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Revision Responsibility: AVP of Facility and Safety Services

Responsible Executive Officer: Vice President for Financial & Administrative Services

Source / Reference: [29 CFR 1910.1030](#)

## **PURPOSE**

The purpose of this written program is to establish the Columbia State Community College policies, procedures and responsibilities for the implementation and management of Bloodborne Pathogens Exposure Control Plan. This program is intended to satisfy the Occupational Safety and Health Administration (OSHA) requirements for and Exposure Control Plan as is required in 29 CFR 1910.1030.

## **POLICY**

### **I. Acronyms**

- A. CFR - Code of Federal Regulations
- B. OSHA - Occupational Safety and Health Administration
- C. ECP - Exposure Control Plan
- D. OPIM - Other Potentially Infectious Materials
- E. NIOSH - National Institute for Occupational Safety and Health
- F. PPE - Personal Protective Equipment

### **II. Introduction**

- A. Columbia State Community 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."
- B. The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees.
- C. This ECP includes:



1. Determination of employee exposure
  2. Implementation of various methods of exposure control including:
    - a. Universal precautions
    - b. Engineering and work practice controls
    - c. Personal protective equipment (PPE)
    - d. Housekeeping
  3. Hepatitis B vaccination
  4. Post-exposure evaluation and follow-up
  5. Communication of hazards to employees and training
  6. Recordkeeping
  7. Procedures for evaluating circumstances surrounding exposure incidents
- D. Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.
- III. Program Administration
- A. The AVP of Facility and Safety Services is responsible for implementation of the ECP. He/she will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number: 931.540.2712
  - B. 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.
  - C. The AVP of Facility and Safety Services 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. Contact location/phone number 931.540.2712.
  - D. The AVP of Facility and Safety Services will be responsible for training, documentation of training, and making the written ECP available to employees,

OSHA, and National Institute for Occupational Safety and Health (NIOSH) representatives. Contact location/phone number 931.540.2712.

IV. Employee Exposure Determination

- A. The following is a list of job classifications in which some employees at Columbia State have occupational exposure. Included is a list of job titles in which occupational exposure may occur for these individuals:

<b>Job Title</b>	<b>Department</b>
Faculty in Chemistry	Science, Technology & Mathematics
Faculty in Biology	Science, Technology & Mathematics
Faculty in Physical Education	Humanities & Social Sciences
Faculty in EMS	Health Sciences
RxTN personnel	Health Sciences
Faculty in Radiologic Technology	Health Sciences
Professional Staff/Veterinary Technicians	Health Sciences
EMS Instructor	Health Sciences
Program Director Nursing	Health Sciences
Faculty and Instructors in Nursing	Health Sciences
Clinical Laboratory Technician	Health Sciences
Athletic Coaches	Student Services
Extended Services & Williamson Campus Dean	Extended Campuses
Lawrence County Center and Clifton Site Director	Extended Campuses
Custodian Lead Worker Clifton Site	Extended Campuses
Custodian Lead Worker-Lawrence County Center	Extended Campuses
Lewisburg Campus-Director	Extended Campuses
Custodian Lead Worker Lewisburg	Extended Campuses
Williamson County Campus-Director	Extended Campuses
Custodian Lead Worker Williamson County	Extended Campuses
Facility Services and Safety Director	Facility Services
Chief of Security	Facility Services
Security Guard	Facility Services
Maintenance Director	Facility Services
Shipping & Receiving Mailroom Supervisor	Facility Services
Custodian	Facility Services
Custodian Lead Worker	Facility Services
Maintenance Utility Worker	Facility Services
Utility/ Grounds Worker	Facility Services



<b>Job Title</b>	<b>Department</b>
Maintenance Mechanic	Facility Services
Instructors of Phlebotomy	Health Sciences
Instructors for Certified Clinical Medical Assistant	Health Sciences

V. Methods of Implementation and Control

A. Universal Precautions

1. All employees will utilize universal precautions.

B. Exposure Control Plan

1. Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session.
2. It will also be reviewed in their annual bloodborne pathogen refresher training.
3. It is also available in the Policies and Procedures section of the website.
4. All employees can review a hard copy this plan at any time by contacting the AVP of Facility and Safety Services . If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.
5. The AVP of Facility and Safety Services 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.

C. Engineering Controls and Work Practices

1. Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens.
2. Sharps disposal containers are inspected and maintained or replaced by department designated faculty or staff members. These sharps containers are replaced with new containers as necessary to prevent overfilling.

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3. Columbia State uses review of workplace injury and illness reports and the Environmental Health and Safety Committee meeting minutes as methods for identifying any needed changes in engineering controls and work practices.
  4. Columbia State evaluates new procedures and new products regularly by literature review and new supplier information.
  5. Both faculty and staff are involved in this process by inclusion and representation on the Environmental Health and Safety Committee.
  6. The AVP of Facility and Safety Services is responsible for ensuring that recommendations that affect the Columbia State staff are implemented.
  7. Academic leadership is responsible for ensuring recommendations, which affect discipline faculty are implemented.
- D. Personal Protective Equipment (PPE)
1. PPE is provided to our employees at no cost to them.
  2. Training in the use of the appropriate PPE for specific tasks or procedures will be provided by the AVP of Facility and Safety Services for Columbia State staff.
  3. Training in the use of the appropriate PPE for specific tasks or procedures will be provided for faculty/personnel by academic leadership in affected disciplines.
  4. PPE inventories will be maintained by each individual area.
  5. All employees using PPE must observe the following precautions:
    - a. Wash hands immediately or as soon as feasible after removing gloves or other PPE.
    - b. Remove PPE after it becomes contaminated and before leaving the work area.
    - c. Used PPE may be disposed of in approved red biological waste disposal bags. The procedure for disposal is fully outlined in Columbia State Policy Number 06:04:00.

- d. Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- e. Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves, which show signs of cracking, peeling, tearing, puncturing, or deterioration.
- f. Never wash or decontaminate disposable gloves for reuse.
- g. Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- h. 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.

E. Housekeeping

1. Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section "Labels"), and closed prior to removal to prevent spillage or protrusion of contents during handling.
2. The procedure for handling sharps disposal containers and for handling other regulated waste is detailed in Columbia State Policy 06:04:00.
3. 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.
4. Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.
5. Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

VI. Hepatitis B Vaccination

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- A. The AVP of Facility and Safety Services will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.
  - B. 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.
  - C. 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.
  - D. 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 by the AVP of Facility and Safety Services.
  - E. Vaccination will be provided by the local health department.
  - F. 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.
- VII. Post-Exposure Evaluation and Follow-Up
- A. Should an exposure incident occur, contact AVP of Facility and Safety Services at the following number 931-540-2712.
  - B. An immediately available confidential medical evaluation and follow-up will be conducted by a licensed health care professional.
- VIII. Administration of Post-Exposure Evaluation and Follow-Up
- A. The AVP of Facility and Safety Services will ensure 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.

- B. The AVP of Facility and Safety Services will ensure that the health care professional evaluating an employee after an exposure incident receives the following:
    - 1. A description of the employee's job duties relevant to the exposure incident
    - 2. route(s) of exposure
    - 3. circumstances of exposure
    - 4. if possible, results of the source individual's blood test
    - 5. relevant employee medical records, including vaccination status
  - C. The AVP of Facility and Safety Services will ensure that the employee is provided with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.
- IX. Procedures for Evaluating the Circumstances Surrounding an Exposure Incident
- A. The AVP of Facility and Safety Services will review the circumstances of all exposure incidents involving staff members.
  - B. Academic leadership will coordinate with the AVP of Facility and Safety Services to review the circumstances of all exposure incidents involving faculty.
  - C. Each incident will be reviewed to determine the circumstances of exposure including:
    - 1. engineering controls in use at the time
    - 2. work practices followed
    - 3. description of the device being used (including type and brand)
    - 4. protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
    - 5. location of the incident (classroom, lab, common area, etc.)
    - 6. procedure being performed when the incident occurred



7. employee's training
- D. The AVP of Facility and Safety Services will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.
  - E. If revisions to this ECP are necessary the AVP of Facility and Safety Services will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)
- X. Employee Training
- A. All employees who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by the AVP of Facility and Safety Services.
  - B. All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases.
  - C. In addition, the training program covers, at a minimum, the following elements:
    1. copy and explanation of the OSHA bloodborne pathogen standard
    2. explanation of our ECP and how to obtain a copy
    3. explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
    4. explanation of the use and limitations of engineering controls, work practices, and PPE
    5. explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
    6. explanation of the basis for PPE selection
    7. 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

8. information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
9. 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
10. information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
11. explanation of the signs and labels and/or color coding required by the standard and used at this facility
12. opportunity for interactive questions and answers with the person conducting the training session.

XI. Recordkeeping

- A. Training records will be completed for each employee upon completion of training. These documents will be kept for at least three years by the AVP of Facility and Safety Services.
- B. The training records shall include:
  1. dates of the training sessions;
  2. contents or a summary of the training sessions;
  3. names and qualifications of persons conducting the training; and
  4. names and job titles of all persons attending the training sessions.
- C. 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 AVP of Facility and Safety Services.

XII. Medical Records



- A. Medical records are maintained for each employee with occupational exposure in accordance with 29 *CFR* 1910.1020, "Access to Employee Exposure and Medical Records."
- B. The director of Human Resources is responsible for maintenance of the required medical records. These confidential records are kept for at least the duration of employment plus 30 years.
- C. 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 director of Human Resources.

### XIII. 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 AVP of Facility and Safety Services.

### XIV. Sharps Injury Log

- A. 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:
  - 1. date of the injury;
  - 2. type and brand of the device involved (syringe, suture needle);
  - 3. department or work area where the incident occurred; and
  - 4. explanation of how the incident occurred.
- B. 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.

*July 13, 2015 (new policy); Reviewed/accepted by Cabinet, approved and signed by the President August 2023.*