



MINNESOTA STATE
Northeast Higher Education District

BBP

BLOODBORNE BATHOGENS PROGRAM

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Bloodborne Pathogens Program (BPP)

Section 1. Introduction and Policy Statement

On December 6, 1991, the Occupational Safety and Health Administration (OSHA) published the Occupational Exposure to Bloodborne Pathogens standard, 29 CFR 1910.1030. The purpose of this standard is to protect employees from occupational exposure to blood and other potentially infectious materials (OPIM) since any exposure could result in transmission of bloodborne pathogens, which could lead to serious disease or death. The standard was specifically enacted to eliminate or minimize exposure to the hepatitis B virus (HBV), the human immunodeficiency virus (HIV), and other bloodborne pathogens.

Occupational exposure relates to employees who can reasonably be anticipated to come into contact with blood or OPIM such as, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between those body fluids, as a result of performing their job duties.

This Bloodborne Pathogen (BBP) program and Exposure Control Plan (ECP) have been developed to comply with OSHA's BBP standard. The main objective is to protect employees from potential workplace hazards by eliminating or minimizing occupational exposure to bloodborne pathogens in the workplace. This is to be accomplished by informing employees of the hazards and preventive measures they must follow to protect themselves.

In order to effectively eliminate or minimize exposure to bloodborne pathogens, the following areas are addressed in this ECP.

1. Use of universal precautions.
2. Establishing appropriate engineering controls.
3. Implementing appropriate safe work practices.
4. Using necessary personal protection equipment (PPE).
5. Implementing appropriate housekeeping procedures.

Section 2. Roles and Responsibilities

Specific responsibilities for carrying out this program are identified by position below.

Provosts:

- Support and provide resources for the overall program.

Campus Safety Officers:

- Campus contact for exposures to blood or OPIM.
- Review the written program annually and recommend necessary updates.
- Assist with evaluating the overall effectiveness of the program.
- Assist the NHED Safety Administrator in ensuring program elements are implemented across the campus.

NHED Safety Administrator:

- Ensure annual review and necessary updates to the program.
- Ensure that employee training records and required records are maintained.
- Responsible for the overall management and support of the program.

NHED Chief Human Resources Officer:

- Ensure that required employee medical records are retained based on regulatory guidelines.
- Manage hepatitis B vaccinations and related documentation.

Deans/Supervisors:

- Support the overall program by working with the campus Safety Officer and NHED Safety Administrator to identify employees that would potentially have occupational exposure and fit into classifications 1 or 2.
- Oversee the program for their departments/work areas.
- Ensure newly hired and all employees who may have occupational exposure are identified and have been offered the hepatitis B vaccination.
- Ensure newly hired and all employees receive proper training based on their BBP classification and the hazards to which they may be exposed.
- Ensure employees promptly report any exposures.
- Establish and maintain proper labeling in their departments/work areas.
- Solicit input from employees on development of safe work practices.
- Ensure that food or drink is not stored in refrigerators and other storage areas where blood or OPIM is present.
- Obtain appropriate PPE for specific job duties.
- Ensure that employees use the appropriate PPE.

Employees:

- Be aware of tasks they perform that involve exposure to blood or OPIM.
- Attend all BBP training sessions.
- Follow appropriate safe work practices and procedures outlined in this plan.
- Always use appropriate PPE to reduce or eliminate exposure to blood or OPIM.
- Wash hands immediately or as soon as possible following contact with blood or OPIM.
- Promptly report possible exposure incidents to their supervisor.

Section 3. Employee Exposure Assessment/Determination

NHED campuses have been assessed for the most logical job titles/work areas that may have the potential for occupational exposure to blood or OPIM. Job titles/work areas for classification 1 and classification 2 are identified for each campus.

Based on the results of the assessment, employees are categorized into the following job classifications:

Classification 1. Employees whose primary job description is administering first aid, clean up, or have other occupational exposure to blood or OPIM. Employees included in classification 1 must comply with all components of the BBP program, including wearing the necessary PPE. They are required to receive annual training and to be offered the hepatitis B vaccination. Examples for job titles/work areas considered to be in classification 1 would include coaches and maintenance employees.

Classification 2. Employees who provide first aid as an auxiliary component of their job duties and may be exposed to blood or OPIM. They are required to receive annual training and to be offered the hepatitis B vaccination. Examples of job titles/work areas considered to be in classification 2 would include athletic directors, dental assistants, MLT, and faculty in programs such as natural resources.

Classification 3. This classification would include all remaining employees not previously addressed in classification 1 or 2. Initial and annual awareness training are to be given to this group. However, no vaccination is required to be offered to this group.

Section 4. Universal Precautions

Employees are directed to use universal precautions when dealing with blood or OPIM. Universal precautions means that all human blood and certain body fluids are to be treated as if they are infected and to take all necessary precautions, such as using the appropriate PPE and following safe work practices. Universal precautions are practices and procedures that assist in the prevention of contact with blood and OPIM such as:

1. Assuming everyone is infected with HIV, hepatitis B, or other bloodborne pathogens.
2. Avoiding skin exposure to potentially infected fluids. Fluids to be concerned about include:
 - a. Blood.
 - b. Cerebrospinal fluid – a clear fluid surrounding the brain and spinal cord that may leak out of the nose, ears or mouth as a result of severe head injuries.
 - c. Amniotic fluid – the fluid in the uterus present during labor and delivery.
 - d. Semen, vaginal fluids, and breast milk may also contain bloodborne pathogens, but are not common in first aid situations.
 - e. Any fluid containing blood.

- f. Pericardial, peritoneal, pleural, and synovial body fluids.
3. Using a barrier to keep fluids from contacting your skin.
4. Disposing of sharps such as needles, lancets, or contaminated broken glass in a puncture resistant container. Use tongs or other equipment to pick up broken glass contaminated with blood or OPIM.
5. Using disposable equipment whenever possible.
6. Disposing of items soiled with potentially infected fluids in leak proof bags or containers.
7. Washing hands thoroughly at a minimum of 20-30 seconds with soap and water.
8. Cleaning up spills of potentially infected fluids with soap and water and disinfecting the spill area with a bleach/water solution, diluted at 1 part bleach to 10 parts water or other approved disinfectant.

Section 5. Engineering Controls and Safe Work Practices

Appropriate engineering controls and safe work practices are to be used to eliminate or minimize employee exposure to blood or OPIM. The procedures and controls listed in this section are to be reviewed periodically and updated as required.

Note: Cleanup of blood and OPIM must only be completed by trained employees with the proper PPE and supplies.

The following engineering controls, safe work practices, and policies are to be used throughout NHED:

1. Safe Work Practices
 - a. Wear disposable gloves if possible. Do not re-use disposable gloves and wash hands with soap and water after removing gloves.
 - b. Wear safety goggles if contaminants could splash in the eyes.
 - c. Wear a mask if contaminants could splash into the mouth or nose.
 - d. If your skin is not covered, wear additional protective clothing.
 - e. Use a barrier between you and the source, such as gloves, protective clothing, mask, etc.
 - f. In the event that you become exposed to any blood or OPIM, wash the area with soap and water or flush mucous membranes immediately. Promptly report the exposure to your supervisor or campus Safety Officer so an evaluation can be made. If necessary, professional medical attention is to be provided, including a hepatitis B vaccine, if prescribed by a physician.
 - g. Remove immediately or as soon as possible any garment contaminated by blood or OPIM.
 - h. Remove PPE after it becomes contaminated and before leaving the work area.
 - i. If regulated waste is generated, it must be properly bagged, labeled, and disposed of.

2. Hand Washing
 - a. Hand washing facilities are available and must be immediately used upon contact with blood or OPIM.
 - b. Proper hand washing procedures include the use of warm water. Hands should be wetted and soap applied to hands and wrists or higher if necessary. Be sure to scrub between fingers and use a nail brush for fingernails. Scrub a minimum of 20-30 seconds, rinse well, and then dry hands.
3. Handling of Contaminated Sharps
 - a. Mechanical devices such as tongs or dust pan and broom are to be used to pick up contaminated sharps, blood covered broken glass, etc. to avoid any direct contact. Contaminated glass must not be picked up by hand.
 - b. Needles and other contaminated sharps should not be bent, recapped, or removed. Shearing or breaking off contaminated needles is absolutely prohibited.
 - c. As soon as possible after use, contaminated sharps should be placed in appropriately marked sharps storage/disposal containers.
4. Sharps Container
 - a. Sharps containers are located in campus restrooms and other appropriate areas. In addition, biohazard disposal containers are located within some campuses.
 - b. Containers are puncture resistant, labeled, usually red in color, leak proof on sides/bottom, and are able to be closed after each use.
5. Blood/OPIM Spill Cleanup
 - a. Contact the supervisor or campus Safety Officer to have the spill evaluated.
 - b. Quarantine area and contact maintenance to properly clean affected area.
 - c. Always use appropriate PPE. Do not reuse disposable gloves. If utility gloves are used, decontaminate after use with soap and water and appropriate disinfectant.
 - d. Use absorbent materials to absorb spill.
 - e. Clean spill area with soap and water.
 - f. Sanitize the area with an approved disinfectant or a bleach/water solution, diluted at 1 part bleach to 10 parts water.
 - g. Dispose of waste in an appropriately labeled container.
 - h. Wash hands thoroughly with warm water and soap.
6. Cleanup of Objects Contaminated with Blood or OPIM
 - a. Always use appropriate PPE. Do not reuse disposable gloves.
 - b. Discard contaminated items that cannot be cleaned into a lined container or double bag the items if no container is available.
 - c. Wash objects using warm water and general purpose cleaner.
 - I. Sanitize the object using an approved disinfectant or a bleach/water solution, diluted at 1 part bleach to 10 parts water.
 - II. Rinse after disinfecting if object is to be placed in mouth.
 - III. Dispose of contaminated cleaning material.
 - IV. Notify supervisor or campus Safety Officer if exposure potential exists.

7. Self-Management
 - a. Wherever possible and appropriate, employees should practice self-management of injuries. The principle of self-management is that the person whose blood or other body fluids are exposed should themselves, if possible, manage, treat, clean, and dispose of the contaminated materials, thereby preventing contact to individual(s) providing assistance.
8. Providing First Aid
 - a. Use appropriate gloves or other PPE.
 - b. If possible, allow the injured person to perform as much of the following procedure as possible:
 - I. Use paper towel or similar to wipe injury and rinse injury with running water.
 - II. Place soiled materials into a lined waste container.
 - c. Quarantine area and contact maintenance to clean affected area.
 - d. Use cotton swabs to apply medicine if appropriate.
 - e. Follow other practices identified within this document for care in preventing direct contact with blood or body fluids.
 - f. Always remember to wash hands thoroughly.

Note: If you do not have access to PPE, help the injured person to care for themselves. Demonstrate how to do this, for example, holding paper towel or similar over bloody nose and applying pressure. Instruct person in cleanup of any spills. Place a barrier between yourself and the injury if you need to provide assistance.

9. Eating, Drinking, Smoking, or Other
 - a. Eating, drinking, smoking, applying cosmetics, lip balm, and contact lens handling are prohibited in work areas where there is a reasonable likelihood of occupational exposure. Also, food and drink should not be stored in close proximity to areas where blood or OPIM are present.
10. Mouth Pipetting/Suctioning
 - a. Mouth pipetting/suctioning of blood or OPIM is strictly prohibited.

Each campus is to monitor procedures to ensure that universal precautions, engineering controls, and safe work practices are implemented and utilized appropriately to eliminate or minimize exposure.

Section 6. Personal Protective Equipment (PPE)

Each campus is to ensure that appropriate PPE is to be provided at no cost and readily accessible. The repair, replacement, cleaning, laundering, and disposal of PPE is also at no cost to employees. Examples of available PPE are listed below.

1. Gloves are provided for first aid, cleanup, handling of sharps, and when the potential exists to come in contact with any blood or OPIM. Disposable or single use gloves for providing first aid are to be disposed of after use in leak-proof bags.

Note: Hands should be washed prior to putting on gloves. Gloves must always be inspected for punctures and pulled snug, ensuring a proper fit. To remove gloves and prevent contamination, gloves are to be rolled or pulled from the wrist to the fingers so that the glove is inside out. Disposable gloves are to be disposed of immediately and under no circumstances should they ever be reused.

2. Lab coats may be used to prevent potential contamination.
3. Face shields/masks may be used during a serious incident and cleanup to protect the mucous membrane areas from exposure through splashing of fluids.
4. Eye protection may be used where the potential for exposure to eyes or mucous membranes from splashing exists.
5. Use other PPE when appropriate.

Section 7. Housekeeping

Each campus is to maintain clean and sanitary conditions in the workplace.

1. Contaminated equipment and working surfaces are to be cleaned and decontaminated after contact with blood or OPIM.
2. Broken glassware which may be contaminated is to be picked up by mechanical means, such as a broom and dustpan.
3. Regulated waste is to be placed in appropriately labeled and colored containers at each campus.

Section 8. Laundry

Laundering practice is to be performed at each campus.

1. Laundry is to be handled as little as possible.
2. Wet, contaminated laundry is to be placed in leak-proof, labeled, and colored containers before transporting.
3. The appropriate PPE is to be worn when handling and/or sorting laundry.

Section 9. Labels and Signs

One of the most obvious warnings to prevent potential exposure to materials containing blood or OPIM is biohazard labels. Deans/supervisors are responsible for establishing and maintaining proper labeling in their departments/work areas. The following items are to be labeled:

1. Container or such where regulated waste is kept or stored.
2. Other, such as machines, equipment, or components thereof.
3. Sharps disposal containers.

Labels and signs are required for identifying contaminated materials. Outside of sharps containers, regulated waste is typically not generated in a college setting, however, this must be evaluated for each facility.

Warning labels are to be affixed to containers of regulated waste if generated or on contaminated equipment that is transported and cannot be completely decontaminated on site. Campuses are to use red bags and red containers which are properly labeled.

Labels must:

1. Include the biohazard legend.
2. Be fluorescent orange, orange-red, or black with contrasting lettering or symbols.
3. Be affixed as close as possible to the container by string, wire, adhesive, or another method that prevents their loss or unintentional removal.

Section 10. Hepatitis B Vaccination Policy

The hepatitis B vaccination series must be provided to all employees who have occupational exposure to blood or OPIM. This would include employees in classification 1 or 2.

The hepatitis B vaccination series must be made available at no cost after initial employee training and within 10 days of initial assignments to all employees identified as classification 1 or 2. The vaccination is encouraged unless:

1. The employee has received the vaccine series previously.
2. Antibody testing has revealed that the employee is immune.
3. The employee has medical reasons which would prevent application of the vaccination.

The employee must complete the NHED Vaccination Acceptance or Declination form. If an employee declines the hepatitis B vaccination and at a later date requests the vaccine; the request must be granted at that time. Signed forms are maintained by NHED Human Resources Department.

Section 11. Post-Exposure Evaluation and Follow-up

An exposure incident is defined by OSHA as a specific eye, mouth, other mucus membrane, non-intact skin, or parenteral (*through the skin*) contact with blood or OPIM that occurs during the performance of an employee's job duties. It includes situations such as a needle prick, being cut by a bloody piece of glass, or being splashed with blood or OPIM.

Any employee that has an exposure incident at work must immediately inform their supervisor or campus Safety Officer. Depending on the extent of the exposure and/or injury, the supervisor and affected employee(s) may complete the following:

1. A First Report of Injury form (IDF).
2. An Exposure Report form.
3. An immediate confidential medical evaluation including a follow-up conducted by the campus designated healthcare clinic.

If an exposure should occur, the NHED Human Resources Department is to be contacted immediately as well.

Once completed, the IDF is to be returned to the NHED Human Resources Department. The Exposure Report is to be returned to the NHED Human Resources Department with copies sent to the NHED Safety Administrator and campus Safety Officer.

An immediate post-exposure evaluation and follow-up must be conducted by the campus designated healthcare clinic. Following the initial first aid (*cleaning the wound, flushing the eyes or other mucous membrane, etc.*), the following activities are to be performed:

1. Document the routes of exposure and how the exposure occurred.
2. Identify and document the source individual, unless prohibited by law.
3. Obtain consent and make arrangements to have the source individual tested, as soon as possible, to determine infectivity. Document that the source individual's test results were conveyed to the employee's healthcare provider.

Note: If the source individual is already known to be HIV or HBV positive, new testing need not be performed.

4. 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 (*confidentiality laws*).
5. After obtaining consent, collect exposed employee's blood, as soon as possible after the exposure incident, and test blood for HBV and HIV serological status.
6. 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 possible.

Post Exposure Evaluation

NHED's Human Resource Department is to ensure that the healthcare professional responsible for the employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's BBP Standard.

NHED's Human Resource Department is to ensure that the healthcare professional evaluates the employee after an exposure incident and 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.

Review of Incident

The exposure incident is to be investigated, including the evaluation or re-evaluation of control measures. Further review of the exposure incident may occur at the next scheduled safety meeting.

Recording of Incidents

Exposure incidents are to be recorded based on regulatory requirements. An exposure incident must be recorded as an injury on the OSHA 300 log if medical treatment beyond first aid was provided. The record must identify the specific incident that resulted in exposure, such as a needle stick or being splashed with blood or OPIM.

Section 12. Training

Introductory awareness training is to be provided to employees at the time of initial assignment and annually thereafter. More detailed training is to be provided to those who have occupational exposure to bloodborne pathogens which are identified as classification 1 or 2 employees within this ECP.

Additional training is to be provided when changes, such as modification or addition of tasks or procedures, affect employee's occupational exposure. The person conducting the training is to be knowledgeable in the material covered within the training course as it relates to the workplace.

Training topics for hazardous substances include:

1. Copy of the OSHA's BBP standard, 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens; Final Rule, found at www.osha.gov.
2. Explanation of the epidemiology and symptoms of bloodborne diseases.
3. Explanation of the modes of transmission of bloodborne pathogens.
4. Explanation of the ECP and how to obtain a copy.
5. Assessment of tasks that may involve exposure.
6. Methods for preventing exposure.
7. Information on the types, proper use, location, removal, handling, decontamination, and disposal of PPE.
8. Explanation of the basis for selection of PPE.
9. Information on the hepatitis B vaccination.
10. What to do if an exposure occurs.
11. Explanation of procedures to follow when an exposure incident occurs, including reporting methods and medical follow-up.

12. Information on the post-exposure evaluation and follow-up, which all campuses are required to provide following an exposure incident.
13. Explanation of signs, labels, and color coding systems.
14. The opportunity to ask questions and receive answers by the person conducting the training session.

Records of training are to be documented and retained for a minimum of 3 years.

Training documentation includes:

1. Date and location of training.
2. Names of employees attending and their signatures.
3. Name and title of person conducting the training.
4. Brief summary of material covered.

Section 13. Medical Records

Medical records must be confidential and maintained in accordance with OSHA's Access to Employee Exposure and Medical Records standard, 29 CFR 1910.1020.

NHED Human Resources Department is responsible for the maintenance of the required medical records for at least the duration of employment plus 30 years.

Employee records are provided upon request of the employee or to anyone having written consent of the employee. Such requests should be addressed to:

Northeast Higher Education District
Attn: Human Resources
1001 Chestnut Street West
Virginia, MN, 55792

Section 14. Program Review

Annual reviews of the BBP program, or whenever tasks are implemented which may affect occupational exposure, are to be conducted and documented, including any changes or additions to the program or other related documents.