

# Bloodborne Pathogens Program

## POLICY

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Whitworth University conducts activities utilizing or involving blood and other potentially infectious materials, and employs individuals identified as employees who may be reasonably anticipated to come into contact with blood or other potentially infectious materials during the performance of their duties. In order to protect these employees the University has implemented an exposure control plan to eliminate exposures to blood and other potentially infectious materials. The plan is designed to provide and achieve regulatory compliance and, most importantly, will provide a means by which university employees will be better informed and protected from exposures to blood and other potentially infectious materials during the performance of their duties. The exposure control program applies to all departments with affected employees.

## RESPONSIBILITIES

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**Safety Manager** – The Safety Manager/designee is responsible for the development and administration of the university's bloodborne pathogens program, and will provide technical assistance to individual departments in their efforts to implement the requirements established in this program. He/she will also be responsible for addressing unsafe situations with the employee's supervisor, or in the case of an emergency, addressing the situation directly with the employee and notifying the supervisor in a timely manner following the emergency.

**Department Heads** – Department Heads are responsible for implementing the exposure control plan for bloodborne pathogens within their department if they have employees listed in the exposure determination section. Department Heads are also responsible for ensuring specific procedures are implemented within their department to fulfill the requirements set forth in the exposure control plan.

**Supervisors** – Supervisors are responsible for ensuring employees adhere to department specific procedures, as well as the procedures and requirements established in the exposure control plan for the university.

**Affected employees** – Employees whose job titles are identified in the exposure determination section are required to be familiar with this plan and its contents. Affected employees must adhere to department specific procedures as well as the requirements set forth in the exposure control plan.

Although the Safety Manager/designee is charged with the overall responsibility to develop and implement the university's bloodborne pathogens program, several other university departments will provide vital support in the effort to adequately protect university employees with occupational exposure and to achieve regulatory compliance with occupational exposure.

These include, but are not necessarily limited to:

- Athletics Department
- Career Services
- Custodial Department
- Security Department
- Student Health Center

## EXPOSURE CONTROL

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Employees incur risk each time they are exposed to blood or other potentially infectious materials, and exposure incidents may result in infection and subsequent illness. Considering the possibility of becoming infected from a single exposure incident, exposure incidents must be prevented whenever possible. The goal of the bloodborne pathogen program is to reduce the significant risk of infection by:

- Eliminating or minimizing occupational exposure to blood and other potentially infectious materials;
- Providing the hepatitis B vaccine; *and*
- Providing post exposure medical evaluation and follow-up.

Identifying the tasks and procedures where occupational exposure may occur, and the positions whose duties include those tasks and procedures, are a critical element of exposure control. By identifying the job classifications with occupational exposure, the university can identify all employees who are entitled to the provisions of the standard. All personnel who hold positions determined to have occupational exposure are entitled to the protection afforded by the standard.

## EXPOSURE CONTROL PLAN

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The key provision of the bloodborne pathogen standard is the written exposure control plan. The exposure control plan identifies individuals who will receive training, protective equipment, vaccinations, and other provisions of the standard. The written exposure control plan is designed to eliminate or minimize employee exposure and:

- Provide a means in which employees are able to find out what provisions are in place in his or her workplace;
- Provide a document for regulatory officials to evaluate the university's compliance status;
- Guide the training effort for employees.

The Whitworth University exposure control plan for bloodborne pathogens has been developed and designed to eliminate or minimize university employee occupational exposure to bloodborne pathogens during the performance of their duties, and to achieve regulatory compliance with the Division of Occupational Safety and Health's Bloodborne Pathogen Standard.

The University's plan contains the following elements:

1. Exposure determination;
2. Schedule and method of implementation for:
  - a. Universal precautions
  - b. Engineering and work practice controls
  - c. Personal protective equipment
  - d. Housekeeping;
3. Solicit and document input in the identification, evaluation and selection of effective safer medical devices. This input must be from non-managerial staff responsible for direct patient care with potential exposure to sharps.
4. Hepatitis B vaccination and post-exposure evaluation and follow-up;

5. Communication of hazards to employees; *and*
6. Record keeping.

The plan will be provided upon request for examination and copying to all university employees, employee representatives, and regulatory authorities. The department of Human Resource Services is responsible for maintaining the document. Arrangements to examine or copy the document can be made by contacting the department of Human Resource Services.

## EXPOSURE DETERMINATION

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A review of all employee positions at the university has been conducted to determine which employees have occupational exposure to blood or other potentially infectious materials during the performance of their duties. The department of Human Resource Services and individual university departments completed the review. The review identifies job classifications in which all employees in those job classifications have occupational exposure. The exposure determination was conducted without regard to the use of personal protective equipment.

Job classifications in which all university employees in the specific job classification have occupational exposure pursuant to WAC 296-823-11005.

- Athletic Training Faculty and Staff
- Head Coaches
- Health Center Staff
- Security Officers

Job classifications in which some university employees in the specific job classifications have occupational exposure pursuant to WAC 296-823-11005.

- Facilities Trades Staff
- Groundskeepers
- Custodians
- Identified Faculty Members
- Identified Student Employees

## METHODS OF COMPLIANCE

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### 1. Universal Precautions

Universal precautions will be observed by all university employees to prevent contact with blood and other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, **all body fluids will be considered potentially infectious.**

Universal precautions are methods of preventing disease by preventing transfer of blood and certain body fluids, e.g., semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, and saliva in dental procedures. The underlying concept of universal precautions is that all blood and certain body fluids are considered to be infectious for bloodborne pathogens. In most situations, an employee will treat all blood and

certain body fluids as though they contained bloodborne pathogens and would accomplish this through a variety of measures including, but not necessarily limited to:

- Engineering controls
- Work practice controls
- Personal protective equipment
- Housekeeping

The only exception to the use of universal precautions is in rare instances, such as unexpected medical emergencies, where employees may not be able to put on gloves, don a gown, or tie on a face mask immediately. In those situations where leeway must be accorded to the provider of health care or public safety services, the employees must not ignore the underlying concept of universal precautions nor should they decline to use any personal protective equipment simply because it is not practical to use all the equipment appropriate to the task. Only under unexpected extraordinary circumstances will employees have the option of deciding not to use personal protective equipment if they feel such equipment will prevent the proper delivery of health care, or public safety services, or will create a greater hazard to their personal safety if they used such equipment.

The universal precaution exemption provided in the standard applies not to the general concept of universal precautions, but only to the use of personal protective equipment under rare and relatively limited circumstances.

## **2. Engineering and Work Practice Controls**

Engineering and work practice controls serve to reduce employee's exposure in the work place by either removing the hazard or isolating the worker from exposure. In fact, these control measures are viewed as the primary means of eliminating or minimizing employee exposure. These controls may include process or equipment redesign, e.g., self-sheathing needles, process or equipment enclosure, e.g., bio-safety cabinets, and employee isolation. In general, engineering controls act on the source of the hazard and eliminate or reduce employee exposure without reliance on the employee. By comparison, work practice controls reduce the likelihood of exposure through alteration of the manner in which a task is performed. While work practice controls also act on the source of the hazard, the protection they provide is based upon the behavior of the employer and employee rather than installation of a physical device such as a protective shield.

The two control methodologies frequently work in sync because it is often necessary to employ work practice controls to assure effective operation of engineering controls.

Where occupational exposure remains after institution of these controls, departments must provide and ensure employees use personal protective equipment as supplemental protection. Primary reliance on engineering controls and work practices for controlling exposure is consistent with the best industrial practices that engineering controls and work practices are to be used in preference to personal protective equipment.

To eliminate or minimize employee exposure, university facilities and employees will use engineering and work practice controls. Where occupational exposure remains after institution of these controls, personal protective equipment will also be used. Engineering controls will be examined and maintained or replaced on a regular schedule to ensure their effectiveness. The

following engineering work practice controls have been designed and are in place at all university facilities that present potential bloodborne pathogen exposure issues.

Hand washing facilities are readily accessible in the workplace to employees that are reasonably anticipated to contact blood or other potentially infectious materials during the performance of their duties. In the event that hand-washing facilities are not feasible, provisions will be provided for the placement of either appropriated antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleaners or towelettes are used, employees have been instructed to wash their hands with soap and running water as soon as possible.

Employees are required to wash their hands immediately or as soon as possible after removal of gloves or other personal protective equipment. Most importantly, employees are required to wash their hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as possible, following contact of such body areas with blood or other potentially infectious materials.

Contaminated needles and other contaminated sharps will not be recapped or removed unless the department can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure. Under these circumstances, recapping or needle removal shall be accomplished through the use of a mechanical device or a one-handed technique.

Immediately or as soon as possible, after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:

- Puncture resistant;
- Appropriately labeled or color-coded;
- Leak-proof on the side and bottoms; *and*
- Shall not be handled in a manner that requires employees to reach by hand into containers where these sharps have been placed.

Reusable sharps containers must not be opened, emptied, or cleaned manually or in any other manner that would expose employees to contaminated sharps.

Eating, smoking, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is reasonable likelihood of occupational exposure. Food and drink will not be stored in refrigerators, freezers, shelves, cabinets, or on cabinet tops or bench tops where blood or other potentially infectious materials are present.

All procedures involving blood or other potentially infectious materials shall be performed in a manner to minimize splashing, spraying, spattering, and generation of droplets of these substances.

Mouth pipetting/suctioning of blood or other potentially infectious materials is strictly prohibited.

Specimens of blood or other potentially infectious materials shall be placed in a container, which prevents leakage during collection, handling, processing, storage, transport, or shipping. The container for storage, transport, or shipping shall be labeled or appropriately color-coded and closed prior to being stored, transported, or shipped. When universal precautions are utilized in the handling of specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exception only applies while such

specimens/containers remain within the facility. Appropriate labeling/color-coding is required when such specimens/containers leave the facility.

In the event that outside contamination of the container occurs, the primary container will be placed within a second container, which prevents leakage during handling, processing, storage, transport, or shipping and will be appropriately labeled or color-coded. If the specimen could puncture the primary container, in addition to the aforementioned required container characteristics, the primary container will be placed within a secondary container, which is puncture-resistant.

Equipment which may become contaminated with blood or other potentially infectious materials will be examined prior to servicing or shipping, and will be decontaminated as deemed necessary, unless it can be demonstrated that decontamination of such equipment or portions of such equipment is not feasible. An appropriate readily observable label will be attached to the equipment stating which portions remain contaminated. The department is responsible to ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer as appropriate, and prior to handling, servicing, or shipping so that appropriated precautions will be taken.

### **3. Personal Protective Equipment**

When there is occupational exposure, the department will provide at no cost to the employee, appropriate personal protective equipment such as, but not limited to: gloves, gowns, laboratory coats, face shields or masks, eye protection, mouthpieces, resuscitation bags, pocket masks, and other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

The department will ensure that the employee uses appropriate personal protective equipment unless it can be demonstrated that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care, or public safety services, or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

The department will ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the work site or is issued to employees. Hypoallergenic gloves, glove liners, powder-less gloves, or other similar alternatives will be readily accessible to those employees who are allergic to the gloves normally provided.

The department will clean, launder, and dispose of personal protective equipment at no cost to the employee. The department will repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

If blood or other potentially infectious materials penetrate a garment, the garment will be removed immediately or as soon as feasible. After all personal protective equipment is removed; it will be

placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

Gloves shall be worn when it can be reasonably anticipated that the employee may have contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin, or when performing vascular access procedures and when handling or touching contaminated items or surfaces.

Disposable single-use gloves, such as surgical or examination gloves, will be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Disposable single-use gloves will not be washed or decontaminated for reuse. Utility gloves may be decontaminated for use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeled, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Masks and eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, will be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Appropriated protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments will be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated. Surgical caps or hoods and/or shoe covers or boots will be worn in instances when contamination can reasonably be anticipated, e.g., autopsies, orthopedic surgery.

Resuscitator devices will be readily available and accessible to employees who can reasonably be expected to perform resuscitation procedures.

Make sure PPE is removed before leaving the work area. All contaminated PPE must be properly disposed of.

#### **4. Housekeeping**

Departments will maintain work sites in a clean and sanitary condition. The department will determine and implement an appropriate written schedule for cleaning and a method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

All equipment and environmental working surfaces will be cleaned and decontaminated after contact with blood or other potentially infectious materials. Contaminated work surfaces will be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated following the last cleaning.

Protective coverings, e.g., plastic wrap, aluminum foil, or imperviously-backed absorbent paper, used to cover equipment and environmental surfaces, will be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials will be inspected and decontaminated on a regular scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Broken glassware, which may be contaminated, will not be picked up directly with the hands. The spill and/or debris will be cleaned up using mechanical means such as a brush and dustpan, tongs, or forceps.

Reusable sharps that are contaminated with blood or other potentially infectious materials will not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

Contaminated sharps will be discarded immediately or as soon as feasible in containers that are:

- Closable;
- Puncture resistant;
- Leak-proof on sides and bottom; *and*
- Appropriately labeled or color-coded.

During use, containers for contaminated sharps will be:

- Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found, e.g., laundries;
- Maintained upright throughout use; *and*
- Replaced routinely and not be allowed to overfill.

When moving containers of contaminated sharps from the area of use, the containers will be:

- Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- Placed in a secondary container if leakage is possible. The second container will be:
  - Closable;
  - Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; *and*
  - Appropriately labeled or color-coded.

Reusable containers will not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

Regulated waste will be placed in containers, which are:

- Closable;
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping;
- Appropriately labeled or color-coded; *and*
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.



If outside contamination of the regulated waste container occurs, it will be placed in a second container. The second container will be:

- Closable;
- Constructed to contain all contents and prevent leakage of fluids during handling, storage transport, or shipping; *and*
- Appropriately labeled or color-coded; and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

Disposal of all regulated waste will be in accordance with applicable regulations of the United States and the State of Washington.

Contaminated laundry will be handled as little as possible with a minimum of agitation. Contaminated laundry will be bagged or containerized at the location where it was used and will not be sorted or rinsed in the location of use. Contaminated laundry will be placed and transported in bags or containers appropriately labeled or color-coded. When a department utilized universal precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with universal precautions.

Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry will be placed and transported in bags or containers, which prevent soak-through and/or leakage of fluids to the exterior.

The department will provide employees who have contact with contaminated laundry with protective gloves and other appropriate personal protective equipment.

When a department ships contaminated laundry off-site to a second facility which does not utilize universal precautions in the handling of all laundry, the department generating the contaminated laundry will place such laundry in bags or containers which are appropriately labeled or color-coded.

## HEPATITIS B VACCINATION AND POST-EXPOSURE EVALUATION AND FOLLOW-UP

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The university will make available the hepatitis B vaccine and vaccination series to all employees whose positions have been identified in the exposure determination, and post-evaluation and follow-up to all employees who have had an exposure incident. The university will ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis are:

- Made available at no cost to the employee;
- Made available to the employee at a reasonable time and location;
- Administered by or under the supervision of a licensed physician or by another licensed healthcare professional; *and*

- Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place.

An accredited laboratory, at no cost to the employee, will conduct all diagnostic laboratory tests. Records for staff and faculty will be maintained by Human Resource Services.

### **1. Hepatitis B Vaccination**

A hepatitis B vaccination will be made available after the employee has received the required training and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is in contraindication for medical reasons.

The university will not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

If the employee initially declines hepatitis B vaccination but at a later date, while still covered under the standard, decides to accept the vaccination, the University will make available hepatitis B vaccination at that time.

The University will require employees who decline to accept hepatitis B vaccination offered by the University to sign a declination statement. The original signed statement will be maintained in the employee's permanent file in Human Resource Services and copies will be provided to the employee.

If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) will be available.

### **2. Post-exposure Evaluation and Follow-up**

Following a report of an exposure incident, the university will make immediately available to the exposed employee a confidential medical evaluation and follow-up at no cost to the employee. The post-exposure medical evaluation and follow-up must be administered by or under the supervision of a licensed physician or by another licensed healthcare professional in accordance with the recommendations of the United States Public Health Service at the time these take place. **The employee should inform the medical staff that it is a work related exposure.** The post-exposure evaluation and follow-up must include at least the following elements:

- Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
- Identification and documentation of the source individual, unless the employer can establish that identification is not feasible or prohibited by state or local law;
- The source individual's blood will be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the University will establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, will be tested and the results documented;
  - When the source individual is already known to be infected with HBV and HIV, status need not be repeated.

- Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual;
- Collection and testing blood to detect the presence of HBV and HIV;
- The exposed employee's blood will be collected as soon as feasible and tested after consent is obtained;
- If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample will be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing will be done as soon as feasible;
- Post-exposure preventative treatment, when medically indicated, as recommended by the U.S. Public Health Service;
- Counseling; *and*
- Evaluation of reported illness.

### **3. Information provided to the Health Professional**

The healthcare professional responsible for the employee's Hepatitis B vaccination will be provided a copy of the bloodborne pathogen standard regulation. The department will provide the healthcare professional evaluating an employee after an exposure incident with the following information:

- A copy of the bloodborne pathogen standard regulation;
- A description of the exposed employee's duties as they relate to the exposure incident;
- Documentation of the route(s) of exposure and circumstances under which exposure occurred;
- Results of the source individual's blood testing, if available; *and*
- All medical records relevant to the appropriate treatment of the employee including vaccination status which are the university's responsibility to maintain.

### **4. Healthcare Professionals Written Opinion**

The university will obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. The healthcare professional's written opinion for Hepatitis B vaccination will be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

The healthcare professional's written opinion for post-exposure evaluation and follow-up will be limited to the following information:

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

All other findings or diagnoses will remain confidential and will not be included in the written report.

## 5. Medical Record Keeping

The department of Human Resource Services will establish and maintain an accurate record for each employee with occupational exposure, in accordance with WAC 296-823-17005. The record shall include:

- Name and social security number of the employee;
- A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination, or;
  - The HBV declination statement,;
- A copy of all results of examinations, medical testing, and follow-up procedures related to post-exposure evaluations;
- The copy of the healthcare professional's written opinion; *and*
- A copy of the information provided to the healthcare professional as required.

The department of Human Resource Services will ensure that employee medical records are:

- Kept confidential; *and*
- Are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by the standard or as may be required by law.

The department of Human Resource Services will maintain the records required for 30 years from the date of creation in accordance with WAC 296-802.

## 6. Sharps Injury Log

Whitworth is required to record sharps injuries on the university's OSHA 300 log. The sharps injury log must record and maintain contaminated sharps injury information in a manner that protects the confidentiality of the injured employees. These records must be maintained for 5 years.

The following information must be included in the sharps injury log:

- The type and brand of the device;
- The department or work area where the exposure incident occurred; *and*
- An explanation of how the incident occurred.

## COMMUNICATION OF HAZARDS TO EMPLOYEES

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Efforts directed at communicating hazards of bloodborne pathogens and other potentially infectious materials to university employees through the use of labels, signs, and information and training are intended to provide employees with adequate warning to eliminate or minimize their exposure.

## 1. Information and Training

All university employees with occupational exposure to blood or other potentially infectious materials will participate in a bloodborne pathogen information and training program which is provided at no cost to the employee and conducted during their normal working hours.

Training will be provided at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter.

Annual training will be provided for all employees with occupational exposure within one year of their previous training. Employees will receive additional training when changes or modifications of tasks or procedures occur, or when new tasks or procedures affect the employee's occupational exposure. The additional training will be limited in scope by departments only addressing the new exposure created.

Material will be used that is appropriate in content and vocabulary to the educational level, literacy, and language of employees undergoing the training program. Translators for the training material will be provided if requested. The training will be conducted online or by a person who is knowledgeable in the subject matter as it relates to the workplace.

The training program will contain the following elements:

- An accessible copy of the regulatory text of the bloodborne pathogen standard and an explanation of its contents;
- A general explanation of the epidemiology and symptoms of bloodborne diseases;
- An explanation of how bloodborne pathogens are transmitted;
- An explanation of Whitworth's exposure control plan and the means by which the employee can obtain a copy of the written plan;
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriated engineering controls, work practices, and personal protective equipment;
- Information on the types, proper use, limitations, selection, location, putting on and taking off of, handling, decontamination, and disposal of person protective equipment;
- An explanation of the basis for selection of personal protective equipment;
- Information on the hepatitis B vaccine, including information on its effectiveness, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
- Information on appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials occurs outside the scope of work;
- 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 of the post-exposure evaluation and follow-up that the university 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*
- An opportunity for interactive questions and answers with the person conducting the training session. If the training takes place on online the employee should speak to their supervisor.

General awareness training will be available to employees who are not identified in the exposure determination.

## 2. Training Records

Training records will include the following information:

- The dates of the training sessions;
- The contents or a summary of the training sessions;
- The name and qualifications of person or organization conducting the training; *and*
- The names and job titles of all person attending the training sessions.

All training records related to the bloodborne pathogen program will be maintained for a minimum of 3 years from the date on which the training occurred. The department of Human Resource Services will maintain all bloodborne pathogen training records for all employees. All training records required by this standard will be provided upon request for examination and copying to all employees, and employee representatives.

## 3. Labels

Warning labels will be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials; and other containers used to store, transport, or ship blood or other potentially infectious materials. There are several exemptions to the labeling requirement:

- Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use do not need to be labeled in accordance with the provisions outlined in this section;
- Individual containers of blood or other potentially infectious materials that are placed in labeled containers during storage, transport, shipment, or disposal do not need to be labeled in accordance with the provisions outlined in this section;
- Regulated waste that has been decontaminated does not need to be labeled; *and*
- Red bags can be substituted for labels on bags or containers of regulated waste.

Warning labels will include the following legend:



The label will be fluorescent orange, orange-red, or predominantly so, with lettering or symbols in a contrasting color. Labels will be affixed as close as feasible to the container by string, wire, adhesive, or another method.

Contaminated equipment scheduled for maintenance or repair will be labeled in accordance with the provisions in this section and the label will also state which portions of the equipment remains contaminated.

In order to maintain consistent labeling throughout the university, contact the Purchasing and Warehouse Manager to order biohazard labels.

## PROGRAM EVALUATION

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The hazardous communication program will be reviewed and updated annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure, new or revised employee positions with occupational exposure, or changes in technology that eliminate or reduce exposure. The plan must also be updated to document the consideration and implementation of effective safer medical devices designed to eliminate or minimize occupational exposure.

## DEFINITIONS

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**Blood** - Human blood, human blood components and products made from human blood. Also included are medications derived from blood, such as immune globulins, albumin, and factors 8 and 9.

**Bloodborne pathogens** - Pathogenic microorganisms that are present in human blood and can cause disease in humans. Examples of these pathogens include:

- (a) Human immunodeficiency virus (HIV);
- (b) Hepatitis B virus (HBV);
- (c) Hepatitis C virus, malaria;
- (d) Syphilis;
- (e) Relapsing fever;

**Clinical laboratory** - A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials (OPIM).

**Contaminated** - The presence or the reasonably anticipated presence of blood or other potentially infectious materials (OPIM) on an item or surface.

**Contaminated laundry** - Laundry that has been soiled with blood or other potentially infectious materials (OPIM) or may contain contaminated sharps.

**Contaminated sharps** - Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

**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.

**Exposure incident** - 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.

**Handwashing facilities** - A facility providing an adequate supply of running potable water, soap and single-use towels or air drying machines.

**Licensed health care professional** - A person whose legally permitted scope of practice allows him or her to independently perform the activities required by this rule.

**Needleless systems** - A device that does not use needles for any of the following:

- (a) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established;
- (b) The administration of medication or fluids;
- (c) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

**Occupational exposure** - Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of an employee's duties.

**Other potentially infectious materials (OPIM)** - Includes all of the following:

- (a) 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.
- (b) Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
- (c) 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.
- (d) Blood and tissues of experimental animals infected with bloodborne pathogens.

**Parenteral contact** - When mucous membranes or skin is pierced by needle sticks, human bites, cuts, or abrasions.

**Personal protective equipment (PPE)**. Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (for example, uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be PPE.

**Regulated waste** - Regulated waste is any of the following:

- (a) Liquid or semiliquid blood or other potentially infectious materials (OPIM);
- (b) Contaminated items that would release blood or OPIM in a liquid or semiliquid state, if compressed;
- (c) Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling;
- (d) Contaminated sharps;
- (e) Pathological and microbiological wastes containing blood or OPIM.

**Safer medical devices** - Medical devices that have been engineered to reduce the risk of needle sticks and other contaminated sharps injuries. These include not only sharps with engineered



sharps injury protections and needleless systems but also other medical devices designed to reduce the risk of sharps injury exposures to bloodborne pathogens. Examples include blunt suture needles and plastic or mylar-wrapped glass capillary tubes.

**Secondary duty** - Any job expectation outside the primary job duties assigned to that position.

**Sharps with engineered sharps injury protections (SESIP)** - A non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

**Source person** - A person, living or dead, whose blood or other potentially infectious materials may be a source (OPIM) of occupational exposure to the employee. Examples include:

- (a) Hospital and clinic patients;
- (b) Clients in institutions for the developmentally disabled;
- (c) Trauma victims;
- (d) Clients of drug and alcohol treatment facilities;
- (e) Residents of hospices and nursing homes;
- (f) Human remains;
- (g) Individuals who donate or sell blood or blood components.

**Sterilize** - The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

**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.

## REFERENCES

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WAC 296-823

If you have questions regarding Whitworth University's exposure control plan for bloodborne pathogens please contact the University's Safety Manager in the Human Resources office at 777-3236.

**Approved By:** Vice President of Finance & Administration

**Date:** 4/7/2016

**Reviewed By:** Safety Manager

**Date:** 12/7/2016

## BLOODBORNE PATHOGEN PROGRAM RESPONSIBILITY MATRIX

This matrix summarizes key provisions of the plan and corresponds those responsibilities with the affected department. The matrix should only be used as a quick reference. The text of this plan contains the specific details of those responsibilities and should be referenced accordingly.

<b>RESPONSIBILITY</b>	<b>DEPARTMENTS</b>	<b>HR DEPARTMENT</b>	<b>AFFECTED EMPLOYEES</b>
Exposure control Plan for Blood-borne	Comply with the provisions of the plan and OSHA/DOSH requirements.	Develop and implement an Exposure Control Plan for bloodborne pathogens for the impacted university community. Comply with the provisions of the plan and the OSHA/DOSH requirements. Serve as custodian of the written plan.	Understand the provisions of the plan and the protection afforded by the OSHA/DOSH standard. Comply with the provisions of the plan and the OSHA/DOSH requirements.
Exposure Determination	Identify and document employees with occupational exposure and the associated tasks and responsibilities of those positions. Provide this information to the HR Department.	Compile and maintain data on employees with occupational exposure and the associated tasks and responsibilities of those positions.	Notify the HR Dept. if job tasks and responsibilities present occupational exposure concerns that have not been previously identified.
Universal Precautions	Ensure that universal precautions are understood and executed by employees with occupational exposure. Promote practices, procedures, and methods that conform to the concept of universal precautions.	Ensure that universal precautions are observed by employees with occupational exposure. Promote practices, procedures, and methods that conform to the concept of universal precautions.	Observe universal precautions when handling blood or other potentially infectious materials.

<b>RESPONSIBILITY</b>	<b>DEPARTMENTS</b>	<b>HR DEPARTMENT</b>	<b>EMPLOYEE</b>
Engineering and Work Practice Controls	Design and implement engineering controls and institute work practice control procedures which will eliminate or minimize employee exposure to blood and other potentially infectious material.	Provide guidance and technical assistance to depts. in the design and selection of appropriate engineering and work practice controls.	Be aware of engineering controls in the work place and the proper use of those controls. Follow established work practice controls to eliminate or minimize occupational exposure.
Personal Protective Equipment	Provide appropriate personal protective equipment to employees that have occupational exposure.	Provide guidance and technical assistance to depts. in the selection of the most appropriate types and quantities of personal protective equipment.	Be aware of the proper use, limitations and location of available personal protective equipment. Use appropriate PPE to eliminate or minimize occupational exposure.
Housekeeping	Maintain a clean and sanitary workplace environment. Develop and implement cleaning schedules as deemed appropriate for the types of activities and facilities involved.	Provide guidance and technical assistance to the depts. in the development and implementation of appropriate housekeeping methods.	Be aware of and observe established housekeeping procedures, e.g., use mechanical devices to clean up broken glass in lieu of using bare hands. Maintain work area in a clean and sanitary manner.

Hepatitis B Vaccination		Make available the hepatitis B vaccination to all employees identified through the exposure determination process to have occupational exposure. Maintain all employee declination statements. Maintain all employee declination forms.	Accept the optional hepatitis B vaccination or decline by signing a mandatory statement.
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<b>RESPONSIBILITY</b>	<b>DEPARTMENTS</b>	<b>HR DEPARTMENT</b>	<b>EMPLOYEE</b>
Post Exposure Evaluation and Follow-up	Inform HR dept. immediately of all exposure incidents.	Provide Labor & Industries information to exposed employees following an exposure incident, and immediately make available a confidential medical evaluation and follow-up.	Immediately or as soon as feasible report all exposure incidents to the immediate supervisor and the HR dept.
Training Records		Compile and maintain all training records relative to the OSHA/DOSH standard for all university depts. Retain records for a minimum of three years.	Sign appropriate training roster during information and training sessions.
Medical Records		Maintain confidential medical records in accordance with OSHA/DOSH mandates for all university employees' with occupational exposure and exposure incidents. Records shall be maintained for the duration of employment plus three years.	

Labels and Signs	Affix appropriate labels to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials; and other containers of blood or infectious materials.	Provide guidance on purchasing labels and disposal bags. These items must be procured by the departments.	Make certain that labels are appropriately affixed. Notify supervisor to report labeling problems.
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