



Title: **Exposure Control Plan (Bloodborne Pathogens)**

Effective Date: 1/12

Revision: 1.3 (7/15)

PURPOSE: In accordance with the provisions of the U. S. Department of Labor's Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030, the following exposure control plan has been developed. For purposes of ensuring the College's compliance with occupational safety and health standards, all OSHA requirements at this facility are enforced by the New York State Department of Labor's Bureau of Public Employee Safety and Health (PESH). NYSDOL/PESH has full jurisdiction over all College employees.

SCOPE: Suffolk County Community College is committed to providing a safe and healthy environment for all employees, students and visitors. Although some provisions of the standard apply only to **employees**, the use of Universal Precautions and sound Infection Control procedures apply in all areas. This document is to be reviewed annually by the Office of Public Safety or as changes occur.

DEFINITIONS:

Bloodborne Pathogens: Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus



OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (for example, employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. At SCCC the following job classifications are in this category:

College Public Safety Officer (and Supervisors)
Childcare Center Caregivers/Directors
Nurse
Lifeguard
Custodial Staff
Sewage Treatment Operator
Athletic Instructors/Coaches
Culinary Arts Faculty

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Faculty/Staff in the following departments MAY have exposure:

Nursing, Emergency Medical Technician, Occupational Therapy, Theatre Arts, Automotive, Veterinary Science, Science

II. Implementation Schedule and Methodology

OSHA also requires that this plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

A. Compliance Methods

Universal precautions will be observed throughout the College in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious, regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this facility. Engineering controls will be used in preference to other control methods to eliminate or minimize worker exposure to blood or to other potentially infectious materials. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized.

The following engineering controls will be utilized at various facilities or areas within the College:

- Disposable sharps
- Fume hoods
- Mechanical pipetting of possible infectious material
- Puncture-resistant sharps disposal containers
- Tongs or other manipulative aids

The above engineering controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is to be at least annually. All department and division heads have the responsibility to review the effectiveness of the individual controls.



The performance of the review may be delegated to an authorized individual, such as the supervisor or manager for a specific work group or lab, however, the department/division head remains responsible to ensure that this is accomplished as scheduled.

Handwashing facilities are also available to those employees who may incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. At any area where immediate access to handwashing facilities is not feasible, such as in field emergency medical care provided by safety personnel, the individual department is to provide either an antiseptic cleanser in conjunction with a clean cloth/paper towels or antiseptic towelettes. If these alternatives are used, then the hands are to be washed with soap and running water as soon as feasible.

After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. If employees incur exposure to their skin or mucous membranes, then those areas shall be washed or flushed with water as appropriate as soon as feasible following contact.

Contaminated needles and other contaminated sharps will not be bent, recapped, sheared or purposely broken. OSHA allows an exception to this if procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required, then the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique.

Disposable sharps are to be placed in the puncture-resistant containers which have been provided expressly for this purpose. These containers are located strategically in all areas where sharps are or may be used. Containers are retrieved on a regular basis by the designated contractor employees for disposal.

III. Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

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

All procedures will



containers are recognizable as containing specimens. This exemption applies only while the specimens remain in the facility. Any specimen which punctures a primary container will be placed within a secondary container which is puncture resistant. In an emergency, the College 98.06



compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised. Double gloving is recommended where the potential for breakage is great or where heavier gauge gloves are not available.

Masks in combination with eye protection devices, such as goggles or safety glasses with solid side shields, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be avoided with such protection. Where potential for exposure to Tuberculosis may exist, specific respiratory protection expressly for this purpose must be used, rather than masks.

The OSHA standard also requires appropriate protective clothing to be used, such as lab coats, gowns, aprons, clinic jackets, or similar outer garments. Such protective clothing shall be used in any application where a worker's clothing may otherwise have the potential for contamination by blood or other potentially infectious body fluids. This includes most patient care applications other than interviewing or counseling, most lab procedures involving such materials, and cleaning up or decontaminating areas which have the potential for exposure.

V. Housekeeping

College Facilities will be cleaned and decontaminated by Plant Operations personnel, who are charged with ensuring that the worksite is in a clean and sanitary condition. The cleaning schedule and method of decontamination is based upon the location within the facility, the type of surface to be cleaned, the type of soil present and the tasks or procedures being performed in the area. Environmental surfaces such as walls, floors and other surfaces are not associated with transmission of infections to workers or patients, therefore, extraordinary attempts to disinfect and sterilize these environmental surfaces are not done routinely. Nevertheless, cleaning and removal of soil will be done routinely. All contaminated work



should then be placed into a red bag and placed in the appropriate regulated medical waste staging area for removal by appropriately trained personnel.



VI. Regulated Medical Waste Disposal

All contaminated sharps shall be discarded as soon as feasible in sharps container which are located in the facility. Sharps containers are located in all areas where patient care or laboratory work involving such materials is done.



it was used. Such laundry will not be sorted or rinsed in the area of use. All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials.

VIII. Hepatitis B Vaccine

All employees who have been identified as having exposure to blood or other potentially infectious materials are offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within 10 working days of their initial assignment at work involving the potential for occupational exposure to blood or other potentially infectious materials, unless the employee has previously had the vaccine or who wishes to submi



The Office of Human Resources has been designated as being responsible to maintain any records related to occupational exposures and post-exposure patient care. Medical records for all occupational exposures are to be kept confidential and are not to be made available except to appropriate health professionals having a bonafide need-to-know. This determination will be at the discretion of the Occupational Medicine physician. A written statement from the health care provider acknowledging that follow-up care is being provided should be forwarded to the Office