

SOUTH CAROLINA STATE UNIVERSITY

Bloodborne Pathogens Control Plan

March 1, 2013

Office of Professional Development & Training

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SOUTH CAROLINA STATE UNVIERSITY
Orangeburg, South Carolina 29117

BLOODBORNE EXPOPSURE PLAN

I. ESTABLISHMENT OF EXPOSURE CONTROL PLAN

A. Establishment

This Plan is being established pursuant to the requirements of 29 C.F.R §1910.1030.

B. Purpose

The purpose of this Exposure Control Plan is to minimize or eliminate employee exposure to blood or other potentially infectious material.

II. DEFINITIONS

For the purpose of this exposure Control Plan, the following definitions apply:

- A. BLOOD means human blood, human blood components, and products made from human blood.
- B. BLOORBORNE PATHOGENS means pathogenic micro-organisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to hepatitis B virus (HBV) and human immunodeficiency virus (HV).
- C. BLOODBORNE PATHOGENS STANDARDS means the regulations set forth in 29 C.F.R. §1910.1030.
- D. CONTAMINATED means the presence or the reasonably anticipated presence of blood or other potentially infectious material on an item or surface.
- E. CONTAMINATED LAUNDRY means laundry which has been soiled with blood or other potentially infectious materials or which may contain contaminated sharps.
- F. CONTAMINATED SHARPS means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wire.
- G. DECONTAMINATION means the use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where

- they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
- H. EXPOSURE INCIDENT means a specific eye, mouth, other mucous membrane, non-intact skin, or parental contact with blood or other potentially infectious materials that result from the performance of an employee's duties.
- I. HBV means hepatitis B virus.
- J. HIV means human immunodeficiency virus.
- K. OCCUPATIONAL EXPOSURE means reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood and other potentially infectious materials that may result from the performance of an employee's duties.
- L. OTHER POTENTIALLY INFECTIOUS MATERIALS MEANS:
1. The following human fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, saliva any body fluid that is contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
 2. Any unfixed tissue organ (other than intact skin) from a human (living or dead); and;
 3. HIV containing cell or tissue cultures, organ cultures, and HIV – or HBV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals with HIV or HBV.
- M. PARENTERAL means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.
- N. PERSONAL PROTECTIVE EQUIPMENT is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as a protection against hazards and are not considered to be PERSONAL PROTECTIVE EQUIPMENT.
- O. PLAN means this Exposure Control Plan.
- P. REGULATED WASTE means liquid or semi liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

- Q. SOURCE INDIVIDUAL means any individual, living or dead, whose blood or other potentially infectious material may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; patients in institutions for the developmentally disabled; trauma victims, clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individual who donate or sell blood or blood components.
- R. STERILIZE means the use of physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospore.
- S. UNIVERSAL PRECAUTIONS according to the concept of universal precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

III. SCHEDULE AND METHOD OF IMPLEMENTATION

- A. IMPLEMENTATION. All elements of this Exposure Control Plan shall be implemented immediately, unless otherwise noted.
- B. REVIEW. This Plan shall be reviewed and updated at least annually. Certain areas may need to be updated more frequently.
- C. COPY. A copy of this Plan shall be accessible to all current and future employees of the University. You may contact the Office of Human Resources or Professional Development & Training Office for a copy.
- D. AVAILABLE TO OSHA. This Plan shall be made available to representatives from OSHA upon request.

IV. EXPOSURE DETERMINATION

This Exposure Plan determination is being made because the University may employ individuals who have job classifications with occupational exposure. This determination is made without regard to the use of protective equipment.

- a. All Employees

The following is a list of all job classifications in which employees in those job classifications have directed occupational exposure:

- All Nurses
- All Brooks Health Center Employees
- Athletic Personnel
- Campus Police Officers

Speech & Hearing Clinical Supervisors
Speech and Hearing Students (Clinician)
All Child Development Learning Center Staff
All Felton Laboratory School Staff
Dormitory Personnel
Director of Intramural Sports
Fire Safety Officer
Housekeeping
Nursing Faculty
Nursing Students (Clinician)
Research Faculty Involved in Blood Research

b. Some Employees

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

Residential Life Security Specialist
Food Service Specialist
Maintenance
Custodial Staff

c. Tasks and Procedures

The following is a list of all tasks and procedures and groups of closely related tasks and procedures in which occupational exposure occurs and that are performed by employees in the job classifications listed above. The employees may perform some of the job tasks associated with the positions enumerated below:

1. Residential Life Security Specialist - May need to assist police officers in transporting sick or injured students from housing to Brooks Health Center and/or hospital.
2. Food Service Specialist - May have contact with handling of appliances used in food preparation, sanitation and safety procedures for food preparation, and equipment used for baking and meat-processing procedures. Employees may encounter accidental grazes while utilizing kitchen appliances.
3. Maintenance - May have occupational exposures in collecting and disposing of trash articles.
4. Custodial Staff - May be designated to clean up blood and body fluids.

V. METHODS OF COMPLYING WITH THIS EXPOSURE CONTROL PLAN

A. UNIVERSAL PRECAUTIONS

Universal precautions shall be observed at SC State University to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials, and the proper precautions taken.

B. ENGINEERING WITH WORK PRACTICE CONTROLS

The following work practice controls shall be used in order to eliminate or minimize employee exposure. When occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. The following engineering controls will be utilized (i.e. sharps containers, biosafety cabinets, etc.)

ENGINEERING WORK PRACTICE CONTROLS

Department	Engineering Control	Protective Equipment

Form- 1

1. Review

These controls shall be examined and reviewed annually to insure their effectiveness (Form - 2). The University (Brooks Health Center) has review and implemented the “Safer Medical Devices” retractable needles. A review of new technology for Brooks Health will be conducted on an annual basis by the Director. The following personal protective equipment is in use:

2. Hand Washing Rules

The University shall have the following rules regarding hand washing:

- a. The University has readily accessible hand washing facilities located in each building on campus. Restrooms are located on each floor in most buildings on campus.
- b. Employees must wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. If hand washing is not feasible, employees shall use an appropriate antiseptic hand cleanser in conjunction with clean cloths/paper towels or antiseptic hand cleansers or toilettes, hands shall be washed with soap and running water as soon as feasible thereafter.

- c. Employees must wash their hands and other skin with soap and water, or flush mucous membranes with water, immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

3. **Sharps**

The University has the following rules regarding contaminated needles and other contaminated sharps.

- a. Contaminated needles and other contaminated sharps shall not be bent, recapped removed, sheared or purposely broken. An exception is allow if:
- b. Contaminated needles and other contaminated sharps shall not be recapped or removed unless it can be demonstrated that no alternative is feasible or that such action is required by a specific medical procedure. If such action is required then the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique. At Brooks Health Center recapping or removal is not permitted.

4. **Containers for Reusable Sharps**

1. Immediately or as soon as possible after use, reusable contaminated sharps shall be placed in appropriate containers until properly reprocessed. At Brooks Health Center, these containers are: 1) puncture resistant; 2) labeled or color coded in accordance with the provisions of this Plan; 3) leak proof on the sides and bottom; and 4) in accordance with the requirements set forth for reusable sharps.

5. **Eating, Drinking, Smoking**

The following work areas have been determined to be locations where there is reasonable likelihood of occupational exposer: Brooks Health Center, Athletic Training Rooms (except office), Laboratories, and other clinical areas.

- a. Eating, drinking, smoking, and applying cosmetics, or lip balm, and handling contact lenses, dipping snuff or chewing tobacco are prohibited in the above work areas.
- b. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench-tops where blood or other potentially infectious materials are present.

6. **Blood Exposure to be Minimized**

All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances. Specifically, mouth pipetting sectioning of blood or other potentially infectious materials will be communicated to employees handling such material as part of their initial and ongoing training held by the University and departments.

7. **Storage, Transport and Shipping of Blood or Other Potentially Infectious Materials**

- a. Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport or shipping.
- b. Containers for storage shall be labeled in accordance with the labeling provisions contained herein.
- c. All containers for storage, transport, or shipping shall be closed prior to being stored, transported or shipped.
- d. If a container for storage, transport, or shipping becomes contaminated by an outside source, the container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and which is labeled or color-coded in accordance with the provisions of this Plan.
- e. If a specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture resistant in addition to the other requirements of this section.

8. **Contaminated Equipment**

It is the policy of the University that any equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing of shipping and shall be decontaminated as necessary.

- a. If an employee believes that the decontamination of such equipment or proportions of such equipment is not feasible, the employee must obtain the approval of the OSHA Representative. An OSHA Representative shall make a written demonstration that decontamination is not feasible.
- b. Information Regarding contaminated equipment must be conveyed to all affected employees, the servicing representative, and/or the manufacturer as appropriate, prior to handling, shipping or servicing so that appropriate precautions will be taken.

9. **Personal Protective Equipment**

It is the policy of SC State University along with each department to provide all employees with occupational exposure appropriate and accessible personal protective equipment. All personal protective equipment will be provided without cost to employees.

- a. All employees are required at all times to use the appropriate personal protective equipment as directed.
- b. All personal protective equipment will be cleaned in accordance with the requirements set forth in this Plan at no cost to employees.
- c. All personal protective equipment will be repaired or replaced as necessary to maintain its effectiveness.
- d. Employees are required to remove all personal protective equipment prior to leaving the work area.
- e. Once removed, the personal protective equipment shall be placed in the designated container for storage, washing, decontamination, or disposal.
- f. Powerless gloves or hypoallergenic gloves shall be made available to employees who have allergies.

10. **Gloves**

Gloves shall be worn where it can be reasonably anticipated that you will have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin. Gloves shall also be worn when performing vascular access procedures and when handling or touching contaminated items or surfaces.

- a. Disposable (single use) gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, puncture, or when their ability to function as a barrier is compromised.
- b. Disposable (single use) gloves shall not be washed or decontaminated for re-use.
- c. Utility gloves may be decontaminated for reuse if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.

11. Masks, Eye Protection and Face Shields

It is the policy of SC State University that masks, in combination with eye protection devices, such as goggles with solid side shields, shall 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.

12. Housekeeping

Each department shall ensure the work areas are maintained in a clean and sanitary condition. Each department where there is occupational exposure will determine and implement an appropriate written schedule for cleaning and method of decontamination of each area where there is blood or other potentially infectious materials present. The schedule and method will be posted in a conspicuous place and shall include at least the following:

DEPARTMENTAL SCHEDULE CLEANING

Department	Type of Receptacle	Inspection Schedule	Decontamination Frequency	Person Responsible

Form – 3

- a. All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious material;
- b. Contaminated work surfaces shall be decontaminated using materials such as bleach (solution of 5.25% sodium hypochlorite diluted between 1:10 and 1:100 with water) Or EPA registered germicides after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as at the end of the work shift if the surface may have become contaminated since the last cleaning. Protective coverings such as plastic wrap may be used to help keep surfaces free of contamination. Disposal of protective coverings which may be contaminated;
- c. Inspection and decontamination of all receptacles which may be contaminated;
- d. Provisions for cleaning up broken glass by using mechanical means. Broken glass which may be contaminated shall not be picked up directly with the hands. Dustpans and brooms or forceps/tongues are available for use.

- e. Reusable sharps that are contaminated with blood or other potentially infectious materials will not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed. All reusable sharps will be disinfected by handling by hands alone, is acceptable. Examples of reusable sharps are: scalpel, and ultrasonic scalers.

13. Regulated Waste Disposal

The University shall enforce the following procedures regarding disposable sharps:

- a. 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 labeled or color-coded in accordance with this Plan.
- b. During use, containers for contaminated sharp shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found, such as laundry and exam rooms. The containers will be maintained upright throughout use, replaced routinely and not be allowed to overfill.

CONTAMINATED SHARPS

Department	Type of Waste	Type Container	Person Who Maintains Container

Form – 4

- c. The container will be placed in a secondary container if leakage of the primary container is possible. The second container will be closeable, constructed to contain all contents and prevent leakage during handling, storage and transport, or shipping. The second container will be labeled or color coded to identify its contents according to the provisions of this Plan.
- d. Reusable containers will not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

14. Other Regulated Waste

Regulated waste other than contaminated sharps shall be:

- a. Placed in containers which are closeable;

- b. Constructed to contain all contents and prevent leakage of fluid during handling, storage, transport or shipping;
- c. Labeled or color-coded in accordance with the provisions of this Plan;
- d. Closed prior to removal or prevent spillage or protrusion of contents during handling, storage, transport of shipping.

Note: Disposal of all regulated wastes will be in accordance with applicable federal, state and local regulations. DHEC is the controlling agency in South Carolina.

15. Contaminated Laundry

South Carolina State University, will ensure all employees observe the Universal Precautions in the handling of all laundry and will ensure that laundry contaminated with blood or other potentially infectious materials will be handled as little as possible and will be placed in biohazard-labeled or color coded bags at the point of use and will not be sorted or rinsed there.

VI. HEPATITIS B VACCINE AND POST-EXPOSURE EVALUATION AND FOLLOW UP

A. HVB VACCINE AVAILABLE

South Carolina State University will make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post exposure follow-up to employees who have had an exposure incident.

B. EXPOSURE INCIDENT FOLLOW-UP AVAILABLE

Pinkey Carter, Director, Brooks Health Center will ensure that all medical evaluations and procedures including the Hepatitis B vaccine and the vaccination series and post exposure follow-up including prophylaxis are:

- a. made available at no cost to the employee;
- b. made available to the employee at a reasonable time and place;
- c. performed by or under the supervision of a licensed physician or by/under the supervision of another licensed healthcare professional;
- d. provided according to the recommendations of the U.S. Public Health Service current at the time each evaluation and procedure takes place; and

- e. All laboratory tests will be conducted by an accredited laboratory at no cost to the employee.

C. HEPATITIS B VACCINATION

Pinkey Carter, Director, Brooks Health Center is in charge of the Hepatitis B vaccination program. Ms. Carter will provide the vaccinations. The Hepatitis B vaccination shall be made available after the employee has been provided the training in occupational exposure within ten (10) working days of initial assignment to all employees who have 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.

Participation in a pre-screening program will not be a prerequisite for receiving Hepatitis B vaccination. If the employee initially declines Hepatitis B vaccination but at a later date while still covered under the Bloodborne Pathogens standard decides to accept the vaccination, the vaccination will then be made available. All employees who decline the Hepatitis B vaccination will sign the OSHA required Declination Form indicating their refusal attached to this Plan as Exhibit 1.

D. POST EXPOSURE EVALUATION AND FOLLOW-UP

All exposure incidents must be reported, investigated, and documented. When an employee has an exposure incident, it must be reported to Michael A. Tyler, Fire & Safety Officer immediately.

Following a report of exposure incident, the exposed employee will receive a confidential medical evaluation and follow-up immediately performed by Pinkey Carter, Director, Brooks Health Center that includes at least the following elements:

- a) Documentation of the route of exposure, and the circumstances under which the exposure incident occurred.
- b) Identification and documentation of the source individual, unless it can be established that identification is not feasible or prohibited by state or local law.
- c) The source individual's blood will be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, Pinkey Carter, Director, Brooks Health Center will establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, will be tested and results documented.

- d) When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
- e) Results of the source individual's testing will be made available to the exposed employee, and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection and testing of blood for HBV and HIV serological status will comply with the following:

- a) The exposed employee's blood will be collected as soon as feasible and tested after consent is obtained;
- b) The employee will be offered the option of having their blood collected for testing of the employees' HBV/HIV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.

All employees who may have had an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. All exposure follow-up will be performed by Pinkey Carter, Director, Brooks Health Center.

E. INFORMATION PROVIDED TO THE HEALTH CARE PROFESSIONAL

Pinkey Carter, Director, Brooks Health Center will have in their department a copy of the Bloodborne Pathogen Standard. Brooks Health Center health care professional evaluating an employee after an exposure incident shall be provided with the following information:

1. A copy of the OSHA Bloodborne Pathogens Standard 29 CFR 191-0.1030. All health care professionals will be reminded of the confidentiality requirements of the standard.
2. A written description of the exposed employee's duties as they relate to the exposure incident;
3. Written documentation of the route of exposure and circumstances under which exposure occurred;
4. Results of the source individual's blood testing, if available; and
5. All medical records relevant to the appropriate treatment of the employee including vaccination status.

F. HEALTH CARE PROFESSIONAL'S WRITTEN OPINION

Pinkey Carter, Director, Brooks Health Center will obtain and provide the employee with a copy of the written opinion within 15 days of the completion of the evaluation. The written opinion for HBV vaccination and post exposure follow-up must be limited to:

- a. whether HBV vaccination is indicated for an employee, and if the employee has received such vaccination;
- b. a statement that the employee has been informed of the results of the evaluation of the post exposure follow-up; and
- c. a statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment. NOTE: all other findings or diagnoses must remain confidential and must not be included in the written report.

VII. COMMUNICATION OF HAZARDS TO EMPLOYEES

A. LABELS AND SIGNS

Pinkey Carter, Director, Brooks Health Center will ensure that containers of regulated wastes, refrigerators and freezers containing blood and other potentially infectious materials, and other containers used to store, transport or ship blood or other potentially infectious materials have biohazard labels.

1. The universal biohazard symbol that is fluorescent orange or orange-red will be used.
2. Red bags or containers may be substituted for labels. However, regulated wastes must be handled according to DHEC rules and regulations.
3. Blood products that have been released for transfusion or other clinical use are exempted from these labeling requirements.

B. INFORMATION AND TRAINING

Patricia Gibson-Haigler, Director, Professional Development & Training Office will ensure she coordinate with the OSHA Volunteer Training Program to secure a Facilitator to ensure that training is given at the time of initial assignment to tasks where occupational exposure may occur, and that I will be repeated 12 months of the previous training. Training will be tailored to the education level of the employee, and given during the normal work hours. The training will be interactive and cover:

- a) A copy of the OSHA standard and explanation of its contents;

- b) A discussion of the epidemiology and symptoms of bloodborne diseases;
- c) An explanation of the modes of transmission of bloodborne pathogens;
- d) An explanation of the South Carolina State University's Bloodborne Pathogens Exposure Control Plan and a copy is located in the following offices: Brooks Health Center, Athletics Trainer's Office, Speech & Hearing Clinic, Fire & Safety, Human Resource Management and Professional Development & Training Office. Also, the Plan is located on webpages for the office of Human Resources, Fire and Safety and Professional Development & Training.
- e) The recognition of tasks that may involve exposure;
- f) An explanation of the use and limitations of methods to reduce exposure,(i.e. engineering controls, work practices, and personal protective equipment, PPE);
- g) Information on the types, use location, removal, handling, decontamination, and disposal of PPE;
- h) An explanation of the basis of selection of PPE;
- i) Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be given free of charge;
- j) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
- k) An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up;
- l) Information on the evaluation and follow-up required after an employee exposure incident; and
- m) An explanation of the signs, labels and color coding system used.
- n) The persons conducting the training must be knowledgeable in the subject matter.
- o) Employees who have received training in bloodborne pathogens in the 12 months before the effective date of this Policy must only receive training in provisions that were not covered in the previous training.

- p) Additional training, by department, will be provided to employees when there are changes of tasks or procedures affecting the employee's occupational exposure.

VIII. RECORDKEEPING

- A. **MEDICAL RECORDS.** Employee medical records shall be kept in accordance with the following:

Pinkey Carter, Director, Brooks Health Center is responsible for keeping medical records. These records will be kept in Brooks Health Center. Medical records must be maintained according to OSHA standard 19-0.1020. These records must be kept confidential, and must be maintained for at least the duration of employment plus 30 years. Employees are notified through new employee orientation sessions, email notifications and signs are posted at Brooks Health Center and other work locations. The records must include:

- a) The name and social security number of the employee.
- b) A copy of the employee's HBV vaccination status, including the date of vaccination.
- c) A copy of all results of examinations, medical testing, and follow-up procedures, and
- d) A copy of the information provided to the health care professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.

- B. **TRAINING RECORDS.** Patricia Gibson-Haigler, Director, Professional Development & Training is responsible for keeping the training records. These records will be kept electronically in the Office of Professional Development & Training located in Staley Hall, Room 100.

These records must be kept for 3 years from the date of training and the following must be documented:

- a) The dates of the training;
- b) An outline describing the material presented;
- c) The names and qualification of persons conducting the training; and
- d) The names and job titles of all persons attending the training sessions.

- C. AVAILABILITY. All employee records will be made available to the employee or his representative in accordance with OSHA standard 1910.1020. All employee records will be made available to OSHA and the National Institute for Occupational Safety and Health under 1910.1020.
- D. TRANSFER OF RECORDS. If this office is closed or there is no successor employee/employer to receive and retain the records for the prescribed period, the Director of NIOSH will be contacted for final disposition.
- E. EVALUATION AND REVIEW. Michael A. Tyler, Fire/Safety Officer and Patricia Gibson-Haigler, Director, Professional Development & Training are responsible for annually reviewing this Program, and its effectiveness, and for updating it as needed. The last previous review and update was on **November 5, 2012.**
- F. IMPLEMENTATION OF SAFER MEDICAL DEVICES

The Needle-Stick Safety and Prevention Act, was signed into law on November 2000, in response to the advances made in technological developments that increase employee protection. Safer medical devices replace sharps with non-needle devices or incorporate safety features designed to reduce the likelihood of injury. An effective safer medical device is one that, based on reasonable judgment, will decrease the risk of an exposure incident involving a contaminated sharp.

Since employees are required to utilize the devices, they shall have input in the identification, selection, and evaluation of effective work practice and engineering controls. After initial use of the devices by employees, there needs to be a continued and documented evaluation of the devices. It may be necessary to replace the device originally selected with a more suitable device. An effective safer device may not be available in the marketplace for every situation. Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

SAFER MEDICAL DEVICES

Date	Procedure	Considered	Implemented
July 2003	Retractable Needles	Yes	Yes

Form – 5

**INPUT REGARDING THE IDENTIFICATION, EVALUATION /SELECTION
OF EFFECTIVE ENGINEERING CONTROLS**

Department	Employees Involved	Process By Which Input Gathered	Devices proposed by Employees	Reasons Proposed Devises Not Implemented
Brooks Health Center	All	Staff Meeting	Retractable Needles	N/A

Form - 6

OUTSIDE CONTRACTORS. This Plan does not address information obtained from and provided to outside contractors. However, contractors operating under the auspices of South Carolina State University are required to maintain all OSHA required documents.

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EXHIBITS

SOUTH CAROLINA STATE UNVIERSITY

HEPATITIS VACCINATION

South Carolina State University offers the Hepatitis B vaccination to individuals with occupational exposure to blood or other potentially infectious materials. This vaccination is given at no charge to the employee. While vaccination is encouraged, it is not mandatory. However, all employees must complete this form.

Print Name: _____ Signature: _____

Employee ID: _____ Telephone: _____

Email Address: _____ Department: _____

Please check one of the following:

- I have previous been vaccinated for Hepatitis B. (Approximate Date: _____)
- I have not been vaccinated, but would like to receive the vaccination.
- I have not been vaccinated and do not wish to be vaccinated at this time.
(If you decline, please read and sign declination below)

HEPATITIS VACCINE DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be a 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 vaccination, I continue to be at risk of acquiring Hepatitis B. I understand that I may change my mind at any time and elect to receive the vaccination free of charge.

Signature

Date

The completed form should be sent to:
South Carolina State University
Brooks Health Center
PO Box 7178
Orangeburg, SC 29117
Attn: Pinkey Carter, Director

Exhibit 2

CONTACT ROSTER

	Name	Title	Office Phone	Cell
1	Carter, Pinkey	Director, Brooks Health Center	536-7055	
2	Gibson-Haigler, Patricia	Director, Professional Development & Trng.	536-7104	378-2273
3	Tyler, Mike	Fire Marshall/Safety Officer	516-4598	707-9715
4	Chief of Police	Campus Police Department	536-7188	24-Hr

South Carolina State University

Bloodborne Pathogens Exposure Protocol

This protocol applies to all SC State University employees, student employees and all students who have an exposure to human blood or body fluids. You may call Brooks Health Center at (803) 536-7055 for any questions or additional information. The Brooks Health Center Nurse or staff member will contact Mike Tyler, Fire Marshall/Safety Officer at (803) 707-9715.

Personal action required for needle sticks and other exposure to blood or body fluids:

- If possible, wash or flush the exposed area with soap and/or water immediately.
- Seek medical treatment as soon as possible after the incident.
- Be sure to inform clinical personnel that the injury is an exposure to bloodborne pathogens and/or a needle stick. If possible, needles and other sharps should be placed in a puncture resistant container and given to the medical provider at the treatment facility.

During normal working hours: Monday – Friday 8:00 am – 5:00 pm

All employees and students must call the Brooks Health Center in the event of an accident.

After normal working hours and on weekends and holidays:

Report to the Emergency Department at +Regional Medical Center.

Worker's Compensation covers the following populations who experience a bloodborne pathogens exposure while working on the job.

- All university employees and students in the Colleges of Education, Nursing, Speech Pathology and Social Work who are exposed while on the job.
- Work study students and graduate assistants who are exposed while on the job; report the incident to you supervisor as soon as possible, **but do not delay treatment.** Those working out of town should seek treatment at the nearest hospital's emergency department.

Students Who suffer a None-Job Related Bloodborne Pathogens Exposure During an Enrolled Academic Session:

- On-Campus: Students will report to Brooks Health Center for initial evaluation and referral. If Brooks Health Center is closed, students may seek care at the +Regional Medical Center Emergency Department.
- Off Campus Other Areas: Students who are on academic or training experiences should follow procedures specified by their immediate supervisor. If no procedures are specified, or the student is on holiday, report to the nearest hospital emergency department.

FORMS

South Carolina State University
Bloodborne Pathogens Exposure
Control Plan

Annual Review	
Year	Signature

Form #7

The following generic checklist has been compiled to help departments and employees comply with the OSHA enforcement procedures for Occupational Exposure to Bloodborne Pathogens. The questions which make up this list are based on 29 CFR Part 1910.1030. This checklist is, however, only a guide and compliance with it does not necessarily assure full compliance with all OSHA standards pertinent to this area.

GENERIC CHECKLIST

EXPOSURE DETERMINATION		YES	NO
1.	Is there a written list of job classifications in which all employees have occupation exposure?		
2.	Is there a written list of job classifications in which some employees have occasional occupational exposure?		
3.	Does this list specific such tasks and procedures?		
UNIVERSIAL PRECUATION		YES	NO
1.	Are gloves worn when <ul style="list-style-type: none"> ✓ Direct contact with blood or body fluids is anticipated? ✓ During invasive procedures? ✓ During examination of non-intact skin? ✓ During examination of the oral cavity, GI or GU tracts? ✓ The HCW has cuts, lesions or dermatitis? ✓ Working directly with contaminated instruments? ✓ During phlebotomy? 		
2.	Are glover of appropriate size, material and quality available?		
3.	Are patient care gloves used only once?		
4.	Are masks and protective eye wear (with solid side shields) worn when aerosolization of spattering is anticipated?		
5.	Are protective gowns/aprons when aerosolization or spattering is anticipated worn?		
6.	Do protective gowns prevent strikethrough for the procedures at hand?		
7.	Is proper hand washing employed following exposure to blood or body fluids?		
8.	Are facilities available to conduct proper hand-washing practices?		
9.	Are sharp containers puncture resistant?		
10.	Are sharps containers easily accessible in all patient care areas?		
11.	Do all sharps undergo proper disposal?		
12.	Are pocket masks and other resuscitation equipment strategically located and available to key personnel?		
13.	Are all items of personal protective equipment removed prior to leaving the work area?		
ENGINEERING AND WORK PRACTICE CONTROLS		YES	NO
1.	Are all areas maintained in a clean and sanitary condition?		
2.	Does the cleanup of spills involving blood or body fluids employ an appropriate disinfectant?		
3.	Is solid linen: <ul style="list-style-type: none"> ✓ Sorted or rinsed only in appropriate care area (not in patient care areas)? ✓ Contained at the site of use? ✓ Placed in leak resistant bags? 		
4.	Do infectious waste containers prevent leakage?		
5.	Is infectious waste tagged or color-coded?		

GENERIC CHECKLIST (Cont.)

ENGINEERING AND WORK PRACTICE CONTROLS (CONT.)		YES	NO
6.	Are employees aware of the meaning of color-codes (if used)?		
7.	Is there a written schedule for cleaning and appropriate disinfection of equipment and work surfaces?		
HEPATITIS B PROPHYLAXIS		YES	NO
1.	Is there an HBV vaccination and post-exposure follow-up program?		
2.	Is pre-exposure vaccine offered free of charge to all employees at risk of occupational exposure?		
3.	Is there complete and detailed documentation maintained on all exposure events?		
4.	Are all employees aware of the HBV vaccination program?		
5.	Is prescreening required before HBV vaccination is offered?		
6.	Is the declination statement signed by all employees who choose to decline HBV vaccine?		
EDUCATION AND TRAINING		YES	NO
1.	Do all employees subject to occupational exposure: <ul style="list-style-type: none"> ✓ Receive annual training on the epidemiology transmission and prevention of HIV and HBV? ✓ Receive annual information on the location and proper use of personal protective equipment? ✓ Understand and employ “universal precautions”? ✓ Understand procedures to be followed after an exposure to blood or body fluids? ✓ Have a copy of the regulatory text of the OSHA standard available? 		
2.	Does new employees’ orientation cover all aspects of the Exposure Control Plan?		
3.	Are training programs conducted in person by a qualified facilitator, with an opportunity for questions?		
RECORDKEEPING		YES	NO
1.	Are permanent, confidential records maintained on HBV vaccination and vaccination on post-exposure follow-up?		
2.	Are training records kept for at least 3 years?		
3.	Do training records include date, content, identification/title of employee and identification qualifications of the facilitator?		
OFFICE AND CLINICS		YES	NO
1.	Do all employees adhere to universal precautions?		
2.	Are gloves worn when: <ul style="list-style-type: none"> ✓ Cleaning/handling contaminated equipment and instruments? ✓ Handling contaminated sponges, dressings and the like? ✓ Cleaning up blood spills? ✓ During wound debridement? ✓ Handling linen or drapes soiled with blood or body fluids? ✓ Handling specimen? ✓ During direct contact with blood, urine, feces? 		
3.	Is protective eyewear with solid side shields (e.g. goggles) worn when assisting with upper/lower endoscopy, other procedures where spattering is possible and during manual cleaning of instruments?		
4.	Are gowns/aprons worn when engaged in manual cleaning of instruments?		
5.	Are protective gowns resistant to strikethrough for the procedure at hand?		

GENERIC CHECKLIST (Cont.)

	OFFICE AND CLINICS (CONT.)	YES	NO
6.	Do all employees understand the meaning of infectious waste (as defined by local/state regulations) and its proper disposal?		
7.	Do employees report incidents of blood exposure (e.g. needle sticks, scalpel lacerations) to proper authorities timely?		
8.	Is there a written policy addressing post-exposure prophylaxis to HBV exposure?		
9.	Is documentation of potential exposure to HBV/HIV maintained?		
10.	Is there a policy against the practice of recapping of needles?		
11.	Have all personnel received instruction on the epidemiology, transmissions and prevention of HIV and HBV infection?		
12.	Have all employees with the potential for exposure to bloodborne been offered HBV vaccine free of charge?		