



Bloodborne Pathogen Plan	Plans
	Effective Date: November 16, 2018
	Board Review Date: November 16, 2018

The Dixie Technical College is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist our organization 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:
 - Universal precautions
 - Engineering and work practice controls
 - Personal protective equipment
 - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

PROGRAM ADMINISTRATION

- The Facilities Officer is responsible for implementation of the ECP. The Facilities Officer will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. The Facilities Officer's contact information is:

Owen Olsen
610 S Tech Ridge Rd #A164
St George, UT 84770
(435) 674-8408
olsen@dixietech.edu

- 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.
- The Facilities Officer will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The Facilities Officer will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
- The Facilities Officer will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.
- The HR Officer will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained. The HR Officer's contact information is:

Sam Draper
 610 S Tech Ridge Rd #A284
 St George, UT 84770
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EMPLOYEE EXPOSURE DETERMINATION

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

- Custodians, full and part time
- Maintenance workers
- Nursing, Phlebotomy, Medical Assisting, CNA, Practical Nursing and EMS faculty
- Security personnel, full and part time

The following is a list of job classifications in which some employees at our establishment have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

Custodians	Cleaning up urine, fecal matter, vomit, blood
Maintenance workers	Cleaning up urine, fecal matter, vomit, blood, exposure to urine and fecal matter while performing plumbing repairs
Nursing, Phlebotomy, Medical Assisting, CNA, Practical Nursing and EMS faculty	Exposure to urine, fecal matter, vomit, blood
Security	Exposure to urine, fecal matter, vomit, blood

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

All employees will utilize universal precautions.

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. All employees can review this plan at any time during their work shifts by contacting the Facilities Officer. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

The Facilities Officer is 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.

Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

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. Eyewashing stations are located in the phlebotomy classroom, in the Industrial Building labs, and the Professional Building support room on the first level.
3. Contaminated needles and other contaminated sharps used by nurses must not be bent, recapped, or removed. Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Shearing or breaking of contaminated needles is prohibited by OSHA, unless the school district can demonstrate that no alternative is feasible, or that such action is required by a specific medical or dental procedure. Sharps disposal containers are available at the EMS and Nursing Departments.
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.

Sharps disposal containers are inspected and maintained or replaced by Preston Office Solutions every six months or whenever necessary to prevent overfilling.

This facility identifies the need for changes in engineering controls and work practices through the safety committee, including the review of incident records and employee interviews.

We evaluate new procedures and new products regularly by conducting an annual review through the safety committee.

Both front-line workers and management officials are involved in this process in the following manner: initial and annual training, and all employees being allowed to attend and participate in meetings of the safety committee.

The Facilities Officer is responsible for ensuring that these recommendations are implemented.

Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by the EMT Department.

The types of PPE available to employees are as follows: gloves, gowns, shoe covers, laboratory coats, face shields or masks and eye protection, and mouthpieces, pocket masks, or other ventilation devices

PPE is located the EMT and Nursing Departments and may be obtained through the Senior Director of Nursing, Lead EMT Instructor and The Facilities Officer. PPE is located in the first aid kits on every floor.

The Security department is responsible for ensuring that PPE is available in the first aid kits, and the leads of the EMT and Nursing departments are responsible for maintaining PPE in their areas.

All employees using PPE must observe the following precautions:

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 judgement, 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 or 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.

10. Wash hands immediately or as soon as feasible after removing gloves or other PPE.

11. Used PPE may be disposed of in red hazardous material bags.

12. Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.

13. Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

The procedure for handling used PPE is as follows: Disposal in red biohazard bags located in EMS and Nursing Departments.

Housekeeping

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 imperviously-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.

5. Broken glassware which may be contaminated must not be picked up directly with the hands. The area must be cleaned.

6. Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage.

Laundry

The following contaminated articles will be laundered by the college:

- Clothing
- Lab coats

Laundering will be performed by the Nursing Department.

The following laundering requirements must be met:

- handle contaminated laundry as little as possible, with minimal agitation
- place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use red bins for this purpose.
- wear the following PPE when handling and/or sorting contaminated laundry:
gloves.

Labels

The following labeling methods are used in this facility:



The Facilities Officer is responsible for ensuring that 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 Facilities Office if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

HEPATITIS B VACCINATION

The EMS Lead Instructor will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all 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 declines the 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 at the HR Office.

Vaccination will be provided by Intermountain Healthcare WorkMed or the Washington County Public Health Department.

Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. It will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact:

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An immediately available confidential medical evaluation and follow-up will be conducted by (name of licensed health care professional). Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).

- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

The HR Office ensures 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.

The HR Office ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- a description of the employee's job duties relevant to the exposure incident
- route(s) of exposure
- circumstances of exposure
- if possible, results of the source individual's blood test
- relevant employee medical records, including vaccination status

The HR Office 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 Safety Committee will review the circumstances of all exposure incidents to determine:

- engineering controls in use at the time
- work practices followed
- a description of the device being used (including type and brand)
- protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- location of the incident (O.R., E.R., patient room, etc.)
- procedure being performed when the incident occurred
- employee's training

The Facilities Director will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

If revisions to this ECP are necessary The Facilities Officer will ensure that appropriate changes are

made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by the EMT Department. Any changes in the workplace or procedures require that new training take place.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- a copy and explanation of the OSHA bloodborne pathogen standard
- an explanation of our ECP and how to obtain a copy
- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- an explanation of the use and limitations of engineering controls, work practices, and PPE
- an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- an explanation of the basis for PPE selection
- information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- 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 required by the standard and used at this facility
- an opportunity for interactive questions and answers with the person conducting the training session.

Training materials for this facility are available at the EMT Department.

RECORDKEEPING

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at the HR Office.

The training records include:

- the dates of the training sessions
- the contents or a summary of the training sessions

- the names and qualifications of persons conducting the training
- the names and job titles of all persons attending the training sessions

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 HR Office.

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

The HR Office is responsible for maintenance of the required medical records. These confidential records are kept in the Human Resources directory on the College Network 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:

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610 S Tech Ridge Rd #A284
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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 Facilities Director.

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:

- date of the injury
- type and brand of the device involved (syringe, suture needle)
- department or work area where the incident occurred
- explanation of how the incident occurred.

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.