BLOODBORNE PATHOGEN AND INFECTIOUS DISEASE PLAN
STANDARD:
LAST UPDATED: 5/19/2022
EXECUTIVE COMMITTEE APPROVAL: 5/23/2022
FACULTY REVIEW:

Scope and Application

This plan is intended to supplement OSHA's Bloodborne Pathogen and infections fluid exposure regulatory requirements. This plan contains required procedures to protect campus employees and students, including anyone who provide first aid or emergency response, from the risk of bodily fluid exposure.

General Requirements

MTECH employees are trained to assess situations with exposure to bloodborne pathogens. If additional aid is required, MTECH First Responders should be called to the scene to provide first aid and assess the situation for further action or response.

Employees with Exposure Potential

All MTECH employees/students trained to the blood borne pathogen standard are taught to practice universal precautions. Universal Precautions is an approach to infection control that treats all human blood and certain human body fluids as if they are known to be infectious. All employees/students are required to practice universal precautions when working with blood or OPIM.

Methods of Compliance

MTECH employees who complete tasks that have exposure to bodily fluid are required to wear protective gear while completing given tasks, and are to clean up and dispose of possible infectious materials by following proper clean up procedures:

Proper clean up procedures to general tasks with exposure potential include the following:

1. Protect yourself by wearing Personal Protective Equipment (PPE) such as gloves, eye protection, masks, shoe covers, etc.

2. Contain the spill to minimize spreading of infectious materials.

3. Remove visible material with disposable towels.

4. Decontaminate the area with approved EPA disinfectant.

5. Dispose of infectious material in approved containers, such as red bags or infectious waste containers.

6. WASH YOUR HANDS.

The following is a general list of various required exposure control methods:

1. Engineering and work practice controls for each task and procedure where there is a risk of exposure. If potential exposure remains, then personal protective equipment must also be utilized.

2. Handwashing facilities must be provided, along with management *requiring* that the facilities be used.

3. Contaminated needles and other contaminated sharps used by nurses must not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited by OSHA, unless the college can demonstrate that no alternative is feasible, or that such action is required by a specific medical or dental procedure.

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

Personal Protective Equipment

1. When there is occupational exposure, the college must 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 and eye protection, and mouthpieces, pocket masks, or other ventilation devices.

2. The college must *ensure that the employee uses* appropriate personal protective equipment unless the employer shows 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 an occurrence in the future.

3. The college must 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 shall be readily accessible to those employees who are allergic to the gloves normally provided.

4. All personal protective equipment must be removed prior to leaving the work area. Further, when personal protective equipment is removed it must be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

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

6. Disposable (single use) gloves must not be washed or decontaminated for re-use.

7. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, must 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.

8. Gowns, Aprons, and Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments must be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

9. Shoe covers or boots must be worn in instances when gross contamination can reasonably be anticipated.

Housekeeping and Environmental Controls

1. The college must ensure that the worksite is maintained in a clean and sanitary condition. The college must determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, and tasks or procedures being performed in the area. In other words, have a written bathroom cleaning schedule, a written nurse's office cleaning schedule, health science classroom cleaning schedule, etc.

2. All equipment and environmental and working surfaces must be cleaned and decontaminated after contact with blood or other potentially infectious materials.

3. Protective coverings, such as plastic wrap, aluminum foil, or impervious-backed absorbent paper used to cover equipment and environmental surfaces, must be removed and replaced as soon as feasible when they become overtly contaminated, or at the end of the day if they may have become contaminated.

4. 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 must be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

5. Broken glassware which may be contaminated must not be picked up directly with the hands. The area must be cleaned up using mechanical means, such as using a brush and dust pan, tongs, or forceps.

Handling of Regulated Biohazardous Waste

Medical and biohazardous waste falls under the EPA "toxicity characteristic waste" definition. Waste is properly handled, labeled, and disposed of by a contracted State of Utah qualified hazardous waste disposal firm.

Hepatitis B Shot Requirement

1. The college makes available the hepatitis B vaccination series to all employees who have bodily fluid occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

2. The shot(s) are available at no cost to the employee.

3. The worker has a right to decline the hepatitis B shot, but must be given training about the consequences of this action. The employee must also sign and date a written denial statement. Specific wording for this form to have the worker sign is located in the 29 CFR 1910.1030 regulation.

Communication and Training

1. Warning labels and bio-hazard signs must be used where appropriate.

2. Training in all aspects of the blood borne pathogen hazard/control methods and infectious exposure must be given *at time of initial assignment to tasks where occupational exposure may take place, and at least annually thereafter*. All training of this type must be documented. Records of this training must be maintained for at least 3 years, or as long as possible for liability reasons.

3. Any changes in the workplace or procedures require that new training take place.

4. A *sharps injury log* must be maintained. This will include an explanation of how the injury occurred, the brand/model of the device, the date, and the area where the accident took place. Only nurses should be using sharps. Epi-pen use is one example.

5. The nursing faculty is qualified to perform the bloodborne pathogen training for the other employees. This training must include all of the following elements:

An accessible copy of the regulatory text of 29 CFR 1910.1030 and an explanation of its contents;

A general explanation of the epidemiology and symptoms of bloodborne diseases;

An explanation of the modes of transmission of bloodborne pathogens;

An explanation of the employer'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 appropriate engineering controls, work practices, and personal protective equipment;

Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

An explanation of the basis for selection of personal protective equipment;

Information on the hepatitis B 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;

Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;

Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

An explanation of the signs and labels and/or color coding;

An opportunity for interactive questions and answers with the person conducting the training session.