



Central Washington University

Exposure Control Plan for Bloodborne Pathogens

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1.0 Introduction and Scope

On December 6, 1991, the Occupational Safety and Health Administration (OSHA) promulgated the final rule for occupational exposure to bloodborne pathogens. The rule, commonly referred to as the bloodborne pathogen standard, was promulgated under the authority of the Occupational Safety and Health Act of 1970 and was designed to eliminate or minimize occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and other bloodborne pathogens. The State of Washington statutory authority for Washington Industrial Safety and Health Act (WISHA) is RCW 49.17 and WAC 296-823 (<http://apps.leg.wa.gov/WAC/default.aspx?cite=296-823>).

In an effort to eliminate or minimize exposure to bloodborne pathogens, the standard requires employers to institute a program of engineering and work practice controls, personal protective clothing and equipment (PPE), informational training, Hepatitis B vaccination, post exposure evaluation and follow-up, sign and label programs, and other provisions for employees who may be reasonably anticipated to come into contact with blood or other potentially infectious materials during the performance of their duties.

OSHA/WISHA have identified occupational settings where individuals are reasonably anticipated to come into contact with blood or other potentially infectious materials during the performance of their duties. These include: health care facilities, research laboratories, linen services, law enforcement, fire and rescue, schools, and required waste removal.

The CWU Exposure Control Plan (ECP) applies to all employees whose performance of duties could result in reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials. Such potentially infectious materials would include:

- Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluids that are visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
- Any unfixed tissue or organ (other than intact skin) from a human being (living or dead).
- HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture medium or other solutions, and blood, organ or other tissues from experimental animals infected with HIV or HBV.

The Environmental Health & Safety Office (EH&S) is charged with the overall responsibility for the development and implementation of the CWU Bloodborne Pathogen Program. The program is designed to provide and archive regulatory compliance and to ensure that CWU employees are informed about and protected from exposure to blood and other potentially infectious materials during the performance of their duties. EH&S will provide technical assistance to individual departments in their efforts to address this standard.

2.0 Responsibilities

While EH&S is charged with the overall responsibility to develop and implement the CWU program, individual departments are still ultimately responsible for ensuring that affected employees are appropriately informed and trained. Departments which employ workers affected by this standard include:

- Facilities Management (Custodial Services, Maintenance)
- Auxiliary Services (Housing Services, Conference Center, and Dining Services, and Maintenance)
- Student Health and Counseling Center
- Athletics
- Physical Education
- Police Services
- Biological Sciences

3.0 Exposure Control

Employees incur risk of infection and illness each time they are exposed to blood or other potentially infectious materials. The goal of the bloodborne pathogen standard is to reduce the risk of infection by:

- Eliminating or minimizing occupational exposure to blood and other potentially infectious material
- Providing the Hepatitis B vaccine
- 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 is a critical element of exposure control. All personnel in positions determined to have occupational exposure are entitled to the protection afforded by the standard.

4.0 Exposure Control Plan

The key provision of the bloodborne pathogen standard is the written Exposure Control Plan. The CWU Exposure Control Plan identifies individuals who will receive training, protective equipment, vaccinations, and other provisions of the standard.

Implementation of the written plan is designed to eliminate or minimize employee exposure and:

- Provide a means by which employees are able to determine what provisions are in the plan.
- Provide a document for regulatory officials to evaluate and determine CWU compliance.
- Provide a document for training purposes.

The plan will be reviewed and updated at least annually to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. While EH&S will develop the general plan, it is

expected that individual departments may develop addendums to the plan which will address specific departmental situations. EH&S is available to assist in this process.

Copies of the plan will be provided, upon request, to all university employees, employee representatives, and regulatory authorities. Contact EH&S at EHS@cwu.edu or go to the EH&S website (<http://www.cwu.edu/ehs/>) for copies of the document.

5.0 Exposure Determination

A review of all employee positions at CWU will be conducted to determine potential exposure to human blood or other potentially infectious materials. The review will identify job classifications in which employees have occupational exposure. The exposure determination is conducted without regard to the use of personal protective equipment.

The following job classifications have occupational exposure pursuant to WAC 296-823:

- Athletic Trainer and Coach
- Licensed Practical Nurse
- Physician
- Registered Nurse
- Custodial Personnel
- Police Officer
- Clinical Technologist
- Health Care Specialist
- Physician Assistant
- Medical Technology Faculty
- Plumber

6.0 Methods of Compliance

6.1 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. The underlying concept of universal precautions is that all blood and the defined body fluids are considered to be infectious.

Only under unexpected and extraordinary circumstances will employees have the option of not following universal precautions (certain medical emergencies, etc.).

6.2 Engineering and Work Practice Controls

Engineering and work practice controls serve to reduce employee exposure in the workplace by either removing the hazard or isolating the worker from exposure. These control measures are considered to be the primary means of eliminating or minimizing employee exposure. These controls may include process or equipment redesign (self-sheathing needles, process or equipment enclosure, biological 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 to take self-protective action. Once implemented, engineering controls protect the employee

permanently, subject only, in some cases, to periodic replacement or preventative maintenance. 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.

Where occupational exposure remains after institution of these controls, departments must provide and assure employees use personal protective equipment as supplemental protection. Primary reliance on engineering controls and work practices for controlling exposure is consistent with good industrial hygiene practice and with the OSHA traditional adherence to a hierarchy of controls.

Handwashing facilities must be 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 handwashing facilities are not feasible, provisions will be provided for the placement of either cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, employees have been instructed to wash their hands with soap and water as soon as possible.

Employees are required to wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. And, most importantly, employees are required to wash their hands and other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible 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 from syringes. Contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers must be puncture resistant, properly labeled, and leakproof. Eating, smoking, drinking, applying cosmetics or lip balm, and handling contact lenses is 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.

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, the secondary container must be 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 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, servicing representative, and/or the manufacturer as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

6.3 Personal Protective Equipment

When a potential for exposure exists, the employer will provide, at no cost to the employee, appropriate personal protective equipment. Such equipment includes latex/nitrile gloves, gowns, lab coats, face shields, masks, eye protection, CPR mouthpieces, resuscitation bags, etc. Appropriate personal protective equipment does not permit blood and other potentially infectious materials to pass through to or contact with 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 appropriate personal protective equipment, in the appropriate sizes, is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless 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, dispose, repair, and replace personal protective equipment as needed, at no cost to the employee.

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 judgement 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 this occurs, the circumstances will be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

If a garment is penetrated by blood or other potentially infectious fluids, the garment must be removed as soon as possible, and any skin contacting the material must be thoroughly washed with soap and water. All personal protective equipment must be removed prior to leaving the work area. Removed PPE must be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

Gloves must be worn when it is reasonably anticipated that the employee may have contact with blood or other potentially infectious materials. Disposable, single use surgical or examination gloves must be replaced as soon as practical when contaminated or if punctured, torn, etc. These gloves will not be reused. Heavy utility gloves may be decontaminated for reuse if the integrity of the glove is not compromised. They must be discarded when they show any signs of deterioration.

Masks and eye protection devices such as goggles, glasses with side shields, or face shields must be worn whenever the potential of eye, face and/or mouth contamination is anticipated.

Appropriate protective clothing such as gowns, aprons, lab coats, clinic jackets, or similar garments must be worn in occupational exposure situations. The type of garment will depend upon the task and degree of exposure.

6.4 Housekeeping

All departments will ensure that worksites are maintained in a clean and sanitary condition. All equipment, environmental and working surfaces will be cleaned and decontaminated after contact with blood or other potentially infectious materials.

Protective coverings like plastic wrap, aluminum foil, or impervious-backed absorbent paper must be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift.

All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated must be inspected and decontaminated on a regular basis.

Broken glassware which may be contaminated must not be picked up by hand. Use a brush and dustpan, tongs or forceps.

Contaminated sharps must not be stored or processed in a manner that requires employees to reach into a container by hand to retrieve the sharps.

Contaminated sharps must be discarded into containers that are closable, puncture resistant, leak-proof, and properly labeled or color-coded.

Sharps containers must be easily accessible, remain upright, replaced regularly, and never allowed to be overfilled.

Sharps containers must be securely closed when being moved.

Regulated waste must be placed in containers which are closable, leak-proof, and correctly labeled and/or color-coded. All regulated waste must be disposed of in accordance with all federal and state standards.

Contaminated laundry must be handled as little as possible with a minimum of agitation. It must be bagged or containerized at the location where it was used and properly labeled. If the laundry is wet, it must be placed in leak-proof bags or containers. Laundry workers that handle contaminated laundry must wear protective gloves and appropriate personal protective equipment.

6.5 Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up

CWU will provide the Hepatitis B vaccine series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident. This will be provided at no cost to the employee, made available at a reasonable time and place, performed by or under the supervision of a licensed physician or other licensed healthcare professional, and provided according to recommendations of the U.S. Public Health Service. All diagnostic laboratory tests will be conducted by an accredited laboratory at no cost to the employee.

7.0 Hepatitis B Vaccination

The 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 vaccination series, antibody testing has revealed the employee is immune, or the vaccine is contraindicated for medical reasons.

Employees who declined the vaccination must sign a waiver statement. The original signed statement will be kept in the employee's personnel file in Human Resources. A copy of the signed statement will be provided to the employee.

Should an employee that originally declined the vaccination later decided to receive the vaccination, CWU will provide the vaccination as originally agreed.

Should the U.S., Public Health Service recommend booster doses at a later date, this will be provided by CWU.

8.0 Post-exposure Evaluation and Follow-up

Following a report of an exposure incident, CWU will make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

8.1 Documentation of the route(s) of exposure and the circumstances under which the incident occurred.

8.2 Identification and documentation of the source individual, unless CWU finds that identification is not possible or prohibited by state or local law.

8.2.1 The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV status. If consent is not obtained, CWU shall 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, shall be tested and the results documented.

8.2.2 When the source individual is already known to be HBV or HIV positive, testing of the source individual's blood need not be repeated.

8.2.3 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.

8.3 Collection and testing of blood for HBV and HIV serological status.

8.3.1 The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

8.3.2 If the employee consents to a baseline blood collection, but does not give consent at that time for HIV serological testing, the sample shall 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 shall be done as soon as feasible.

8.4 Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.

8.5 Counseling

8.6 Evaluation of reported illness

9.0 Information Provided to the Healthcare Professional

9.1 CWU shall ensure that the healthcare professional responsible for the employee's HBV vaccination is provided a copy of this regulation.

9.2 CWU shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

- a. A copy of this regulation.
- b. A description of the exposed employee's duties as they relate to the exposure incident.
- c. Documentation of the route(s) of exposure and circumstances under which exposure occurred.
- d. Results of the source individual's blood testing, if available.
- e. All medical records relevant to the appropriate treatment of the employee, including vaccination status, which are CWU's responsibilities to maintain.

10.0 Healthcare Professional's Written Statement

10.1 CWU shall 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.

- a. The healthcare professional's written opinion for HBV vaccination shall be limited to whether the HBV vaccination is indicated for an employee, and if the employee has received such vaccination.
- b. The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
 - i. That the employee has been informed of the results of the evaluation.

- ii. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation on treatment.
- c. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

11.0 Communication of Hazards to Employees

11.1 Labels

- a. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers, and other containers used to store, transport or ship blood or other potentially infectious materials, except as provided in subdivision items.
- b. Labels required by this section shall include the following legend:



- c. These labels shall be fluorescent orange or orange-red with lettering or symbols in a contrasting color.
- d. Labels are required to be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
- e. Red bags or red containers may be substituted for labels.
- f. 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 are exempted from the labeling requirements of WAC 296-823-14025.
- g. Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.
- h. Labels required for contaminated equipment shall be in accordance with this sub-division/item and shall also state which portions of the equipment remain contaminated.
- i. Regulated waste that has been decontaminated need not be labeled or color-coded.

11.2 Information and Training

- a. Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.
- b. Training shall be provided as follows:
 - i. At the time of initial assignment to tasks where occupational exposure may take place.
 - ii. Within 90 days after the effective date of the standard.
 - iii. At least annually thereafter.
- c. Employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be included.
- d. Employers shall provide additional training when changes or modifications of tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.
- e. Material appropriate in content and vocabulary to educational level, literacy and language of employee shall be used.
- f. The training program shall contain, at a minimum, the following elements:
 - (1) An accessible copy of the regulatory text of this standard (see attachment) and an explanation of its contents.
 - (2) A general explanation of the epidemiology and symptoms of bloodborne diseases.
 - (3) An explanation of the modes of transmission of bloodborne pathogens.
 - (4) An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy.
 - (5) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
 - (6) An explanation of the use and limitations of methods that will prevent or reduce exposure, including appropriate engineering controls, work practices, and personal protective equipment.
 - (7) Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
 - (8) An explanation of the basis for selection of personal protective equipment.
 - (9) Information on the HBV vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.

- (10) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
 - (11) 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.
 - (12) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
 - (13) An explanation of the signs and labels and/or color-coding required by the standard.
 - (14) An opportunity for interactive questions and answers with the person conducting the training session.
- g. The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

12.0 Recordkeeping

12.1 Medical Records

- a. The employer shall establish and maintain an accurate record for employees with occupational exposure and shall include the following:
 - (1) The name and social security number of the employee.
 - (2) A copy of the employee's HBV vaccination status, including the dates of the vaccinations and any medical records relative to the employee's ability to receive the vaccination as required by WAC 296-823-17005.
 - (3) A copy of all results of examinations, medical testing, and follow-up procedures as required by WAC 296-823-17005.
 - (4) The employer's copy of the healthcare professional's written opinion as required by WAC 296-823-17005.
 - (5) A copy of the information provided to the healthcare professional as required by WAC 296-823-17005.
- b. The employer shall ensure that employee medical records required by WAC 296-823-17005 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 this section or as may be required by law.
- c. The employer shall maintain the records required by WAC 296-823 for at least the duration of employment plus 30 years in accordance with this standard.

12.2 Training Records

- a. Training records shall include the following information:
 - (1) The dates of the training sessions.
 - (2) The contents or a summary of the sessions.
 - (3) The names and qualifications of persons conducting the training.
 - (4) The names and job titles of all persons attending the sessions.
- b. Training records shall be maintained for 3 years from the date of the training sessions.

12.3 Availability

- a. The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the HR Director for examination and copying.
- b. Employee training records required by this section shall be provided, upon request, for examination and copying to employees, employee representatives, and to the HR Director in accordance with requirements of the standard.
- c. Employee medical records required by the standard shall be provided, upon request, for examination and copying to the subject employee, anyone having written consent of the subject employee, and to the HR Director in accordance with requirements of the standard.

12.4 Transfer of Records

The employer shall comply with the requirements involving transfer of records as set forth in the standard.