a later date
  + They may elect to have their blood drawn immediately and delay the decision to have it tested

All required PEP forms are available in the **Red PEP Response binder**. Note; not all forms will apply to all situations

**Post Exposure Protocol**

1. **Referral to appropriate healthcare facility** 
   * The Post-Exposure/Incident Manager will make a referral as soon as possible to appropriate Healthcare facility (Appendix 10):

**Before business hours (8am – 4:30 pm):** Call MultiCare clinic Central Scheduling Line: 253-459-6658 or 888-280-5513 opt 1

**Or**

**After business hours:** go directly to the closest Emergency Room. Going to a MultiCare Facility will expedite an employee’s post-accident treatment and L&I claims process.

* **MultiCare Tacoma General Hospital Emergency Dept.** 315 Martin Luther King Jr Way, *Tacoma*, WA 98405
* **MultiCare Good Samaritan Hospital Emergency Dept**. 401 5th Ave SE, *Puyallup*, WA 98372
* **MultiCare Allenmore Medical Center Emergency Dept**. 1901 S. Union Ave, Tacoma, WA 98405
* **MultiCare Allenmore Medical Center Emergency Dept.** 1901 S. Union Ave, Tacoma, WA 98405
  + Notify LHCP we are sending over a Post-Exposure follow-up care
  + Provide the employee with following:
    - MultiCare OccMed Auth-Referral
      * Ensure to fill in all appropriate sections of the form
      * OCCUPATIONAL INJURY AND ILLNESS CARE - New injury
    - Health Care Professional’s Written Opinion For Post-Exposure Evaluation
    - Copy of the accident form
  + Additional referral information:
    - Injured parties may elect to go to their own healthcare provider for Post-Exposure evaluation and follow-up. Billing will be the same.
    - Referral to MultiCare clinic/ hospital is for timely response and the advantage of quick testing results available at the clinic/hospital to expedite any post-exposure prophylaxis if indicated
    - The “injured” person may be referred to their primary healthcare provider for follow-up after the initial PEP referral, as prescribed by the attending healthcare provider at MultiCare.
    - Arrangements need to be made with the attending healthcare site to convey test results to the injured primary healthcare provider if necessary

1. **Confidential Medical Evaluation and Follow-up (WAC 296-823-16005)**

Pierce College will make available a confidential post-exposure medical evaluation and follow-up to all employees with occupational exposure to blood or OPIM who report an exposure incident the evaluation will be:

* + Immediately available following an exposure incident
  + Confidential
  + At no cost to employees
  + At a reasonable time and place
  + Administered by or under the supervision of a licensed physician or other licensed healthcare professional
  + Provided according to recommendations of the United States Public Health Service current at the time these evaluations and procedures take place

The Post-Exposure medical evaluation and follow-up will include at least these elements:

* + Identification and documentation of source individual, unless it is established that identification is infeasible or prohibited by state or local law.
  + Collection and testing of blood to detect the presence of HBV and HIV
  + A completed Department of Labor and Industries accident report
  + Post-exposure preventive treatment, when medically indicated, as recommended by the United States Public Health Service
  + Counseling
  + Evaluation of reported illnesses
  + All laboratory tests are conducted by a laboratory licensed by the state or Clinical Laboratory Improvement Amendments Act (CLIA)

Pierce College will provide for the blood testing of the source individual free of charge through our contracted medical provider MultiCare (WAC 296-823-16010)

* + Obtain consent and arrange to test the source individual as soon as possible to determine HIV, HCV, and HBV infectivity.
  + If consent is not given it must be established that legally required consent cannot be obtained
  + When the law does not require the source individuals consent, their blood if available, must be tested and the results documented
  + Document that the source individual’s test results were conveyed to the employee’s health care provider

**Note:** If the source individual is already known to be HIV, HCV, and/or HBV positive, new testing is not needed.

Our contracted medical provider Multicare will provide the results of the sources person’s blood test to the exposed employee WAC 296-823-16015

* + When the source person’s blood test results are available, if possible
  + Exposed employee will be informed of all applicable laws and regulations regarding disclosure of the identity and infection status of the source person

Our contracted medical provider Multicare will collect and test blood of exposed employee (WAC 2963-823-16020)

* + Obtain consent and provide a blood test for the exposed employee as soon as possible for HBV, HCV, and HIV.
  + If the employee does not give consent for HIV serological testing, preserve the baseline blood sample for at least 90 days. If the exposed employee decides to have the sample tested during this time, perform testing as soon as feasible

Post-Exposure/Incident Manager will provide the following information to the healthcare professional evaluating the employee WAC 296-8923-16025

* + A copy of WAC 296-823-160 or provide following link <http://www.lni.wa.gov/rules/>
  + A description of the job duties the exposed employee was performing when exposed
  + Documentation of the routes of exposure and circumstances under which exposure occurred
  + Results of the source person’s blood testing, if available
  + All medical records relevant to the appropriate treatment of the employee including vaccination status.

Post-Exposure/Incident Manager will obtain a copy of the healthcare professional’s written opinion on post-exposure evaluation of employee (**WAC 296-823-16030)**

* + A copy of the evaluating healthcare professional written opinion within 15 days of the completion of their evaluation
  + If the “injured” workers personal healthcare professional completes the evaluation, the written opinion will not be obtained by the PEP manager
  + If the healthcare professional provides the written opinion directly to the “injured” worker a copy will not be obtained by the PEP manager

# VII. PROCEDURES FOR EVALUATING CIRCUMSTANCES SURROUNDING EXPOSURE INCIDENTS

* + The circumstances of any exposure incident will be reviewed to determine:
    - Controls in use at the time
    - Work practices that were followed
    - Description of the device used (including type and brand)
    - Protective equipment or clothing in use at the time
    - Location of the incident
    - Procedure being performed when the incident occurred
    - Employee’s training
  + The Campus Safety Program Manager is responsible for reviewing exposure incidents as required. 253-964-6632

# VIII. RECORDKEEPING AND CONFIDENTIALITY (WAC 296-823-170)

1. **Establish and maintain medical records** (**WAC 296-823-17005)**
   * Medical records are maintained for each employee who has an occupational exposure to bloodborne pathogens in accordance with access to records **WAC 296-62-052**
   * MultiCare is responsible for maintaining medical records.
   * Medical records will include all of the following:
     + Name and Social Security number of employee
     + A copy of the employee’s hepatitis B vaccination status, including the dates of all the hepatitis B vaccinations
     + Any medical records related to the employee’s ability to receive vaccinations
     + The HBV declination statement
     + A copy of the results of examinations, medical testing, and follow-up procedures related to post-exposure evaluations
     + A copy of the healthcare providers written opinion
     + A copy of the information provided to the healthcare professional as required.
   * Confidentiality:
     + Not disclosed or reported to any person, without employee’s written consent, except as required by section WAC 296-823-17005 or as may be required by law
     + These confidential records are kept as long as the employee works for Pierce College plus 30 years beyond the length of employment. WAC (296-802-20005)
   * The Human Resources department will ensure appropriate employee health, OSH and WISHA records are maintained as required.
2. *Sharps injury log WAC 296-823-17010*
   * All percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. This log will include the following information:
     + Date of injury.
     + Type and brand of the device involved in the incident
     + The department or work area where the exposure incident occurred
     + An explanation of how the incident occurred
   * Records for contaminated sharps injuries will be recorded and maintained in such a way that protects the confidentiality of the injured employee.
   * This log is reviewed at least once a year as part of the annual program evaluation and is kept for at least 5 years following the end of the calendar year. Copies that are provided upon request must have any personal identifiers removed.
   * Campus Safety Program Manager will maintain the Sharps Injury Log.

# APPENDIX 1

Name and contact information: Responsible parties for implementing ECP

|  |  |  |  |
| --- | --- | --- | --- |
| **Department** | **Name** | **Contact Number** | **Title** |
| Campus Safety | Jose Nieves | 253-964-6632 | Campus Safety Program Manager |
| Facilities-FS | Tom Davis | 253-964-6631 | Building and Grounds Supervisor |
| Facilities-PUY | Dan Timmons | 253-840-8318 | Building and Grounds Manager |
| Campus Safety-FS | Ben Gomes | 253-964-6258 | Sergeant/ Supervisor |
| Campus Safety-PUY | Maureen Rickertsen | 253-840-3295 | Sergeant/ Supervisor |
| Dental Hygiene | Kathy Bassett | 253-964-6578 | Professor |
| Vet Tech | Salvador Hurtado | 253-964-6665 | Program Director |
| Nursing | Leah Webster | 253-864-3272 | Program Coordinator |

**APPENDIX 2**

**Name and Contact information:** Responsible Parties for monitoring Employee Exposure recommendations

|  |  |  |  |
| --- | --- | --- | --- |
| **Department** | **Name** | **Contact Number** | **Title** |
| Campus Safety | Jose Nieves | 253-964-6632 | Campus Safety Program Manager |
| Custodial-FS | Robert Britten | 253-964-6797 | Custodial Services Manager |
| Custodial-Puy | Patrick Carter | 253-864-3276 | Custodial Services Manager |
| Facilities-FS | Tom Davis | 253-964-6631 | Building and Grounds Supervisor |
| Facilities-PUY | Dan Timmons | 253-840-8318 | Building and Grounds Manager |
| Campus Safety-FS | Ben Gomes | 253-964-6258 | Sergeant/ Supervisor |
| Campus Safety-PUY | Maureen Rickertsen | 253-840-3295 | Sergeant/ Supervisor |
| Dental Hygiene | Kathy Bassett | 253-964-6578 | Professor |
| Vet Tech | Salvador Hurtado | 253-964-6665 | Program Director |
| Nursing | Leah Webster | 253-864-3272 | Program Coordinator |

**APPENDIX 3**

**DEFINITIONS:** For purposes of this *ECP*, the following definitions apply:

**Universal Precautions:**

Universal precautions will be used in order to prevent contact with blood and or potentially

Infectious materials (OPIM). All blood or other potentially contaminated body fluids will be

Considered to be infectious. Under circumstances in which differentiation among body fluid type is difficult or impossible, all body fluids will be considered potentially infectious materials.

**Bloodborne Pathogens**: A pathogenic microorganism that is present in human blood and that can infect persons who are exposed to blood containing the pathogen. These pathogens include:

* Human Immunodeficiency Virus (HIV) which causes Aids
* Hepatitis B Virus (HBV) which causes Hepatitis B, a liver disease
* Hepatitis C Virus (HCV) which causes Hepatitis C, also a liver disease

**Other Potentially Infectious Materials (OPIM):** Those materials that can carry bloodborne pathogens. They include:

* Human blood
* Semen
* Vaginal secretions
* Spinal fluid
* Amniotic fluid
* Other human body fluids from joints, chest cavity, heart sac or abdomen
* Saliva during dental procedures
* Equipment contaminated with blood
* Body fluid that is visibly contaminated with blood.

**PPE:** means personal protective equipment.

**Engineering controls:** means controls (e.g., safer medical devices, such as sharps with engineered sharps injury protections and needleless systems, sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

**Work Practice Controls:** is a way of reducing the likelihood of exposure by altering the manner in which a task is performed; for example, picking up blood-contaminated broken glass with tongs or forceps rather than bare fingers.

**Regulated waste:** means human blood or OPIM, or materials contaminated with them.

**APPENDIX 4**

**Copy of Pierce College Dental Hygiene Program written Bloodborne Exposure Control Plan.**