



REGIS

EXPOSURE CONTROL PLAN

POLICY

Regis College is committed to providing a safe and healthy 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

- Environmental Health & Safety (EH&S) is responsible for implementation of the ECP. EH&S will maintain, review, and update the ECP at least annually, and whenever necessary, to include new or modified tasks and procedures.
- 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.
- EH&S will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharp containers), labels, and red bags as required by the standard. EH&S will ensure that adequate supplies are available in the appropriate sizes.
- Environmental Health and Safety 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.
- Environmental Health and Safety will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

EMPLOYEE EXPOSURE DETERMINATION

Exposure Determination for Non-Laboratory Areas

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

- Athletic Training
- Biology Department
- Campus Police
- Chemistry Department
- Child Services
- Health Services
- Health Science Department
- Facilities
- Nursing Department
- Resident Directors

NOTE: Part-time, temporary, contract and per diem employees are covered by the bloodborne pathogens standard.

Exposure Determination for Laboratory Areas

The following job classifications may have occupational exposure to bloodborne pathogens:

All employees in these classifications have occupational exposure:

- Laboratory Instructor (BSL-2 teaching labs)
- Laboratory Coordinator (if applicable)

Some employees in these classifications may have occupational exposure:

- Biology Faculty supervising BSL-2 laboratories
- Laboratory Teaching Assistants, if financially compensated by Regis College.

NOTE: Students enrolled in laboratory courses are not Regis College employees but will receive equivalent biosafety and bloodborne pathogen training prior to participation.

Laboratory Tasks and Procedures with Potential Occupational Exposure

Occupational exposure may occur during the following tasks:

- Handling and culturing human-derived cell lines
- Pipetting biological materials
- Centrifugation of cell cultures
- Disposal of contaminated culture media
- Handling contaminated sharps (if applicable)
- Cleaning and disinfecting work surfaces
- Responding to spills involving biological materials

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 EH&S or Facilities (x7133). If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

EH&S 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. Documentation of the annual review will be maintained in Appendix III of this document.

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

All employees will utilize universal precautions:

- Treating all human blood and other potentially infectious materials (OPIM) as if known to be infectious for bloodborne pathogens

Engineering Controls

One of the key aspects to our Exposure Control Plan is the use of Engineering Controls to eliminate or minimize employee exposure to bloodborne pathogens.

- Hand washing facilities are readily accessible to all employees who have the potential for exposure. Antiseptic hand cleaners and clean towels or antiseptic towelettes may be used temporarily, as long as hands are washed with soap and running water as soon as feasible.
- Bio-Hazardous waste bags (RED) will be used in all waste containers. These bags must have a readily identifiable biohazard symbol and be leak proof.
- Containers for contaminated sharps have the following characteristics:
 - Puncture-resistant
 - Color-coded or labeled with a bio-hazard warning label
 - Leak proof on the sides and bottom
 - Sharps containers must be replaced when they are approximately $\frac{3}{4}$ full.

Work Practice Controls

- Employees wash their hands immediately, or as soon as feasible, after removal of gloves or other personal protective equipment.
- Following any contact of body areas with blood or any other potentially infectious material, employees wash their hands and any other exposed skin with soap and water as soon as possible. They also flush exposed mucous membranes with water.
- Specimens of blood or other materials are placed in designated leak-proof containers, appropriately labeled, for handling and storage.
- Place all blood or other potentially infectious material in an approved biohazard collection unit.
- Sharps Handling
 - Contaminated sharps are placed in appropriate containers immediately, or as soon as possible after use. Containers should be disposed of when approximately $\frac{3}{4}$ full.

- o Contaminated needles and other contaminated sharps shall not be bent, recapped, sheared, or broken.
- o If recapping is required for a specific procedure, a mechanical device or one-handed technique shall be used. Recapping of sharps is prohibited in laboratory areas.
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Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them.

The types of PPE available to employees are as follows:

- Gloves
- Eye protection
- Masks (task-dependent)
- Disposable laboratory coats or disposable isolation gowns (for laboratory areas only)

Gloves are available in the Physical Plant Office custodial storage closet. Eye protection and masks are located in the Shop (College Hall 18) they may be obtained by contacting Amalia Fonseca, *Custodial Supervisor*, x7153.

PPE will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions or use and for the duration of time the protective equipment will be used.

All employees using PPE must observe the following precautions:

- Wash hands immediately, or as soon as possible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- 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.
- 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.
- Never wash or decontaminate disposable gloves for reuse.

- 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.
- 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.

Use and Disposal of Disposable Laboratory Coats:

Disposable laboratory coats are required in BSL-2 laboratory spaces when handling human cell lines or other potentially infectious materials.

Disposable laboratory coats:

- Must not be worn outside designated laboratory areas
- Must not be taken home
- Must be removed prior to leaving the laboratory

Disposable laboratory coats worn during BSL-2 activities shall be treated as biohazardous waste. Used disposable laboratory coats shall be placed in designated biohazard waste containers for disposal by regulated medical waste vendor.

Housekeeping

When a spill occurs:

1. Campus Police will be notified
2. Campus Police will then notify the on-call personnel

The following steps will be used during a spill:

1. Isolate the spill
2. Put on the appropriate PPE
3. Remove gross matter and dispose of properly*
4. Clean the area
5. Disinfect the area with 10% household bleach or other EPA-registered disinfectant effective against bloodborne pathogens (List S)
6. Remove PPE
7. Immediately wash hands

*Regulated waste is placed in containers, which are closable, constructed to contain all contents and prevent leakage, and closed prior to removal to prevent spillage or protrusion of contents during handling.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture resistant, leakproof on sides and bottoms, and appropriately labeled or color-coded.

Sharps disposal containers are available at the following locations:

- Health Services (Maria Hall)
- Nursing (College Hall 161)
- EH&S (Science Building - Biological Waste Storage Room)
 - Red biowaste bags are also available here

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware and sharps that may be contaminated are only picked up using mechanical means, such as a brush and dustpan.

Liquid biological waste from laboratories will be inactivated by a final concentration of 10% household bleach for 20 minutes prior to drain disposal.

Vendor for final disposal of solid Regulated Medical or Biological Waste in accordance with MA 105 CMR 480.00: Stericycle

HEPATITIS B VACCINATION

EH&S 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 (see Appendix I). Employees who decline may request and obtain the vaccination later at no cost. Documentation of refusal of the vaccination is kept at the EH&S Office (SB109A).

Vaccination can be obtained at the Newton-Wellesley Hospital located on 2014 Washington St. Newton MA 02462 (617-243-6000).

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 (about 2 weeks) 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 during normal and after business hours, contact Campus Police x7777 Campus Police will then contact EH&S.

Health Services shall provide an immediate confidential medical evaluation, and a follow-up will be conducted.

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

EH&S 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.

Health Services 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

Health services will provide 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

EH&S 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
- procedure being performed when the incident occurred
- employee's training

EH&S will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

If revisions to this ECP are necessary EH&S 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 coordinated by EH&S.

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 people 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.

RECORDKEEPING

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at the EH&S 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 people conducting the training
- the names and job titles of all people 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 EH&S.

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."

Health Services is responsible for maintenance of the required medical records. These confidential records are kept in Health Services, Maria Hall 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:

Regis College
ATTN: Health Services 235
Wellesley Street
Weston, MA 02493

An exposure incident is evaluated by Environmental Health and Safety to determine if the case meets OSHA's Recordkeeping Requirements, (29 CFR 1904).

Sharps Injury Log

In addition to the 29 CFR 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include:

- 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 (see Appendix II) is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. The log is kept in the Environmental Health and Safety Office. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

Appendix I

HEPATITIS B VACCINE DECLINATION (MANDATORY)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline 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 to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signed: (Employee Name) _____

Date:

Environmental Health & Safety _____ Date: _____

Appendix II

Sharps Injury Log

Establishment/Facility Name: _____

Year _____

Date	Case/Report #	Type of Device (e.g., syringe, suture needle)	Device Brand Name	Work Area injury occurred [e.g., Geriatrics, Lab]	Brief description of how the incident occurred [i.e., procedure being done, action being performed (disposal, injection, etc.)]

29 CFR 1910.1030, OSHA's Bloodborne Pathogens Standard, in paragraph (h)(5), requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from contaminated sharps. The purpose of the Log is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention or review. This log must be kept in addition to the injury and illness log required by 29 CFR 1904. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The log must be retained for five years following the end of the year to which it relates. The Log must be kept in a manner that preserves the confidentiality of the affected employee

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