

LaGuardia Community College Bloodborne Pathogens Exposure Control Plan (ECP)



One Drop is Enough



Table of Contents

Contact Information.....	3
Introduction.....	4
Statement of Policy	4
Program Administration.....	4
Employee Exposure Determination	5
Methods of Implementation and Control	5
Universal Precautions.....	5
Exposure Control Plan.....	5
Engineering Controls and Work Practices.....	5
Personal Protective Equipment (PPE)	6
Housekeeping.....	7
Staff Nurses(s)/ Paramedics and Laboratory Technicians.....	7
Hepatitis B Vaccination	8
Post-Exposure Evaluation and Follow-Up	8
Administration of Post-Exposure Evaluation and Follow-up.....	9
Procedures for Evaluating The Circumstances Surrounding An Exposure Incident	9
Employee Training	10
Recordkeeping	10
Medical Records	11
OSHA Recording.....	11
Sharps Injury Log	11
Appendix A: Hepatitis B Vaccine Declination (Mandatory)	12
Appendix B: Sharps Injury Log.....	13
Appendix C: Definitions.....	14



Community College

Environmental Health and Safety Department

Contact Information

Peter Jayasekara

Environmental Health and Safety Officer

E409
718-482-5507
pjayasek@lagcc.cuny.edu

Nicholas Rienzi

Environmental Health and Safety Coordinator

E409
718-482-5507
nrienzi@lagcc.cuny.edu

Luz Ruyol

Health Center

MB40
718-482-5280
lruyol@lagcc.cuny.edu

Andrea L. Cambridge

Human Resources

E407
718-482-5086
acambridge@lagcc.cuny.edu

In The Event of an Emergency:

**Call Public Safety At
718-482-5555 (Extension 5555)
OR
DIAL 911!**

Introduction

The following Exposure Control Plan (ECP) includes all elements required by the Occupational Safety & Health Administration (OSHA) Bloodborne Pathogens Standard (“BBP”, 29 CFR 1910.1030). The intent of this document is to provide LaGuardia Community College a written exposure control plan that complies with the OSHA Standard for Bloodborne Pathogens. The statements, conditions and requirements in this document are considered policy, and as such, compliance is mandatory.

Statement of Policy

LaGuardia Community College (“LGCC”) is committed to providing a safe and healthy work environment for our entire staff. In pursuit of this goal, the following Exposure Control Plan 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 LGCC in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
 - Universal precautions
 - Engineering and work practice controls
 - Personal protective equipment
 - Housekeeping
 - Hepatitis B vaccination
 - Post-exposure evaluation and follow-up
 - Communication of hazards to employees and training
 - Recordkeeping
 - Procedures for evaluating circumstances surrounding exposure incidents
 - Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

Program Administration

Peter Jayasekara, the Environmental Health and Safety (EHS) Director, at 718-482-5507 extension 5507 is responsible for implementation of the ECP. The EHSO will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. The EHSO is located in the E Building, Room E409 and may be reached at 718-482-5507

The following is a description of the EHSO’s responsibilities:

- Ensure all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard are adequately available.
- Ensure that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.
- Training, documentation of training, and making the written ECP available to employees, PESH, OSHA, and NIOSH representatives.

Employee Exposure Determination

The following is a list of all job classifications at LaGuardia Community College in which employees may have the potential for occupational exposure to BBP:

Title	Job Task
Custodians	Handling blood contaminated feminine sanitary products; cleanup of spills involving bodily fluids including blood
Staff Nurses(s)/ Paramedics	Contact with ill patients; handling potentially infected materials
Public Safety Officers	Contact with injured or ill personnel, responding to accidents
Paramedic Program/Instructors	Drawing human blood samples; collecting or handling swabs of human specimens; analyzing human blood
Life Guards	Contact with ill patrons
Laboratory Technicians	Drawing human blood samples; collecting or handling swabs of human specimens; analyzing human blood “Good Samaritan” acts which results in exposure to blood or other potentially infection materials from assisting a fellow employee (i.e. nose bleeds, CPR, first aid) are not included in this program

Methods of Implementation and Control

Universal Precautions

All employees will utilize universal precautions. Universal precaution is defined as the treatment of all human blood and certain human body fluids with the assumption to be infectious for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and other potentially infectious materials.

Exposure Control Plan

Employees covered by the bloodborne 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 EHS Officer. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request. We will review and update 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 bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

- Non glass capillary and vacuum tubes
- Needleless collection systems
- Needle Safe II recapping device (uncontaminated/sterile syringes only)
- Rigid puncture resistant sharps disposal containers

- Biological Safety Cabinets (minimum, Type 2)
- Hand washing facilities
- Hand sanitation stations with antiseptic hand cleansers
- Self sheathing needles
- Hand tools (brooms, dustpans) for handling spent feminine hygiene products

Sharps disposal containers are inspected and maintained or replaced by the users as needed to prevent overfilling. Care shall be exercised in handling the containers.

This facility identifies the need for changes in engineering controls and work practices through review of records and employee interviews. We will evaluate new procedures and new products regularly by continually reviewing the process, reviewing literature, obtaining information from products and vendors.

Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Each department is responsible for procuring the correct PPE for their employees. Training in the use of the appropriate PPE for specific tasks or procedures is provided by the Environmental Health and Safety Officer/Program Administrator.

PPE is located in the various laboratories and department stockrooms. Department supervisors are responsible for ensuring that adequate PPE is available to their employees.

All employees using PPE must observe the following precautions:

Wash hands and exposed skin areas 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 the Regulated Medical Waste containers or red bags provided to you.
- Appropriate gloves will be worn 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 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.
- Each department is responsible for providing disposable garment coverings when there is a reasonable possibility of contamination of work clothes, street clothes, or undergarments by blood or OPIM
- 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
- Used non disposable personal protective equipment such as face shields and eye protections shall be decontaminated with a disinfectant liquid, such as a dilute bleach solution or commercial disinfectant wipes.

Housekeeping

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded 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, and appropriately labeled or color-coded. Sharps disposal containers must be available at the relevant departmental stockrooms and inside the supply areas of each individual laboratory covered under this plan.

Full sharps disposal containers are sealed and placed in the labeled Regulated Medical Waste containers if need? A sharps container is considered full when it reaches the fill line or $\frac{3}{4}$ of its capacity. Care shall be exercised in handling these containers. Any excess content shall not be forced inside the sharps disposal containers.

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, or tongs.

Staff Nurses(s)/ Paramedics and Laboratory Technicians

Labels

The following labels are used in this facility:



The Environmental Health and Safety Officer and designated departmental personnel are responsible for ensuring that warning labels are affixed, or red bags are used as required if regulated waste or contaminated equipment are brought into the facility. Employees are to notify the EHS Office if they discover regulated waste containers, refrigerators containing blood or OPIIM, contaminated equipment, etc., without proper label.

Hepatitis B Vaccination

The EHS Office 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:

- Documentation exists that the employee has previously received the series;
- Antibody testing reveals that the employee is immune; or
- Medical evaluation shows that vaccination is contraindicated.

However, if an employee declines the vaccination, the employee must sign a declination form (Appendix A). Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at the EHS Office, E409.

Vaccination will be provided by LaGuardia Community College Health Services or a designated clinic.

Post-Exposure Evaluation and Follow-Up

Should an exposure incident occur, contact Environmental Health and Safety at extension 5507 or Public Safety at extension 5555. Immediately contact Public Safety for any life threatening emergencies.

An immediately available confidential medical evaluation and follow-up will be conducted by a licensed health care professional.

Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HBV, and HCV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- 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).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
- 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.

Administration of Post-Exposure Evaluation and Follow-up

The EHS Officer ensures 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 bloodborne pathogens standard. The EHS Officer ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- A description of the employee's job duties relevant to the exposure incident
- Route(s) of exposure
- Circumstances of exposure
- If possible, results of the source individual's blood test
- Relevant employee medical records, including vaccination status

The EHS Officer 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

The Environmental Health and Safety Officer will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used (including type and brand)
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- Location of the incident (Classroom, Gym, Lab, etc.) & room number
- Activity being performed when the incident occurred
- Employee's training

The EHS Officer or designated department personnel will record all percutaneous injuries in a sharps injury log. If revisions to this ECP are necessary the EHSO will ensure that appropriate changes are made.

Employee Training

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by the Environmental Health and Safety Officer. 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:

- An explanation of the OSHA/PESH bloodborne pathogen standard and how to obtain a copy
- An explanation of our ECP and how to obtain a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- An explanation of the use and limitations of engineering controls, work practices, and PPE
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- An explanation of the basis for PPE selection
- 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
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- 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
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- An explanation of the signs and labels and/or color coding required by the standard and used at this facility
- An opportunity for interactive questions and answers with the person conducting the training session.
- Training materials for this facility are available at the Environmental Health and Safety Office E409 (718-482-5507).

Recordkeeping

Training records are completed for each employee upon completion of training. These records are kept at the EHS Office at E409.

The training records include:

- The dates of the training sessions
- The contents or a summary of the training sessions
- The names and/or qualifications of persons conducting the training
- 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 Environmental Health and Safety Officer.

The training records will be kept on file for 3 years



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 EHS office is responsible for maintenance of the required medical records.

These confidential records are kept in the EHS office 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:

LaGuardia Community College
Environmental Health & Safety Office
31 10 Thomson Avenue, Room E 409 B
Long Island City, NY 11101.

OSHA Recording

An exposure incident is evaluated to determine if the case meets PESH Recordkeeping Requirements (Part 80). This determination and the recording activities are done by Andrea Cambridge in the Human Resources Office

Sharps Injury Log

All percutaneous injuries from contaminated sharps must be recorded in a Sharps Injury Log. All incidences must include at least:

- Date of the injury
- Type and brand of the device involved (syringe, suture needle)
- Department or work area where the incident occurred
- 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.



Appendix A: Hepatitis B Vaccine Declination (Mandatory)

Declination Statement

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, by submitting a request to the Environmental Health and Safety Office or any supervisor.

Employee Name: _____
(please print)

Employee Signature: _____

Date: _____

Please Sign Only If You Do Not Want the Hepatitis B Shots

Appendix C: Definitions

Blood - Human blood, human blood components, and products made from human blood.

Bloodborne Pathogens – Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Contaminated – The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Decontamination – The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

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

ECP – Exposure Control Plan

EHSO – Environmental Health and Safety Office

Exposure Incident – A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

HBV – Hepatitis B virus.

HBC – Hepatitis C virus.

HIV – Human immunodeficiency virus.

Needleless systems – A device that does not use needles for: (1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) The administration of medication or fluids; or (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Other Potentially Infectious Materials (OPIM) – (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Personal Protective Equipment – Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Regulated Waste – liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.



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

Work Practice Controls – Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).