



Exposure Control Plan (ECP) for Bloodborne Pathogens

Purpose

Clover Park Technical College is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with WISHA standard Chapter 296-823 WAC, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist the College 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:
 - Standard precautions,
 - Engineering and work practice controls,
 - Personal protective equipment, and
 - Housekeeping
- Hepatitis B vaccination;
- Post-exposure evaluation and follow-up;
- Communication of hazards to employees and training;
- Recordkeeping; and
- Procedures for evaluating circumstances surrounding an exposure incident.

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

Administrative Duties

The Executive Director of Operations is responsible for the implementation of the ECP. They will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

Contact location/phone number:
Building 17, Phone 253-589-5603

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

Each Department/Division will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. They will also ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

Contact location/phone numbers:

Dean-Student Success (Hayes CCC), Building 17, Phone 253-589-6066

Dean-Healthcare, Building 19, Phone 253-589-5878

Dean-Business & Personal Services, Building 19, Phone 253-589-5586

Dean-Nursing, Building 21, Phone 253-589-6022

Assistant Director of Operations, Building 17, Phone 253-589-5529

The Dean/Director of the appropriate division as well as the Assistant Director of Operations will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and WISHA records are maintained. Contact location/phone numbers:

Same As Above

The Dean/Director of each appropriate division as well as the Assistant Director of Operations will be responsible for training, documentation of training, and making the written ECP available to employees, WISHA, OSHA, and NIOSH representatives. Contact location/phone numbers:

Same As Above

Employee Exposure Determination

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

Custodian, Utility Worker, Dental Assistant Instructors, Practical Nurse Instructors, Registered Nurse Instructors, Medical Laboratory Technician Instructors, Medical Assistant Instructors, Surgical Technician Instructors, Pharmacy Technician Instructors, Esthetics Instructors, Medical Histology Technician Instructors, Culinary Arts/Pastry Instructors, Nursing Assistant Instructors, Cosmetology Instructors and Hayes Child Care Center Employees.

Part-time, temporary, contract, and per diem employees are covered by the standard. Currently these are Blood Collection Specialist Instructors and Phlebotomy Skills Training Instructors. How the provisions of the standard will be met for these employees is described in this ECP, if applicable.

Methods of Implementation and Control

Standard Precautions

All employees will utilize standard precautions. These precautions are an approach to infection control. Standard precautions apply to blood; all body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood; nonintact skin; and mucous membranes.

Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources.

To follow are the standard precautions from the Center for Disease Control.

- Perform hand hygiene
- Use personal protective equipment (PPE) whenever there is an expectation of possible exposure to infectious material
- Follow respiratory hygiene/cough etiquette principles
- Ensure appropriate patient placement
- Properly handle, clean and disinfect patient care equipment and instruments/devices as well as clean and disinfect the environment appropriately
- Handle textiles and laundry carefully
- Follow safe injection practices and wear a surgical mask when performing lumbar punctures
- Ensure healthcare worker safety including proper handling of needles and other sharps
- In addition, use all transmission-based precautions for patients with known or suspected infections

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 within 90 days of hire. All employees have an opportunity to review this plan at any time during their work shifts by contacting the Dean/Director of their division or the Executive Director of Operations. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

The Executive Director of Operations and the appropriate Division Deans are responsible for reviewing and updating 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.

The review and update of such plans must also:

- Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and

- Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

Controlling Employee Exposure to Bloodborne Pathogens (BBP)

- We identify opportunities to improve controls through:
 - Safety committee activities
 - Review of input from clinical sites
 - Employee interviews
 - Student reviews
 - Review of incidents
- We evaluate new products regularly by:
 - Use in the clinical settings
 - Review of professional publications
 - Supplier samples
- Both frontline workers and management officials are involved in this process improvement by:
 - Annual request for list of new safety products
 - Discussed at faculty meetings
 - Survey from division on new products
 - Annual in-service on infection control

Engineering and Work Practice Controls

- We identify opportunities to improve controls through:
 - Safety committee activities
 - Review of input from clinical sites
 - Employee interviews
 - Student reviews
 - Review of incidents
- We evaluate new products regularly by:
 - Use in the clinical settings
 - Review of professional publications
 - Supplier samples
- Both frontline workers and management officials are involved in this process improvement by:
 - Annual request for list of new safety products
 - Discussed at faculty meetings
 - Survey from division on new products
 - Annual in-service on infection control

Needle Stick Protocol

If an incident should occur where an employee is exposed, the following protocol will be adhered to:

1. For needle punctures or breaks in skin: immediately cleanse the area with a disinfectant or soap and water, and apply bandage. For mucous membrane exposure (e.g. splash in eyes), immediately flood with clear water.
2. Immediately report the incident to division dean. Within 24 hours, complete the "Accidental Injury or Occupational Illness Report."
3. Report to St. Clare Hospital, Lakewood, Washington, as soon as possible for needlestick/exposure triage and determination of risk and possible prophylaxis.

Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training is provided by the individual chosen to train all affected employees in the use of the appropriate PPE for the tasks or procedures employees will perform. Depending on the type of exposure, to follow is a list of the PPE used at the College.

Custodial Staff and Utility Workers – Face Shield with Mask, Gown, Shoe covers, Cap, and Gloves.

Hayes Child Care Center Employees – Gloves, Aprons, Goggles and CPR Masks.

Blood Collection Specialist Instructors – Disposable Lab Coats and Gloves.

Phlebotomy Skills Training Instructors – Disposable Lab Coats and Gloves.

Dental Assistant Instructors – Safety Glasses, Gloves, Masks and Gowns.

Practical Nurse Instructors – Gloves, Lab Coats and Gowns.

Registered Nurse Instructors – Gloves, Lab Coats and Gowns.

Medical Laboratory Technician Instructors – Gloves, Lab Coats and Gowns.

Medical Assistant Instructors – Gloves, Lab Coats and Gowns.

Esthetics Instructors – Gloves, Lab Coats and Gowns.

Surgical Technician Instructors – Gloves, Disposable Lab Coats, and Gowns.

Pharmacy Technician Instructors – Gloves.

Medical Histology Technician Instructors – Safety Glasses, Gloves, Masks and Gowns.

Nursing Assistant Instructors – Gloves, Lab Coats and Gowns.

Culinary/Pastry Arts Instructors – Gloves.

Cosmetology Instructors – Gloves.

All employees using PPE must use the items in accordance with all engineering and work practice controls.

The procedure for handling used PPE is as follows: All garments, which are penetrated by blood, shall be removed immediately or as soon as feasible. All

PPE will be removed prior to leaving the work area. When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

Housekeeping

Regulated waste is placed in containers that are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels section), and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling sharps disposal containers is: Containers shall be easily accessible to personnel and located as close as possible to the immediate area where sharps are used. The containers are kept upright throughout use and replaced routinely and not allowed to be overfilled. When moving containers of contaminated sharps from the area of use, the containers are closed immediately before removal or replacement to prevent spills or protrusion of contents during handling, storage, transport, or shipping. The containers are placed in a secondary container if leakage of the primary container is possible. The second container shall be closeable, constructed to contain all contents and prevent leakage during handling, storage, and transport or shipping. The second container shall be labeled or color-coded to identify its contents. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner, which would expose employees to the risk of percutaneous injury.

The procedure for handling other regulated waste is: Waste is placed in containers which are closeable, constructed to contain all contents, and prevent fluid leaks during handling, storage, transportation, or shipping, labeled or color coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping. Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and labeled or color-coded appropriately. Sharps disposal containers are available as close as possible to the point of origin or work area in which they are used.

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 picked up using mechanical means, such as a brush and dustpan.

Each area of concern is equipped with a written schedule of cleaning and decontamination.

Laundry

The College will launder no contaminated articles. Laundering will be performed by an independent facility off site.

The following laundering requirements must be met:

The off site facility follows Universal Precautions in handling all laundry. Therefore, our facility does not color code or label laundry, which is contaminated with blood or other potentially infectious materials.

Labels

The following labeling method(s) is used in this facility:

Equipment to be labeled:	Label type (size, color, etc.):
Regulated waste	Same as above
Refrigerators/freezers	Same as above
Containers used to store, transport or ship blood or OPIM	Same as above

Each Department/Division will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify the Executive Director of Operations if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

Hepatitis B Vaccination

A qualified individual chosen by the College will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficiency, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless:

1. Documentation exists that the employee has previously received the series,
2. Antibody testing reveals that the employee is immune, or
3. Medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the training records file located in the office of the appropriate Dean or Director.

Vaccination will be provided by an accredited health care institution of the College's choice, on site, at a reasonable time and place and at no cost to the employee.

Following hepatitis B vaccinations, the health care professional's Written Opinion will be limited to whether the employee requires the hepatitis vaccine,

and whether the vaccine was administered. All other findings or diagnoses remain confidential and are not included in the written report.

Post-exposure Evaluation and Follow-Up

Should an exposure incident occur, contact the Executive Director of Operations, at the following telephone number 253-589-5603.

An immediately available confidential medical evaluation and follow-up will be conducted by an accredited health care provider of the College's choice done by or under the supervision of a licensed physician or another licensed healthcare professional. We currently require employees to visit St. Clare Hospital in Lakewood.

Following the initial first aid (clean the wound, flush eyes or other mucous membranes, etc.), the following activities will be performed immediately or as quickly as feasible.

Investigation and documentation of the incident, collection and testing of blood, post-exposure evaluation and follow-up.

Administration of Post-Exposure Evaluation and Follow-up

The Executive Director of Operations or appropriate Dean will provide a copy of the incident documentation to the affected employee. They will also ensure 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.

As noted above, the appropriate party will ensure that the health care professional evaluating an employee after an exposure incident receives the following:

The healthcare professional responsible will be provided with a copy of WISHA Standard Chapter 296-823 WAC, a written description of the exposed employee's duties as they relate to the exposure incident, written documentation of the route of exposure and circumstances under which exposure occurred, results of the source individuals blood testing, if available, and all medical records relevant to the appropriate treatment of the employee including vaccination status.

The Executive Director of Operations provides 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 Executive Director of Operations, the Dean of the appropriate area, and the safety committee will review the circumstances of all exposure incidents to determine:

*That all rules and procedures were followed and discuss what can be done to limit future incidents.

If it is determined that revisions need to be made, the Executive Director of Operations will ensure that appropriate changes are made to this ECP. Changes include: additional regulations, change in process or procedure, provision of additional PPE, etc.

Employee Training

All employees who have occupational exposure to bloodborne pathogens receive annual training conducted by a qualified trainer of the College's choice. The trainers will be knowledgeable in all required subject matter. All employees who have occupational exposure to bloodborne pathogens receive training on epidemiology, symptoms, and transmission of bloodborne pathogen diseases.

Training will also include the CPTC Bloodborne Pathogen ECP, recognition of at risk tasks, methods to reduce exposure, the PPE's provided, appropriate actions to take in event of exposure, signs labels and color coding systems, general work area restrictions, and medical information including data with regard to the Hepatitis B vaccination.

Training materials for this facility are available from Human Resources, the Assistant Director of Operations, the Office of the Dean/Director, on the College's intranet, and in the College's library.

Recordkeeping

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years in the office of Human Resources.

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 appropriate Dean or Director.

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with WISHA Standard, Chapter 296-823 WAC and WAC 296-62-052, "Access to Records."

The Dean/Director of the appropriate division is responsible for maintenance of the required medical records. These confidential records are kept with Dean-Student Success (Hayes CCC), Building 17, Phone 253-589-6066, Dean-Healthcare, Building 19, Phone 253-589-5878, Dean-Business & Personal Services, Building 19, Phone 253-589-5586, Dean-Nursing, Building 21, Phone 253-589-6022 and the Assistant Director of Operations, Building 17, Phone 253-589-5529 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 the Dean/Director of the appropriate division.

OSHA Recordkeeping

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 the Executive Director of Operations.

Sharps Injury Log

The Dean/Director of the appropriate division establishes and maintains a sharps injury log to record percutaneous injuries from contaminated sharps. The injury log and a copy of that log are located at the work site and in the office of the Executive Director of Operations in locked files to protect the confidentiality of the injured employee.

Our sharps injury log contains:

The type and brand of device involved in the exposure incident, the department or work area where the incident occurred, an explanation of how the incident occurred, the procedure being performed at the time of the incident, the body part affected or injured, and any other information such as the objects and substances involved.

The log is maintained and stored for the required five (5) year period.