

# LaGuardia Community College Bloodborne Pathogens Exposure Control Plan (ECP)

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**One Drop is Enough**



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## Contact Information

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## **In The Event of an Emergency on Campus:**

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**Call Public Safety**

**(718) 482-5555 / (Extension 5555)**



## Introduction

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The following Exposure Control Plan includes all elements required by the 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

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LaGuardia Community College ("LGCC") is committed to providing a safe and healthy work environment for all employees. In pursuit of this goal, the following Exposure Control Plan ("ECP") is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens." The ECP is a key document to assist 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

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Peter Jayasekara, Director of Environmental Health and Safety is responsible for implementation of the ECP. The Environmental Health and Safety Office (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 can 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 are available in adequate quantities and in the appropriate size as required by the standard.
- Ensure that all medical actions required by the standard are performed and that appropriate employee health and PESH/OSHA records are maintained.
- Provide training, maintain documentation of trainings, and make the written ECP available to employees, PESH, OSHA, and NIOSH representatives.

## Employee Exposure Determination

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The following is a list of all job classifications at our establishment in which employees may have occupational exposure to BBP:

Title	Job Task
<b>Custodians</b>	Handling blood contaminated feminine sanitary products; cleanup of spills involving bodily fluids including blood
<b>Staff Nurses(s)/ Paramedics</b>	Contact with ill patients; handling potentially infected substances
<b>Public Safety Officers</b>	Contact with individuals and during physical conflict resolution
<b>Professors/Instructors</b>	Drawing human blood samples; collecting or handling swabs of human specimens; analyzing human blood
<b>Life Guards</b>	Contact with ill or injured patrons
<b>Laboratory Technicians</b>	Drawing human blood samples; collecting or handling swabs of human specimens; analyzing human blood

## Methods of Implementation and Control

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### 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 Environmental Health and Safety Office. 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 / Sanitizer stations
- 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 OSHA records, employee interviews, committee activities, etc. 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)

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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 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 / contaminated PPE must 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 other potentially infectious material (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.
- 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.

Sharps disposal containers are 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. Care shall be exercised in handling these containers. Containers are not to be filled over approximately 85% of its capacity. Any excess content shall not be forced inside the sharps disposal containers.

Broken glassware that may be contaminated should only be picked up using mechanical means, such as a brush and dustpan. Contaminated glassware must be disposed of in rigid puncture proof regulated waste containers along with sharps.

## Staff Nurses(s)/ Paramedics and Laboratory Technicians

### Labels

The following labels are used in this facility:



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

It is the responsibility of individual programs to purchase supplies and material to comply with the requirements of this program.

## Hepatitis B Vaccination

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The Environmental Health and Safety 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 Environmental Health and Safety Office, E409.

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

## Post-Exposure Evaluation and Follow-Up

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

Confidential medical evaluation and follow-up by a licensed health care professional will be arranged by EHSO and department head.

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 state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- 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

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The Environmental Health and Safety 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 EHSO 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

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

### Procedures for Evaluating The Circumstances Surrounding An Exposure Incident

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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.)
- Procedure being performed when the incident occurred
- Employee's training

The EHSO will record all percutaneous injuries in a sharps injury log.

If revision to this process is necessary the EHSO will ensure that appropriate changes are made.

Note: See Appendix B & C



## Employee Training

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All employees who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by the Environmental Health and Safety Office. It is the responsibility of the manager and supervisors of covered employees to ensure training is scheduled as required. 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

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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 name(s) of person(s) 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 sent to the Environmental Health and Safety Officer in writing.



## Medical Records

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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.

**Phone:** (718) 482 5507

**Fax:** (718) 482 5495

## OSHA Recording

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

## Sharps Injury Log

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

- 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.

[See Appendix C](#)

## Appendix A: Hepatitis B Vaccine Declination (Mandatory)

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### Do you want Hepatitis B Vaccination provided at no cost to you?

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(Please read below and sign the appropriate section)

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.

**Yes**, I want the Hepatitis Vaccine:

By signing below I agree that I have been trained in OSHA's Blood Borne Pathogens Standard and made aware of the risk associated with the Hepatitis B Vaccination, and I wish to receive the vaccination at no cost to me.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**No**, I do not want the Hepatitis B Vaccine at this time:

I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline the hepatitis B vaccination at this time.

I understand that by declining this vaccine, I continue to be a risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood and other potentially infectious materials, and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have already received the hepatitis B vaccination Series with the past \_\_\_\_\_ Years/Months



**Appendix B: Incident Report Form**

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Date/Time of Incident: \_\_\_\_\_

Location: \_\_\_\_\_

Person(s) Involved: \_\_\_\_\_

Notification Provided To: \_\_\_\_\_

Description of Any Injury: \_\_\_\_\_

Was Medical Treatment  
Required?  Yes  No

Describe: \_\_\_\_\_  
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Describe Incident in Detail:  
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Recommended Steps to Prevent Reoccurrence:  
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**NOTE: Public Safety Officers must record the same information as above when reporting a possible exposure incident. However, they must ensure no privacy laws are violated in sharing or reporting these incidents.**



### Appendix C: Sharps Injury Log

Date/Time of Incident: \_\_\_\_\_

Person(s) Affected: \_\_\_\_\_

Notification Provided To: \_\_\_\_\_

Department and work area involved: \_\_\_\_\_

Was Medical Treatment Required?  Yes  No

Describe:  
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Describe Incident in Detail:  
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Recommended Steps to Prevent Reoccurrence:  
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