SUMMARY:

The purpose of this exposure control plan is to eliminate or minimize employee occupational exposure to human blood or other infectious body fluids.

POLICY:

I. Bloodborne Pathogen Exposure Control Plan

A. Purpose

The purpose of this exposure control plan is to eliminate or minimize employee occupational exposure to human blood or other infectious body fluids. Other potentially infectious body fluids include: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluid visibly contaminated with blood. The safety of all employees is the foremost objective of the program as set forth by the University and as defined by OSHA Standards 29 CFR 1910.1030

B. Scope

This Standard applies to all University personnel who, during the course of their employment, may come into contact with human blood or potentially infectious bodily fluids.

C. Responsibility

Departmental or area supervisors shall be responsible for ensuring their employees comply with the provisions of this plan. Each University department is responsible for providing all necessary supplies such as personal protective equipment, soap, bleach, etc. The Department of Environmental Health and Safety shall be responsible for
training University employees, Hepatitis B vaccinations, and for disposing of biohazardous waste contained in biohazard bags.

D. Engineering and Work Practice Controls

Universal precautions will be observed by all employees in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials 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 all employees working at Coastal Carolina University.

1. Employees must wash their hands or other skin with soap and water, or flush mucous membranes with water, as soon as possible following an exposure incident (such as a splash of blood to the eyes or an accidental needle stick). **

2. Employees must wash their hands immediately (or as soon as feasible) after removal of gloves or other personal protective equipment.**

**Employees shall familiarize themselves with the nearest hand washing facilities for the buildings in which they work. Because most CCU buildings are public access, they will have available hand washing facilities in public restrooms. (If hand washing facilities are not available, each department will provide its workers either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. If these alternatives are used, then the hands are to be washed with soap and water as soon as feasible.)

3. University employees who encounter improperly disposed needles shall notify EHS of the location of the needle(s). Additionally, the appropriate authorities at the location shall be notified. Needles shall be disposed of in labeled sharps containers provided at the location. If sharps containers are not available at that location, EHS will pick up and dispose of the needles in an appropriate, labeled sharps container. Needles should never be recapped. Needles may be moved only by using a mechanical device or tool (forceps, pliers, broom and dust pan).

4. Breaking or sharing of needles is prohibited.

5. No eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses is allowed in a work area where there is a reasonable likelihood of occupational exposure.

6. No food or drinks shall be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.
7. Employees must perform all procedures involving blood or other potentially infectious materials in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

E. Housekeeping:

Decontamination will be accomplished by utilizing the following materials:

10% (minimum) solution of chlorine bleach  
Lysol or other EPA-registered disinfectants

1. All contaminated work surfaces, tools, objects, etc. will be decontaminated immediately or as soon as feasible after any spill of blood or other potentially infectious materials. The bleach solution or disinfectant must be left in contact with contaminated work surfaces, tools, objects, or potentially infectious materials for at least 10 minutes before cleaning.

2. Equipment that may become contaminated with blood or other potentially infectious materials will be examined and decontaminated before servicing or use.

3. Broken glassware will not be picked up directly with the hands. Sweep or brush material into a dustpan.

4. Known or suspected contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closeable, puncture-resistant, leak-proof on sides and bottom, and marked with an appropriate biohazard label. If sharps container is not pre-labeled, biohazard labels are available through EHS.

5. When containers of contaminated sharps are being moved from the area of use or discovery, the containers shall be closed immediately before removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

6. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous injury.

F. Other Regulated Waste

Other regulated waste shall be placed in containers that are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping. The waste must be labeled or color coded and closed before removal to prevent spillage or protrusion of contents during handling, storage, or transport. Biohazard bags and labels are available through the EHS department office. Incineration of biohazardous waste shall be handled by a biological waste destructor. This shall be coordinated through the Risk Management department if pre-existing disposal arrangements have not already been made.
G. Laundry Procedures

Laundry contaminated with blood or other potentially infectious material will be handled as little as possible. Such laundry will not be sorted or rinsed in the area of use. Employees who have contact with contaminated laundry will wear protective gloves and other appropriate PPE.

EHS shall coordinate cleaning or disposal of contaminated laundry.

H. Personal Protective Equipment

Where occupational exposure remains after institution of engineering and work controls, personal protective equipment shall also be utilized.

Each University department will provide the appropriate PPE such as: gloves, face shields, eye protection, and aprons to employees and will replace or repair personal protective equipment as necessary, all at no cost to their employees.

All personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth, or mucous membranes under normal conditions of use and for the duration of time for which the protective equipment will be used.

Employees must:

Utilize protective equipment in occupational exposure situations. Remove garments that become penetrated by blood or other potentially infectious material immediately or as soon as feasible.

Replace all garments that are torn or punctured, or that lose their ability to function as a barrier to Bloodborne pathogens.

Remove all personal protective equipment before leaving the work area. Place all garments in the appropriate designated area or container for storage, cleaning, decontamination, or disposal.

I. Hepatitis B Vaccine

The Hepatitis B vaccination and antibody testing shall be made available after the employee has received the training in occupational exposure and within 10 working days of initial assignment. It shall be made available to all employees who have potential occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons. If the employee
initially declines Hepatitis B vaccination but at a later date decides to accept the
vaccination, the vaccination shall then be made available.

All employees who decline the Hepatitis B vaccination offered shall sign the
OSHA required waiver indicating their refusal.

If a routine booster dose of Hepatitis B vaccine is recommended by U.S. Public Health
Service at a future date, such booster doses shall be made available at no cost to the
employee.

The Hepatitis B Vaccine shall be offered to all University personnel who, during the
course of their employment and regular job duties, may come into contact with human
blood or potentially infectious bodily fluids.

J. Post Exposure Evaluation and Follow-up

All exposure incidents shall be reported, investigated, and documented. When the
employee incurs an exposure incident, it shall be reported immediately to their
supervisor.

Following a report of an exposure incident, the exposed employee shall go to the
University’s Occupational Healthcare Provider for a confidential medical evaluation
and follow-up, including at least the following elements:

1. Documentation of the route(s) of exposure
2. A description of the circumstances under which the exposure occurred
3. The identification and documentation of the source individual (The identification is
   not required if the employer can establish that identification is impossible or
   prohibited by state or local law.)
4. The collection and testing of the source individual's blood for HBV and HIV
   serological status
5. Post-exposure treatment for the employee, when medically indicated in accordance
   with the U.S. Public Health Service
6. Counseling
7. Evaluation of any reported illness

The Healthcare professional evaluating an employee will be provided with the
following information:

1. A copy of this plan.
3. Documentation of the route(s) of exposure.
4. A description of the circumstances under which the exposure occurred.
5. Results of the source individual's blood testing, if available.
6. All medical records applicable to treatment of the employee, including vaccination
   status.
The employee will receive a copy of the evaluating healthcare professional’s written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion for Hepatitis B vaccination is limited to the following: (1) whether the employee needs Hepatitis B vaccination; (2) whether the employee has received such a vaccination. The healthcare professional's written opinion for post-exposure evaluation and follow-up is limited to the following information:

1. That the employee was informed of the results of the evaluation.
2. That the employee was informed about any medical conditions resulting from exposure to blood or other infectious materials that require further evaluation or treatment.

All other findings or diagnoses will remain confidential and will not be in a written report.

All medical evaluations shall be made by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional. All laboratory tests must be conducted by an accredited laboratory at no cost to the employee. All medical records will be kept in accordance with OSHA standard 29 CFR 1910.1020.

K. Training

All high risk employees shall participate in a training program. Training will occur before assignment to a task where occupational exposure may take place and at least annually thereafter. Additional training will be provided when changes such as modification of tasks or procedures affect the employee's occupational exposure.

Any employee who is exposed to infectious materials shall receive training, even if the employee was allowed to receive the HBV vaccine after exposure.

The training program will include at least the following elements:

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 of the written plan.
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood or 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 hepatitis B vaccine.
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.
12. An opportunity for employees to ask and get answers to related to the training session.

L. Job Classifications

Job Classifications in which employees may have occupational exposure to blood or other potentially infectious materials:

<table>
<thead>
<tr>
<th>JOB CLASSIFICATION</th>
<th>TASKS/PROCEDURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athletic Coaches</td>
<td>Provides first-aid and CPR, exposure to blood and body fluids</td>
</tr>
<tr>
<td>Athletic Laundry Services</td>
<td>Handle gym clothes, towels may be exposed to blood or body fluids.</td>
</tr>
<tr>
<td>Athletic Trainers</td>
<td>Provides first-aid and CPR, exposure to blood and body fluids</td>
</tr>
<tr>
<td>Custodial Workers</td>
<td>May have exposure to blood or other infectious waste.</td>
</tr>
<tr>
<td>Fire / EHS / Life Safety Staff</td>
<td>Provide first aid, exposure to blood and body fluids</td>
</tr>
<tr>
<td>Grounds Workers</td>
<td>May have exposure to infectious waste.</td>
</tr>
<tr>
<td>Life Guards</td>
<td>Provides first-aid and CPR</td>
</tr>
<tr>
<td>Plumbers</td>
<td>May have exposure to infectious waste.</td>
</tr>
<tr>
<td>Public Safety Officers (Police &amp; Security)</td>
<td>Provide first aid, exposure to blood and body fluids</td>
</tr>
<tr>
<td>Recreation (Programming &amp; Desk Staff)</td>
<td>Provide first aid, exposure to blood and body fluids</td>
</tr>
<tr>
<td>Residence Hall Staff</td>
<td>Provide first aid, exposure to blood and body fluids</td>
</tr>
</tbody>
</table>

Policy: FINA-713 Bloodborne Pathogen Exposure Control
Coastal Carolina University
Reviewed/Revised: June 2010
Page 7 of 8
Student Activities (Programming Staff)  Provide first aid, exposure to blood and body fluids

Student Health Services Staff  Works with sharps, exposure to blood and body fluids

Trades Workers (Residence Halls)  Provide first aid, exposure to blood and body fluids

M. Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood or other infectious materials that I may be at risk of acquiring Hepatitis B virus infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

(print name)__________________________

(title)_______________________________

(date)______________________________

(signature)__________________________